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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. TAYLOR of North Carolina).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
July 14, 1999.

I hereby appoint the Honorable CHARLES H. TAYLOR to act as Speaker pro tempore on this day.

J. DENNIS HASTERT,
Speaker of the House of Representatives.

PRAYER

The Reverend Sam Whaley, Word of Faith Fellowship, Spindale, North Carolina, offered the following prayer:

Let us pray. Father God, we count it an honor to come before You on behalf of our Congress and leaders. We need You to be in control of our Nation. We are in desperate need of Your wisdom, Your will, and Your divine protection. We cry out for Your wisdom and courage to come to the hearts of our leaders so they will have strength to take a stand for righteousness. Cause them to be aware of how important it is to inquire of You before any decision is made since You and You alone place them in the authority to execute Your righteous judgments.

Father, forgive us. We as a Nation have not reverenced and inquired of You for our land to be healed. Have mercy on us. Put a heart of prayer in Your people. Thank You, Dear Lord. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

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

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Pennsylvania (Mr. MASCARA) come forward and lead the House in the Pledge of Allegiance.

Mr. MASCARA led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain 15 one-minute speeches on each side.

HELP THE MINING INDUSTRY; DO NOT ELIMINATE IT

(Mr. GIBBONS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GIBBONS. Mr. Speaker, the basis of our Nation's mining laws was enacted on May 10, 1872. Over the years, this law has become probably the most misrepresented statute on the books today.

This land tenure law governs access to public lands for mineral exploration and specifies the conditions under which title to mineral deposits can be obtained once they are discovered.

The 1872 law primarily affects the 12 western States in this Nation, and these 12 States account for 75 percent of the minerals produced and more than 92 percent of the public land of this Nation.

Before Congress enacts any significant new policies, we must carefully consider the effects and consequences that could adversely affect this valuable industry and dramatically reduce the quality of life for all Americans, which would further destroy tens of thousands of high-paying jobs if not done correctly.

The mining industry is already in danger due to an unending mudslide of Federal regulations, fees, and needless bureaucracy. Mr. Speaker, we have come to the point where we need to begin helping the mining industry instead of trying to eliminate it.

PRESCRIPTION DRUG PRICES

(Mr. MASCARA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MASCARA. Mr. Speaker, I rise today to ask my colleagues to join with me in sending a message to our senior citizens across this country that we in Congress are committed to cutting the cost of their prescriptions.

Many of the seniors that I spoke with during the July 4th break told me about the difficulties they are experiencing in paying for their prescriptions. Oftentimes they are being forced to make a choice between buying food or buying their medicine. It is a national disgrace that we in the wealthiest country in the world are having our elderly make that decision in the first place.

Cutting the dosage or doing without prescriptions eventually adds to the cost of health care. This is a no brainer. Join the gentleman from Tennessee (Mr. WAMP) and me in support of a House concurrent resolution dealing with this matter. I ask my colleagues to express their commitment to provide our Nation's seniors with fair and reasonable access to prescription drugs.

Our senior citizens have asked for our help, and it is now time to deliver. Now, not later.

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FLORIDA KEYS

(Ms. ROS-LEHTINEN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. ROS-LEHTINEN. Mr. Speaker, the Florida Keys are made up of 100 miles of 30 islands that form a chain. Adjacent to the Keys is the most extensive living coral reef in North America and the third largest in the world.

These coral reefs are intertwined to a marine ecosystem that supports one of the most diverse and unique collections of plants and animals in North America.

Millions of people come from all over the United States and the world to visit the Florida Keys. This is both a blessing and a big part of the problem. The Keys are suffering from pollution brought about by humans.

Some of our beaches have already had to be closed over the July 4th weekend because of these contaminants. Even more crucial, the living coral reef is in danger of dying from pollutants if the water quality is not improved immediately.

I urge my colleagues, therefore, to preserve one of our national treasures, the Florida Keys, by acting on the bill of the gentleman from Florida (Mr. DEUTSCH), the Florida Keys Water Quality Improvement Act of 1999, H.R. 673.

AMERICAN BORDERS WIDE OPEN WHILE GUARDING BOSNIA AND KOSOVO

(Mr. TRAFICANT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TRAFICANT. Mr. Speaker, all heroin and cocaine comes across our borders, and everyone agrees that heroin and cocaine cause most of the crime, murder, and medical bills in America. And Congress does nothing.

While American soldiers are guarding the borders of Bosnia and Kosovo, American borders are wide open. And Congress does nothing. Beam me up, Mr. Speaker.

A Nation without secure borders is a Nation without security. A Congress that turns its back on our borders is a Congress that invites disaster.

I yield back the stupid un-American policies.

SURPLUS IS NOT PRESIDENT'S MONEY TO SPEND

(Mr. GARY MILLER of California asked and was given permission to address the House for 1 minute.)

Mr. GARY MILLER of California. Mr. Speaker, last week when the President was in California, he was quoted in the newspaper as saying, ''It would be wrong to spend our hard-earned surplus on tax cuts.''

What the President meant by ''our'' was the government's. So he said it would be wrong to spend the government's hard-earned surplus on tax cuts. When did the government ever earn any money?

How would the President know what the private producing sector of our country can and cannot afford? His whole life he has worked for government. According to his own biography, the closest he ever came to being paid by the private sector is when he won a college scholarship. Even then, the government gave him a grant to supplement his tuition to Georgetown.

When the President says we cannot afford a tax cut, he only speaks from the perspective of government. He does not know any better. I will repeat, he does not know any better.

Well, as someone who has signed both sides of a paycheck, I can speak for the private sector when I say he is wrong. What we cannot afford to do is keep the surplus in Washington, D.C. to grow government. It is not the President's money. Let us send the American people's money back to the producing sector of our Nation, the American people.

CHILD GUN SAFETY LEGISLATION

(Ms. DEGETTE asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DEGETTE. Mr. Speaker, in June, the House of Representatives had the opportunity to pass bipartisan moderate gun safety legislation. We had a chance to make this country a safer place, and we let it slip away.

Yesterday, again, we had the opportunity to add child gun safety legislation to the Treasury Postal appropriations bill. Three amendments were offered at the committee markup mirroring the Senate legislation which was passed in May. Unfortunately, all three of these amendments were defeated in committee.

The people of this country want child gun safety legislation. I have received many, many letters from mothers, fathers, teachers, ex-military officers, even Republicans urging me to do something, to make schools safer for all of the children and to keep guns out of the hands of children.

Tackling this problem of guns should not preclude the need to address our cultural problems. But we need to look at all of these issues to address child safety in this country. I urge my colleagues to do this before the August recess.

LEGAL SERVICES CORPORATION NOT PROVIDING SERVICES IT CLAIMS TO BE

(Mr. ARMEY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ARMEY. Mr. Speaker, many years ago, the Congress of the United States, under the principle that all Americans, rich or poor, should have equal access to protection under the law through legal representation in the courts, created the Legal Services Corporation. This was designed to give the itinerant, the poor American without means, access to the courts.

We had hoped it would do a good job of service for the American people. Many of us have been surprised to discover the number of times we hear from constituents that they have been turned away from the Corporation. They did not have time for this person's case. So we began to ask what is going on. I have to tell my colleagues, Mr. Speaker, the results we are discovering are heartbreaking.

Reports from the Inspector General's office showed that the Legal Services Corporation grossly overstated their case load by 70 percent. But they have not told Congress.

Since Congress could no longer rely on timely, accurate information from LSC, we asked the General Accounting Office to look at five of LSC's largest grantees, Baltimore, Chicago, Los Angeles, New York City, and Puerto Rico. GAO found the same: LSC bloating the numbers, misrepresenting the number of people they actually assist.

At the very least, Congress needs to be able to trust the information government departments and agencies provide and that it is timely and accurate. Not only does LSC give Congress overstated caseload reports, they hide the truth and refuse to tell Congress. Personally, I find this insulting. The American people have a right to expect more from their government.

Mr. Speaker, it comes down to this: How can the Legal Services Corporation claim to be helping poor people when they do not even know how many people they are helping?

Mr. Speaker, when Congress expresses the compassion of the American people by providing a service to its very most poor and needy, those agencies must deliver those services, and they must be accountable to Congress.

Legal Services Corporation must be made to do their duty for the American people. We simply cannot fund that kind of misrepresentation of the Nation's goodwill.

MODEST GUN SAFETY LEGISLATION KILLED WITH BACKROOM ARM TWISTING

(Ms. DELAURO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DELAURO. Mr. Speaker, yesterday, the Republican leadership killed modest gun safety legislation, not once, but three times. Backroom arm twisting by high-powered members of the NRA left the 13 members of the Committee on Appropriations switching their votes on sensible reforms.

We could have closed the loophole on background checks at gun shows,

banned the importation of high-capacity ammunition clips, and ensured that all handguns come with child safety locks. But instead, there is no progress to report, only partisanship.

We have been waiting for months for the Republican leadership to act on this issue. Thirteen children are killed every day by guns. Yet, on this side of the aisle, we are stymied and stonewalled at every turn.

The Republican leadership is woefully out of step with American parents. Youth violence is a complex problem. It requires several answers. Parental involvement, safe schools, better discipline, and violence in the media are all involved, but gun safety is part of this puzzle. Now is the wrong time to do the bidding of the National Rifle Association.

I urge the Speaker, take up sensible measures passed by the Senate. Appoint conferees immediately. Acting now is the right thing to do. We have already waited too long, and too many youngsters have died.

□ 1015

DEMOCRATS HAVE NO INTENTION OF WORKING WITH REPUBLICANS THIS YEAR ON ANYTHING

(Mr. PITTS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PITTS. Mr. Speaker, this week The Washington Post reported a startling admission. One of the leaders of the liberal wing of the Democratic party stated point blank that Democrats have no intention of working with Republicans this year on anything. In fact, they would rather play politics with seniors, with children, with working families than pass legislation to help America stay strong and prosperous.

Listen to this quote given by the distinguished gentleman from Massachusetts, a hero to liberals everywhere. ''It is not our responsibility to legislate anymore. It doesn't make sense for us to compromise.''

I certainly do appreciate the gentleman's candor, but let us think about this idea that it does not make sense for us to compromise. What he means is that it does not make political sense for Democrats to compromise. They want to block Republican bills, then turn around and blame extremist Republicans for failing to pass important legislation.

Is this what Democrats stand for? What happened to their call for civility and bipartisan cooperation? Why do they now want to be obstructionists?

REPUBLICANS BLOCK DEMOCRATIC EFFORTS IN SENATE TO IMPROVE AMERICA'S HEALTH CARE INSURANCE

(Mr. GEORGE MILLER of California asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GEORGE MILLER of California. Mr. Speaker, the morning papers are recounting what took place in the Senate yesterday when the Republicans blocked the efforts to try to provide better health care to people who have health insurance.

When the Democrats offered amendments to make it easier for women to choose their primary care physician, to choose an obstetrician/gynecologist, the Republicans blocked that effort. When the Democrats tried to offer an effort to make it easier for people who are denied services to have grievances against the HMO and the managed care corporations, the Republicans blocked that effort. When the Democrats tried to make it easier for people to go to the nearest emergency room in an emergency and know that they would be reimbursed for going to that emergency room, the Republicans killed that effort.

However, the Republicans did decide that they would let women who had had a mastectomy stay in the hospital a couple days longer. Apparently, the Republicans will not let us go to the doctor to detect a cancer, but if we have the cancer they will let us stay in the hospital 2 days extra.

REPUBLICAN TAX CUT PLAN IS BALANCED AND SENSIBLE

(Mr. TIAHRT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TIAHRT. Mr. Speaker, even though there is a budget surplus here in Washington, the liberals are attacking the Republican tax cut proposal, calling it ''risky.'' They think it is risky because they do not trust the taxpayers to spend it right.

Well, I have a different view. I do not trust the liberals to leave the taxpayers' money here in Washington. In fact, I think that it is truly risky to leave Americans' hard-earned taxes lying around here in Washington for people who have made their careers expanding government. It should come as no surprise that the money somehow gets spent. It always does, it always has, and it always will.

Politicians will spend the taxpayers' money, then they will tickle their ears with wonderful reasons why they just had to spend it. Face it, the only way to stop politicians from expanding government and reducing hard-working Americans' freedoms is to give the money back to the people who earned it.

I like the Republican plan: Lock up two-thirds of the money that is taken from the FICA payroll deductions for retirement security and give the other third back to the hard-working Americans who earned it. It is a balanced and sensible plan. I ask all my colleagues to support it.

HATE-CRAZED GUNMAN

(Ms. SCHAKOWSKY asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. SCHAKOWSKY. Mr. Speaker, I represent the district in which six Jews were shot and Rick Byrdsong was killed. I received this E-mail yesterday:

> Please allow me to express my horror at the tragedy that has befallen my family. On my way home from synagogue, I was shot by a hate-crazed gunman. I spent 4 days in the hospital. My wife, who was due to give birth any day, witnessed me prostrate on the steps of a house bleeding from wounds to my abdomen, arm and shoulder.
>
> I am grateful I am alive. I did not think I would get to see my wife and 22-month-old daughter again. I do not know how to convey to you the horror of being shot from close range because I belong to the 'wrong' religion. This used to happen all too frequently to my European ancestors. There, too, people shrugged and moved on to their daily routines until it was too late.
>
> This event has harmed my family in so many ways it will take years to heal the wounds.

That is from Hillel Goldstein. His mother, Batya Abraham–Goldstein, said, ''This was not just hate. This is what happens when hate is given a gun.''

LIBERALS FIND IT DIFFICULT TO ACCURATELY DESCRIBE REPUBLICAN TAX CUT PROPOSAL

(Mr. HEFLEY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HEFLEY. Mr. Speaker, why is it so difficult for liberals to accurately describe our tax cut proposals? In fact, to date I have yet to hear a single Democrat describe our budget surplus proposal by what is actually in our proposal.

As this chart illustrates, Republicans have indicated their priorities by putting $2 for retirement security to every $1 for tax relief from projected surpluses over the next 10 years. Let me repeat that. From the budget surpluses, we allocate $2 for retirement security for every $1 for tax relief.

That means that Social Security and Medicare will be preserved. It also means that our preference is for tax relief over new Washington spending.

Make no mistake about it, whenever the Democrats talk about their opposition to tax cuts and their preference for debt reduction, we can be sure that this will mean new Washington spending. If the 40 years of Democrat control in the House are any indication, that money will be spent.

A balanced reproach is $2 for $1: $2 for retirement security, $1 for tax relief.

HONORING MEMBERS OF SAFE COLORADO

(Mr. UDALL of Colorado asked and was given permission to address the

House for 1 minute and to revise and extend his remarks.)

Mr. UDALL of Colorado. Mr. Speaker, over the next 2 days we Members of Congress will have the opportunity to hear from a bright and dedicated group of high school students from the State of Colorado. These students are Members of an organization called SAFE Colorado, or Sane Alternatives to the Firearms Epidemic. This group formed in the aftermath of the Columbine High School tragedy, and they are here in Washington, D.C., to encourage Congress to pass laws to keep guns out of the hands of juveniles and criminals.

While these SAFE students are here, I urge that all Members listen to what they have to say. I have visited numerous high schools in my district, and what I have learned is that these young women and men know their schools better than anyone else in their communities and certainly better than any of us here in the Congress. We can all learn from their experience and advice.

Additionally, these young men and women do not care about politics or posturing. Instead, they care about whether they are going to be safe in their schools. As a father of two children in the public schools, I understand their concerns. The tragedy at Columbine High School has deepened my commitment to measures to make our communities safer and our schools safer.

Gun laws are not the only answer, but I think they are a crucial part of the equation. I hope the House will have the wisdom to listen to these students and pass sensible gun safety measures that our colleagues in the Senate have already endorsed.

Mr. Speaker, I rise today to pay tribute to these brave and conscientious young people from Colorado. I wish them a safe trip, and I wish them success in convincing the Congress to act to curtail gun violence in America today. The vast majority of Coloradans and Americans support sensible gun safety laws and so should we.

FINANCIAL FREEDOM ACT OF 1999

(Mr. CALVERT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CALVERT. Mr. Speaker, I rise today to wholeheartedly endorse the Financial Freedom Act of 1999, legislation sponsored by the gentleman from Texas (Mr. ARCHER) to provide broad-based tax relief to help individuals and families make ends meet. This is common sense legislation that will not only bring tax relief to all Americans but also prevent special interests in Washington from spending the budget surplus on a myriad of unnecessary new government programs.

I particularly support the inclusion of death tax relief. The death tax has robbed millions of Americans, especially our Nation's farmers, of their hard-earned money and their ability to leave a legacy to their children and grandchildren. The death tax unfairly punishes those who have worked hard their entire lives to achieve the American Dream and provide a safe and secure environment for their families.

Death tax relief also will allow family businesses and farms to remain in the family, ensuring that both the business and the jobs it provides continue to live on for the next generation.

The bill of the gentleman from Texas also incrementally decreases the tax burden, eliminating it over the next 10 years. This balanced and fair approach will provide immediate relief in the short term, while not making unreasonable demands on our budget surplus.

Americans currently pay the highest taxes since World War II, and for the first time in a generation, we have the financial strength to safely return a portion of our surplus to hard-working Americans. This is solid legislation, and I urge all my colleagues to support it.

HOUSE MUST PASS A MEANINGFUL MANAGED CARE REFORM BILL

(Mr. GREEN of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GREEN of Texas. Mr. Speaker, during the July 4th celebrations, I had the opportunity to experience the quality health care that is offered in my own hometown of Houston, and it made me come back realizing how important a real, meaningful managed care reform bill is and what is going on in the United States Senate.

The American people have been clear to us that they want meaningful managed care reform. It is estimated that 122 million Americans do not have simple patient protections. This is not about politics, Democrat versus Republican, it is about what patients need and the providing of quality health care.

We need to eliminate gag laws. Patients need to talk to their doctor about their injuries. We need to have access to specialists and particularly make those doctors the one to define a medical necessity. We need to have an external-internal appeals process. We need to cover emergency room care instead of making someone have to decide they have to go past the closest emergency room to one on their list. They ought to get the health care they need immediately.

We should also have accountability. If the doctor making the decision is accountable and he is under law, so should the person making that decision in place of that doctor. This is not about employees suing employers. It is not about higher costs for health care. In fact, our own Congressional Budget Office and our own experience in the State of Texas shows there was little or no cost at all in providing these protections.

Let us not lose this opportunity to help our constituents.

STATISTICS DO MATTER

(Mr. SHIMKUS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SHIMKUS. Mr. Speaker, the pollsters and political pundits tell us not to use statistics in our speeches. They tell us people's eyes glaze over at hearing the numbers. No matter. Honest statistics do matter.

When this administration came to power in 1993, the Federal Government took in 17.8 percent of our gross domestic product in taxes. Today, that share is 20.7 percent. Let us hear those numbers again, because they are important in discussing whether or not tax cuts are a good idea. They are also numbers that we will never, ever hear the other side refer to. Ever.

In 1993, when this administration came to power, the Federal taxes were 17.8 of the economy. Today, the tax burden is 20.7 percent of the economy. In other words, the Federal tax burden is at a record peacetime level.

Taxes are higher than they need to be so that Washington can spend more and more money creating new programs and expanding old ones and giving us less power and control over our lives. One-fifth of the economy in Federal taxes is just too much.

AMERICANS DO NOT WANT A FEEL-GOOD-VOTE-FOR-ME-IN–2000 TAX CUT

(Ms. HOOLEY of Oregon asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. HOOLEY of Oregon. Mr. Speaker, seems like everyone is talking about tax cuts. As a Member with a tax cut proposal before Congress, H.R. 2085, I am glad that the majority party is suddenly and somewhat frantically interested in moving forward with a tax cut proposal.

But I ask my friends in Congress to take this step forward carefully. Americans deserve a tax cut, but first they want to make sure that Social Security is solvent; and, second, they want to make sure that Medicare is there for them in the future. They do not want a tax cut that raises the national debt. And the last thing hard-working Americans do not want is a feel-good-vote-for-me-in-2000 tax cut that cannot survive a downturn in the economy.

Fiscal responsibility always seems to suffer in election years, and the 2000 election has Washington pandering. Let us stop and think about the long term before we move forward. H.R. 2085 walls off Social Security and Medicare funds, helps pay down the national debt and still gives Americans a meaningful tax cut.

There is room to do the prudent thing here. Let us work together and get it done in a fiscally responsible manner.

TAX CUTS WILL BRING BENEFITS OF ECONOMIC GROWTH TO ALL AMERICANS

(Mr. STEARNS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. STEARNS. Mr. Speaker, last week all of us will remember the President took a well-publicized poverty tour. More than 6.5 years into his administration, the President wanted to call attention to poverty, and I understand that. Although we are now in the eighth year of economic growth, the benefits of our strong economy have eluded too many Americans.

Instead of setting up a public relations event, however, I urge the President to take solid steps to expand the scope of our economic well-being and develop constructive legislation with Republicans.

□ 1030

One of the ideas we have as Republicans is to reduce taxes. Putting more money back into the pockets of taxpayers will spur investments and spending and generate, of course, more economic activity and ultimately help the poor.

Our plan to reduce taxes, at the same time protecting Social Security and preserving Medicare, is the best means I believe for bringing the benefits of economic growth to all Americans. After all, it is their money, our money, and we can spend it better for ourselves than the Government can.

DEATH OF CIVIL RIGHTS PIONEER JAMES L. FARMER

(Mr. CLYBURN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CLYBURN. Mr. Speaker, I rise today on behalf of the Members of the Congressional Black Caucus to join the chorus of millions around the Nation and the world to express our heartfelt sorrow over the passing of civil rights pioneer James L. Farmer.

James Farmer was founder of the Congress of Racial Equality. He organized the famous Freedom Ride of the 1960s to challenge the Jim Crow laws of racial segregation in public transportation.

During his lifetime, Farmer was the recipient of numerous awards, including the Presidential Medal of Freedom in 1998.

On a personal level, I experienced firsthand his inspiring leadership while a student of the South Carolina State University. As a member of CORE, I participated in the lunch counter sitins and other direct action activities organized by Mr. Farmer. These activities were the driving current for the student movement.

We in the CBC and others will honor his memory by always striving to emulate his shining example. I extend our deepest condolences and our thoughts and prayers to his two daughters, Tami Lynn and Abbey Lee, and the entire Farmer family.

REPUBLICANS WANT TO HELP BOTTOM 50 MOVE INTO TOP 50

(Mr. BARTLETT of Maryland asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BARTLETT of Maryland. Mr. Speaker, the top 50 percent of income earners pay 96 percent of the Federal income taxes. The bottom 50 percent are carrying only 4 percent of the load.

My colleagues heard that right. The bottom 50 percent are paying almost no Federal income taxes at all, just 4 percent of the load.

Guess who President Clinton and the Democrats want to give a tax cut to? My colleagues guessed it: the 50 percent of taxpayers who are paying almost no taxes already.

''Aha,'' my liberal colleagues will say, ''just as I have always suspected. The only people you Republicans care about are the top 50 percent.''

Now, I urge my colleagues on the other side of the aisle to listen closely. That kind of thinking perfectly misunderstands what Republicans are about. Republicans want to help the bottom 50 percent move into the top 50 percent.

In fact, most people do just that over the course of their lifetimes. They start out young and have entry-level jobs and incomes, and then they move up in education, experience, and in income.

Democrat rhetoric constantly, constantly seems to imply there are fixed categories, haves and have-nots. This is just not true.

PRESIDENT TAKES CREDIT FOR WHAT REPUBLICANS HAVE ACHIEVED

(Mr. CHABOT asked and was given permission to address the House for 1 minute.)

Mr. CHABOT. Mr. Speaker, Republicans have had to get used to hearing the President take credit for what Republicans have achieved many times despite what the President himself desired.

Take welfare reform, for example. Republicans forced the President to sign welfare reform in 1996, something that he had refused to pass when the Democrats controlled both Houses of Congress. He signed welfare reform only after vetoing it twice and only then in an election year, with promises to undo it as soon as he got the chance. And then he took credit for it.

Now, the President is taking credit for the first budget surplus since the Mets won the pennant back in 1996 despite the fact that it was the Republicans who forced him to scrap his initial budget plans, which had huge deficits as far as the eye could see.

Ronald Reagan once said that you can accomplish a great deal if you do not worry about who takes credit for it.

So let us save Social Security, save Medicare, pay down the national debt, and give the American people substantial tax relief even if the President takes credit for it.

GAO REPORTS CONCERNING OPERATION OF LEGAL SERVICES CORPORATION ARE VERY TROUBLING

(Mr. MILLER of Florida asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MILLER of Florida. Mr. Speaker, I rise today to comment on the recent GAO report on the Legal Services Corporation.

It turned out that audits conducted by the Legal Services Corporation's Inspector General during 1998 revealed gross overstatement of cases in all five of the grantees examined and 200,000 cases were invalidated from audits on those five grantees alone.

A subsequent GAO study on five more grantees was requested by several Members of Congress to determine the scope of this problem, and the results showed even more reason for concern.

Besides invalidating at least 75,000 more cases, the GAO discovered that two of the five grantees, Puerto Rico and Chicago, had destroyed their client case files. In fact, the destruction of these files in Puerto Rico interfered with the ability of the GAO to conduct their audit. In Illinois, the destruction of the case files is against legal requirements set by the Illinois Supreme Court.

The Legal Services Corporation itself claims to require their grantees to maintain their case files for at least 5 years, and that requirement is apparently violated.

These reports are indeed very troubling concerning the operation of the Legal Services Corporation.

NOMINATION OF RICHARD HOLBROOKE AS AMBASSADOR TO UNITED NATIONS IS BEING BLOCKED

(Mr. SCHAFFER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SCHAFFER. Mr. Speaker, the nomination of Richard Holbrooke to be ambassador of the United Nations is being blocked across the Capital because of this administration's failure to answer questions about the Linda Shenwick case.

Linda Shenwick is a loyal State Department employee who has offended the White House.

Her crime? She told the truth. She told the uncomfortable truth to the United States Congress, as she is required to do by law; and then she was punished for it. She told the truth about what the U.N.'s appalling budget practices are and about massive waste in the United Nations.

For that she has been declared ''enemy number one'' by high officials at the White House, all because she is a whistle-blower.

Whistle-blowers were hailed in the press under Republican administrations, but the outrageous indefensible retaliation against this whistle-blower under this administration has been almost ignored by the press and, of course, by the President's party, a party that used to join Republicans in defending the little guy, the innocent people who suffer at the hand of those who abuse power and exploit workers.

It is an outrage, Mr. Speaker.

REPUBLICANS HAVE THE BEST AGENDA

(Mr. COOKSEY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. COOKSEY. Mr. Speaker, what is the Republican agenda? The Republican agenda is the BEST agenda for all Americans.

''B'' is for bolstering the national security. ''E'' is for education excellence. ''S'' is for strengthening retirement security. And ''T'' is for tax relief for working Americans.

Americans, Republicans do have the best agenda. It is a positive, forward-looking agenda that recognizes that our military needs to be given a higher priority in a dangerous world, that our schools need to be improved if our children are going to enjoy a bright future, that seniors need to be protected against the looming Social Security and Medicare crises, and that Americans who pay the taxes should be given tax relief, not more rhetoric about why Washington needs the money.

Bolstering national security. Education excellence. Strengthening retirement security. Tax relief for working Americans. Republicans have the BEST agenda.

GENERAL LEAVE

Mr. REGULA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and that I may include tabular and extraneous material on the further consideration of H.R. 2466, making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2000, and for other purposes.

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

There was no objection.

DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES APPROPRIATIONS ACT, 2000

The SPEAKER pro tempore (Mr. TAYLOR of North Carolina). Pursuant to House Resolution 243 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the further consideration of the bill, H.R. 2466.

□ 1039

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the further consideration of the bill (H.R. 2466) making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2000, and for other purposes, with Mr. LATOURETTE in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. When the Committee of the Whole rose on Tuesday, July 13, 1999, the amendment offered by the gentleman from New York (Mr. CROWLEY) had been disposed of and the bill was open for amendment from page 19, line 10, through page 21, line 6.

Are there further amendments to this portion of the bill?

The Clerk will read.

The Clerk read, as follows:

ADMINISTRATIVE PROVISIONS

Appropriations for the National Park Service shall be available for the purchase of not to exceed 384 passenger motor vehicles, of which 298 shall be for replacement only, including not to exceed 312 for police-type use, 12 buses, and 6 ambulances: *Provided*, That none of the funds appropriated to the National Park Service may be used to process any grant or contract documents which do not include the text of 18 U.S.C. 1913: *Provided further*, That none of the funds appropriated to the National Park Service may be used to implement an agreement for the redevelopment of the southern end of Ellis Island until such agreement has been submitted to the Congress and shall not be implemented prior to the expiration of 30 calendar days (not including any day in which either House of Congress is not in session because of adjournment of more than three calendar days to a day certain) from the receipt by the Speaker of the House of Representatives and the President of the Senate of a full and comprehensive report on the development of the southern end of Ellis Island, including the facts and circumstances relied upon in support of the proposed project.

None of the funds in this Act may be spent by the National Park Service for activities taken in direct response to the United Nations Biodiversity Convention.

The National Park Service may distribute to operating units based on the safety record of each unit the costs of programs designed to improve workplace and employee safety, and to encourage employees receiving workers' compensation benefits pursuant to chapter 81 of title 5, United States Code, to return to appropriate positions for which they are medically able.

UNITED STATES GEOLOGICAL SURVEY

SURVEYS, INVESTIGATIONS, AND RESEARCH

For expenses necessary for the United States Geological Survey to perform surveys, investigations, and research covering topography, geology, hydrology, biology, and the mineral and water resources of the United States, its territories and possessions, and other areas as authorized by 43 U.S.C. 31, 1332, and 1340; classify lands as to their mineral and water resources; give engineering supervision to power permittees and Federal Energy Regulatory Commission licensees; administer the minerals exploration program (30 U.S.C. 641); and publish and disseminate data relative to the foregoing activities; and to conduct inquiries into the economic conditions affecting mining and materials processing industries (30 U.S.C. 3, 21a, and 1603; 50 U.S.C. 98g(1)) and related purposes as authorized by law and to publish and disseminate data; $820,444,000, of which $60,856,000 shall be available only for cooperation with States or municipalities for water resources investigations; and of which $16,400,000 shall remain available until expended for conducting inquiries into the economic conditions affecting mining and materials processing industries; and of which $137,674,000 shall be available until September 30, 2001 for the biological research activity and the operation of the Cooperative Research Units: *Provided*, That none of these funds provided for the biological research activity shall be used to conduct new surveys on private property, unless specifically authorized in writing by the property owner: *Provided further*, That no part of this appropriation shall be used to pay more than one-half the cost of topographic mapping or water resources data collection and investigations carried on in cooperation with States and municipalities.

ADMINISTRATIVE PROVISIONS

The amount appropriated for the United States Geological Survey shall be available for the purchase of not to exceed 53 passenger motor vehicles, of which 48 are for replacement only; reimbursement to the General Services Administration for security guard services; contracting for the furnishing of topographic maps and for the making of geophysical or other specialized surveys when it is administratively determined that such procedures are in the public interest; construction and maintenance of necessary buildings and appurtenant facilities; acquisition of lands for gauging stations and observation wells; expenses of the United States National Committee on Geology; and payment of compensation and expenses of persons on the rolls of the Survey duly appointed to represent the United States in the negotiation and administration of interstate compacts: *Provided*, That activities funded by appropriations herein made may be accomplished through the use of contracts, grants, or cooperative agreements as defined in 31 U.S.C. 6302 et seq.: *Provided further*, That the United States Geological Survey may hereafter contract directly with individuals or indirectly with institutions or nonprofit organizations, without regard to 41 U.S.C. 5, for the temporary or intermittent services of students or recent graduates, who shall be considered employees for the purposes of chapters 57 and 81 of title 5, United States Code, relating to compensation for travel and work injuries, and chapter 171 of title 28, United States Code, relating to tort claims, but shall not be considered to be Federal employees for any other purposes.

MINERALS MANAGEMENT SERVICE

ROYALTY AND OFFSHORE MINERALS MANAGEMENT

For expenses necessary for minerals leasing and environmental studies, regulation of industry operations, and collection of royalties, as authorized by law; for enforcing laws and regulations applicable to oil, gas, and other minerals leases, permits, licenses and operating contracts; and for matching grants or cooperative agreements; including the

purchase of not to exceed eight passenger motor vehicles for replacement only; $110,082,000 of which $84,569,000 shall be available for royalty management activities; and an amount not to exceed $124,000,000, to be credited to this appropriation and to remain available until expended, from additions to receipts resulting from increases to rates in effect on August 5, 1993, from rate increases to fee collections for Outer Continental Shelf administrative activities performed by the Minerals Management Service over and above the rates in effect on September 30, 1993, and from additional fees for Outer Continental Shelf administrative activities established after September 30, 1993: *Provided,* That to the extent $124,000,000 in additions to receipts are not realized from the sources of receipts stated above, the amount needed to reach $124,000,000 shall be credited to this appropriation from receipts resulting from rental rates for Outer Continental Shelf leases in effect before August 5, 1993: *Provided further,* That $3,000,000 for computer acquisitions shall remain available until September 30, 2001: *Provided further,* That funds appropriated under this Act shall be available for the payment of interest in accordance with 30 U.S.C. 1721(b) and (d): *Provided further,* That not to exceed $3,000 shall be available for reasonable expenses related to promoting volunteer beach and marine cleanup activities: *Provided further,* That notwithstanding any other provision of law, $15,000 under this heading shall be available for refunds of overpayments in connection with certain Indian leases in which the Director of the Minerals Management Service concurred with the claimed refund due, to pay amounts owed to Indian allottees or Tribes, or to correct prior unrecoverable erroneous payments.

OIL SPILL RESEARCH

For necessary expenses to carry out title I, section 1016, title IV, sections 4202 and 4303, title VII, and title VIII, section 8201 of the Oil Pollution Act of 1990, $6,118,000, which shall be derived from the Oil Spill Liability Trust Fund, to remain available until expended.

OFFICE OF SURFACE MINING RECLAMATION AND ENFORCEMENT

REGULATION AND TECHNOLOGY

For necessary expenses to carry out the provisions of the Surface Mining Control and Reclamation Act of 1977, Public Law 95–87, as amended, including the purchase of not to exceed 10 passenger motor vehicles, for replacement only; $95,693,000: *Provided,* That the Secretary of the Interior, pursuant to regulations, may use directly or through grants to States, moneys collected in fiscal year 2000 for civil penalties assessed under section 518 of the Surface Mining Control and Reclamation Act of 1977 (30 U.S.C. 1268), to reclaim lands adversely affected by coal mining practices after August 3, 1977, to remain available until expended: *Provided further,* That appropriations for the Office of Surface Mining Reclamation and Enforcement may provide for the travel and per diem expenses of State and tribal personnel attending Office of Surface Mining Reclamation and Enforcement sponsored training.

ABANDONED MINE RECLAMATION FUND

For necessary expenses to carry out title IV of the Surface Mining Control and Reclamation Act of 1977, Public Law 95–87, as amended, including the purchase of not more than 10 passenger motor vehicles for replacement only, $196,458,000, to be derived from receipts of the Abandoned Mine Reclamation Fund and to remain available until expended; of which up to $8,000,000, to be derived from the Federal Expenses Share of the Fund, shall be for supplemental grants to States for the reclamation of abandoned sites with acid mine rock drainage from coal mines, and for associated activities, through the Appalachian Clean Streams Initiative: *Provided,* That grants to minimum program States will be $1,500,000 per State in fiscal year 2000: *Provided further,* That of the funds herein provided up to $18,000,000 may be used for the emergency program authorized by section 410 of Public Law 95–87, as amended, of which no more than 25 percent shall be used for emergency reclamation projects in any one State and funds for federally administered emergency reclamation projects under this proviso shall not exceed $11,000,000: *Provided further,* That prior year unobligated funds appropriated for the emergency reclamation program shall not be subject to the 25 percent limitation per State and may be used without fiscal year limitation for emergency projects: *Provided further,* That pursuant to Public Law 97–365, the Department of the Interior is authorized to use up to 20 percent from the recovery of the delinquent debt owed to the United States Government to pay for contracts to collect these debts: *Provided further,* That funds made available to States under title IV of Public Law 95–87 may be used, at their discretion, for any required non-Federal share of the cost of projects funded by the Federal Government for the purpose of environmental restoration related to treatment or abatement of acid mine drainage from abandoned mines: *Provided further,* That such projects must be consistent with the purposes and priorities of the Surface Mining Control and Reclamation Act: *Provided further,* That, in addition to the amount granted to the Commonwealth of Pennsylvania under sections 402(g)(1) and 402(g)(5) of the Surface Mining Control and Reclamation Act (Act), an additional $300,000 will be specifically used for the purpose of conducting a demonstration project in accordance with section 401(c)(6) of the Act to determine the efficacy of improving water quality by removing metals from eligible waters polluted by acid mine drainage: *Provided further,* That the State of Maryland may set aside the greater of $1,000,000 or 10 percent of the total of the grants made available to the State under title IV of the Surface Mining Control and Reclamation Act of 1977, as amended (30 U.S.C. 1231 et seq.), if the amount set aside is deposited in an acid mine drainage abatement and treatment fund established under a State law, pursuant to which law the amount (together with all interest earned on the amount) is expended by the State to undertake acid mine drainage abatement and treatment projects, except that before any amounts greater than 10 percent of its title IV grants are deposited in an acid mine drainage abatement and treatment fund, the State of Maryland must first complete all Surface Mining Control and Reclamation Act priority one projects.

BUREAU OF INDIAN AFFAIRS

OPERATION OF INDIAN PROGRAMS

For expenses necessary for the operation of Indian programs, as authorized by law, including the Snyder Act of November 2, 1921 (25 U.S.C. 13), the Indian Self-Determination and Education Assistance Act of 1975 (25 U.S.C. 450 et seq.), as amended, the Education Amendments of 1978 (25 U.S.C. 2001–2019), and the Tribally Controlled Schools Act of 1988 (25 U.S.C. 2501 et seq.), as amended, $1,631,050,000, to remain available until September 30, 2001 except as otherwise provided herein, of which not to exceed $93,684,000 shall be for welfare assistance payments and notwithstanding any other provision of law, including but not limited to the Indian Self-Determination Act of 1975, as amended, not to exceed $115,229,000 shall be available for payments to tribes and tribal organizations for contract support costs associated with ongoing contracts, grants, compacts, or annual funding agreements entered into with the Bureau prior to or during fiscal year 2000, as authorized by such Act, except that tribes and tribal organizations may use their tribal priority allocations for unmet indirect costs of ongoing contracts, grants, or compacts, or annual funding agreements and for unmet welfare assistance costs; and up to $5,000,000 shall be for the Indian Self-Determination Fund, which shall be available for the transitional cost of initial or expanded tribal contracts, grants, compacts, or cooperative agreements with the Bureau under such Act; and of which not to exceed $400,010,000 for school operations costs of Bureau-funded schools and other education programs shall become available on July 1, 2000, and shall remain available until September 30, 2001; and of which not to exceed $58,586,000 shall remain available until expended for housing improvement, road maintenance, attorney fees, litigation support, self-governance grants, the Indian Self-Determination Fund, land records improvement, the Navajo-Hopi Settlement Program: *Provided,* That notwithstanding any other provision of law, including but not limited to the Indian Self-Determination Act of 1975, as amended, and 25 U.S.C. 2008, not to exceed $42,160,000 within and only from such amounts made available for school operations shall be available to tribes and tribal organizations for administrative cost grants associated with the operation of Bureau-funded schools: *Provided further,* That any forestry funds allocated to a tribe which remain unobligated as of September 30, 2001, may be transferred during fiscal year 2002 to an Indian forest land assistance account established for the benefit of such tribe within the tribe's trust fund account: *Provided further,* That any such unobligated balances not so transferred shall expire on September 30, 2002.

CONSTRUCTION

For construction, repair, improvement, and maintenance of irrigation and power systems, buildings, utilities, and other facilities, including architectural and engineering services by contract; acquisition of lands, and interests in lands; and preparation of lands for farming, and for construction of the Navajo Indian Irrigation Project pursuant to Public Law 87–483, $126,023,000, to remain available until expended: *Provided,* That such amounts as may be available for the construction of the Navajo Indian Irrigation Project may be transferred to the Bureau of Reclamation: *Provided further,* That not to exceed 6 percent of contract authority available to the Bureau of Indian Affairs from the Federal Highway Trust Fund may be used to cover the road program management costs of the Bureau: *Provided further,* That any funds provided for the Safety of Dams program pursuant to 25 U.S.C. 13 shall be made available on a nonreimbursable basis: *Provided further,* That for fiscal year 2000, in implementing new construction or facilities improvement and repair project grants in excess of $100,000 that are provided to tribally controlled grant schools under Public Law 100–297, as amended, the Secretary of the Interior shall use the Administrative and Audit Requirements and Cost Principles for Assistance Programs contained in 43 CFR part 12 as the regulatory requirements: *Provided further,* That such grants shall not be subject to section 12.61 of 43 CFR; the Secretary and the grantee shall negotiate and determine a schedule of payments for the work to be performed: *Provided further,* That in considering applications, the Secretary shall consider whether the Indian

tribe or tribal organization would be deficient in assuring that the construction projects conform to applicable building standards and codes and Federal, tribal, or State health and safety standards as required by 25 U.S.C. 2005(a), with respect to organizational and financial management capabilities: *Provided further,* That if the Secretary declines an application, the Secretary shall follow the requirements contained in 25 U.S.C. 2505(f): *Provided further,* That any disputes between the Secretary and any grantee concerning a grant shall be subject to the disputes provision in 25 U.S.C. 2508(e): *Provided further,* That notwithstanding any other provision of law, collections from the settlement between the United States and the Puyallup Tribe concerning the Chief Leschi school are to be immediately made available for school construction in fiscal year 2000, and thereafter.

INDIAN LAND AND WATER CLAIM SETTLEMENTS AND MISCELLANEOUS PAYMENTS TO INDIANS

For miscellaneous payments to Indian tribes and individuals and for necessary administrative expenses, $25,901,000, to remain available until expended; of which $25,030,000 shall be available for implementation of enacted Indian land and water claim settlements pursuant to Public Laws 101–618 and 102–575, and for implementation of other enacted water rights settlements; and of which $871,000 shall be available pursuant to Public Laws 99–264 and 100–580.

INDIAN GUARANTEED LOAN PROGRAM ACCOUNT

For the cost of guaranteed loans, $4,500,000, as authorized by the Indian Financing Act of 1974, as amended: *Provided,* That such costs, including the cost of modifying such loans, shall be as defined in section 502 of the Congressional Budget Act of 1974: *Provided further,* That these funds are available to subsidize total loan principal, any part of which is to be guaranteed, not to exceed $59,682,000.

In addition, for administrative expenses to carry out the guaranteed loan programs, $508,000.

ADMINISTRATIVE PROVISIONS

The Bureau of Indian Affairs may carry out the operation of Indian programs by direct expenditure, contracts, cooperative agreements, compacts and grants, either directly or in cooperation with States and other organizations.

Appropriations for the Bureau of Indian Affairs (except the revolving fund for loans, the Indian loan guarantee and insurance fund, and the Indian Guaranteed Loan Program account) shall be available for expenses of exhibits, and purchase of not to exceed 229 passenger motor vehicles, of which not to exceed 187 shall be for replacement only.

Notwithstanding any other provision of law, no funds available to the Bureau of Indian Affairs for central office operations or pooled overhead general administration (except facilities operations and maintenance) shall be available for tribal contracts, grants, compacts, or cooperative agreements with the Bureau of Indian Affairs under the provisions of the Indian Self-Determination Act or the Tribal Self-Governance Act of 1994 (Public Law 103–413).

In the event any tribe returns appropriations made available by this Act to the Bureau of Indian Affairs for distribution to other tribes, this action shall not diminish the Federal government's trust responsibility to that tribe, or the government-to-government relationship between the United States and that tribe, or that tribe's ability to access future appropriations.

Notwithstanding any other provision of law, no funds available to the Bureau, other than the amounts provided herein for assistance to public schools under 25 U.S.C. 452 et seq., shall be available to support the operation of any elementary or secondary school in the State of Alaska.

Appropriations made available in this or any other Act for schools funded by the Bureau shall be available only to the schools in the Bureau school system as of September 1, 1996. No funds available to the Bureau shall be used to support expanded grades for any school or dormitory beyond the grade structure in place or approved by the Secretary of the Interior at each school in the Bureau school system as of October 1, 1995.

DEPARTMENT OFFICES

INSULAR AFFAIRS

ASSISTANCE TO TERRITORIES

For expenses necessary for assistance to territories under the jurisdiction of the Department of the Interior, $66,320,000, of which: (1) $62,326,000 shall be available until expended for technical assistance, including maintenance assistance, disaster assistance, insular management controls, and brown tree snake control and research; grants to the judiciary in American Samoa for compensation and expenses, as authorized by law (48 U.S.C. 1661(c)); grants to the Government of American Samoa, in addition to current local revenues, for construction and support of governmental functions; grants to the Government of the Virgin Islands as authorized by law; grants to the Government of Guam, as authorized by law; and grants to the Government of the Northern Mariana Islands as authorized by law (Public Law 94–241; 90 Stat. 272); and (2) $3,994,000 shall be available for salaries and expenses of the Office of Insular Affairs: *Provided,* That all financial transactions of the territorial and local governments herein provided for, including such transactions of all agencies or instrumentalities established or used by such governments, may be audited by the General Accounting Office, at its discretion, in accordance with chapter 35 of title 31, United States Code: *Provided further,* That Northern Mariana Islands Covenant grant funding shall be provided according to those terms of the Agreement of the Special Representatives on Future United States Financial Assistance for the Northern Mariana Islands approved by Public Law 104–134: *Provided further,* That Public Law 94–241, as amended, is further amended (1) in section 4(b) by deleting ''2002'' and inserting ''1999'' and inserting after the words ''$11,000,000 annually'' the following: ''and for fiscal year 2000, payments to the Commonwealth of the Northern Mariana Islands shall be $6,000,000, but shall return to the level of $11,000,000 annually for fiscal years 2001 and 2002. In fiscal year 2003 the payment to the Commonwealth of the Northern Mariana Islands shall be $5,000,000''; (2) deleting the word ''and'' at the end of subsection (4)(c)(2); (3) deleting the period at the end of subsection (4)(c)(3) and inserting in lieu thereof ''and''; and (4) in section (4)(c) by adding a new subsection as follows: ''(4) for fiscal year 2000, $5,000,000 shall be provided to Guam.'': *Provided further,* That of the amounts provided for technical assistance, sufficient funding shall be made available for a grant to the Close Up Foundation: *Provided further,* That the funds for the program of operations and maintenance improvement are appropriated to institutionalize routine operations and maintenance improvement of capital infrastructure in American Samoa, Guam, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia through assessments of long-range operations maintenance needs, improved capability of local operations and maintenance institutions and agencies (including management and vocational education training), and project-specific maintenance (with territorial participation and cost sharing to be determined by the Secretary based on the individual territory's commitment to timely maintenance of its capital assets): *Provided further,* That any appropriation for disaster assistance under this heading in this Act or previous appropriations Acts may be used as non-Federal matching funds for the purpose of hazard mitigation grants provided pursuant to section 404 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170c).

POINT OF ORDER

Mr. YOUNG of Alaska. Mr. Chairman, I make a point of order against the language beginning on page 37, line 23 and ending on page 38, line 13, as follows:

Provided further, that Public Law 94–241, as amended, is further amended (1) in section 4(b) by deleting ''2002'' and inserting ''1999'' and inserting after the words ''$11,000,000 annually'' the following: ''and for fiscal year 2000, payments to the Commonwealth of the Northern Mariana Islands shall be $6 million, but shall return to the level of $11,000,000 annually for fiscal year 2001 and 2002. In fiscal year 2003 the payment to the Commonwealth of the Northern Mariana Islands shall be $5,000,000''; (2) deleting the word ''and'' at the end of subsection (4)(c)(2); (3) deleting the period at the end of subsection (4)(c)(3) and inserting in lieu thereof ''and''; and (4) in section (4)(c) by adding a new subsection as follows: ''(4) for fiscal year 2000, $5,000,000 shall be provided to Guam.''

This language clearly amends an underlying statute, Public Law 94–241, by reducing mandatory payments to be made to the Northern Mariana Islands and authorizes funds for another entity not contemplated in Public Law 94–241. This constitutes legislation on an appropriations bill in violation of clause 2(b) of Rule XXI of the Rules of the House of Representatives.

I ask that the Chair sustain my point of order.

Guam is due the $5 million that is in the present bill for compact impact. This administration should work to fund Guam for this unfunded mandate but not penalize Mariana's covenant funds.

□ 1045

Mr. Chairman, I ask to sustain my point of order.

The CHAIRMAN. Does any other Member wish to be heard on the point of order?

Mr. DICKS. Mr. Chairman, I am prepared to concede the point of order.

The CHAIRMAN. Any other Member wish to be heard?

Mr. REGULA. Mr. Chairman, we concede it.

Mr. YOUNG of Alaska. Mr. Chairman, I thank the gentlemen.

The CHAIRMAN. The Chair is prepared to rule.

For the reasons stated by the gentleman from Alaska, the point of order is sustained and the unprotected proviso is stricken from the bill.

The Clerk will read.

The Clerk read as follows:

COMPACT OF FREE ASSOCIATION

For economic assistance and necessary expenses for the Federated States of Micronesia and the Republic of the Marshall Islands as provided for in sections 122, 221, 223, 232, and 233 of the Compact of Free Association, and for economic assistance and necessary expenses for the Republic of Palau as provided for in sections 122, 221, 223, 232, and 233 of the Compact of Free Association, $20,545,000, to remain available until expended, as authorized by Public Law 99–239 and Public Law 99–658.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

For necessary expenses for management of the Department of the Interior, $62,864,000, of which not to exceed $8,500 may be for official reception and representation expenses and of which up to $1,000,000 shall be available for workers compensation payments and unemployment compensation payments associated with the orderly closure of the United States Bureau of Mines.

OFFICE OF THE SOLICITOR

SALARIES AND EXPENSES

For necessary expenses of the Office of the Solicitor, $36,784,000.

OFFICE OF INSPECTOR GENERAL

SALARIES AND EXPENSES

OFFICE OF INSPECTOR GENERAL

For necessary expenses of the Office of Inspector General, $26,086,000.

OFFICE OF SPECIAL TRUSTEE FOR AMERICAN INDIANS

FEDERAL TRUST PROGRAMS

For operation of trust programs for Indians by direct expenditure, contracts, cooperative agreements, compacts, and grants, $90,025,000, to remain available until expended: *Provided,* That funds for trust management improvements may be transferred, as needed, to the Bureau of Indian Affairs ''Operation of Indian Programs'' account and to the Departmental Management ''Salaries and Expenses'' account: *Provided further,* That funds made available to Tribes and Tribal organizations through contracts or grants obligated during fiscal year 2000, as authorized by the Indian Self-Determination Act of 1975 (25 U.S.C. 450 et seq.), shall remain available until expended by the contractor or grantee: *Provided further,* That notwithstanding any other provision of law, the statute of limitations shall not commence to run on any claim, including any claim in litigation pending on the date of the enactment of this Act, concerning losses to or mismanagement of trust funds, until the affected tribe or individual Indian has been furnished with an accounting of such funds from which the beneficiary can determine whether there has been a loss: *Provided further,* That notwithstanding any other provision of law, the Secretary shall not be required to provide a quarterly statement of performance for any Indian trust account that has not had activity for at least eighteen months and has a balance of $1.00 or less: *Provided further,* That the Secretary shall issue an annual account statement and maintain a record of any such accounts and shall permit the balance in each such account to be withdrawn upon the express written request of the account holder.

INDIAN LAND CONSOLIDATION PILOT

INDIAN LAND CONSOLIDATION

For implementation of a pilot program for consolidation of fractional interests in Indian lands by direct expenditure or cooperative agreement, $5,000,000 to remain available until expended, of which not to exceed $500,000 shall be available for administrative expenses: *Provided,* That the Secretary may enter into a cooperative agreement, which shall not be subject to Public Law 93–638, as amended, with a tribe having jurisdiction over the pilot reservation to implement the program to acquire fractional interests on behalf of such tribe: *Provided further,* That the Secretary may develop a reservation-wide system for establishing the fair market value of various types of lands and improvements to govern the amounts offered for acquisition of fractional interests: *Provided further,* That acquisitions shall be limited to one or more pilot reservations as determined by the Secretary: *Provided further,* That funds shall be available for acquisition of fractional interest in trust or restricted lands with the consent of its owners and at fair market value, and the Secretary shall hold in trust for such tribe all interests acquired pursuant to this pilot program: *Provided further,* That all proceeds from any lease, resource sale contract, right-of-way or other transaction derived from the fractional interest shall be credited to this appropriation, and remain available until expended, until the purchase price paid by the Secretary under this appropriation has been recovered from such proceeds: *Provided further,* That once the purchase price has been recovered, all subsequent proceeds shall be managed by the Secretary for the benefit of the applicable tribe or paid directly to the tribe.

NATURAL RESOURCE DAMAGE ASSESSMENT AND RESTORATION

NATURAL RESOURCE DAMAGE ASSESSMENT FUND

To conduct natural resource damage assessment activities by the Department of the Interior necessary to carry out the provisions of the Comprehensive Environmental Response, Compensation, and Liability Act, as amended (42 U.S.C. 9601 et seq.), Federal Water Pollution Control Act, as amended (33 U.S.C. 1251 et seq.), the Oil Pollution Act of 1990 (Public Law 101–380), and Public Law 101–337; $5,400,000, to remain available until expended.

ADMINISTRATIVE PROVISIONS

There is hereby authorized for acquisition from available resources within the Working Capital Fund, 15 aircraft, 10 of which shall be for replacement and which may be obtained by donation, purchase or through available excess surplus property: *Provided,* That notwithstanding any other provision of law, existing aircraft being replaced may be sold, with proceeds derived or trade-in value used to offset the purchase price for the replacement aircraft: *Provided further,* That no programs funded with appropriated funds in the ''Departmental Management'', ''Office of the Solicitor'', and ''Office of Inspector General'' may be augmented through the Working Capital Fund or the Consolidated Working Fund.

GENERAL PROVISIONS, DEPARTMENT OF THE INTERIOR

SEC. 101. Appropriations made in this title shall be available for expenditure or transfer (within each bureau or office), with the approval of the Secretary, for the emergency reconstruction, replacement, or repair of aircraft, buildings, utilities, or other facilities or equipment damaged or destroyed by fire, flood, storm, or other unavoidable causes: *Provided,* That no funds shall be made available under this authority until funds specifically made available to the Department of the Interior for emergencies shall have been exhausted: *Provided further,* That all funds used pursuant to this section are hereby designated by Congress to be ''emergency requirements'' pursuant to section 251(b)(2)(A) of the Balanced Budget and Emergency Deficit Control Act of 1985, and must be replenished by a supplemental appropriation which must be requested as promptly as possible.

SEC. 102. The Secretary may authorize the expenditure or transfer of any no year appropriation in this title, in addition to the amounts included in the budget programs of the several agencies, for the suppression or emergency prevention of forest or range fires on or threatening lands under the jurisdiction of the Department of the Interior; for the emergency rehabilitation of burned-over lands under its jurisdiction; for emergency actions related to potential or actual earthquakes, floods, volcanoes, storms, or other unavoidable causes; for contingency planning subsequent to actual oil spills; for response and natural resource damage assessment activities related to actual oil spills; for the prevention, suppression, and control of actual or potential grasshopper and Mormon cricket outbreaks on lands under the jurisdiction of the Secretary, pursuant to the authority in section 1773(b) of Public Law 99–198 (99 Stat. 1658); for emergency reclamation projects under section 410 of Public Law 95–87; and shall transfer, from any no year funds available to the Office of Surface Mining Reclamation and Enforcement, such funds as may be necessary to permit assumption of regulatory authority in the event a primacy State is not carrying out the regulatory provisions of the Surface Mining Act: *Provided,* That appropriations made in this title for fire suppression purposes shall be available for the payment of obligations incurred during the preceding fiscal year, and for reimbursement to other Federal agencies for destruction of vehicles, aircraft, or other equipment in connection with their use for fire suppression purposes, such reimbursement to be credited to appropriations currently available at the time of receipt thereof: *Provided further,* That for emergency rehabilitation and wildfire suppression activities, no funds shall be made available under this authority until funds appropriated to ''Wildland Fire Management'' shall have been exhausted: *Provided further,* That all funds used pursuant to this section are hereby designated by Congress to be ''emergency requirements'' pursuant to section 251(b)(2)(A) of the Balanced Budget and Emergency Deficit Control Act of 1985, and must be replenished by a supplemental appropriation which must be requested as promptly as possible: *Provided further,* That such replenishment funds shall be used to reimburse, on a pro rata basis, accounts from which emergency funds were transferred.

SEC. 103. Appropriations made in this title shall be available for operation of warehouses, garages, shops, and similar facilities, wherever consolidation of activities will contribute to efficiency or economy, and said appropriations shall be reimbursed for services rendered to any other activity in the same manner as authorized by sections 1535 and 1536 of title 31, United States Code: *Provided,* That reimbursements for costs and supplies, materials, equipment, and for services rendered may be credited to the appropriation current at the time such reimbursements are received.

SEC. 104. Appropriations made to the Department of the Interior in this title shall be available for services as authorized by 5 U.S.C. 3109, when authorized by the Secretary, in total amount not to exceed $500,000; hire, maintenance, and operation of aircraft; hire of passenger motor vehicles; purchase of reprints; payment for telephone service in private residences in the field, when authorized under regulations approved by the Secretary; and the payment of dues, when authorized by the Secretary, for library membership in societies or associations which issue publications to members

only or at a price to members lower than to subscribers who are not members.

SEC. 105. Appropriations available to the Department of the Interior for salaries and expenses shall be available for uniforms or allowances therefor, as authorized by law (5 U.S.C. 5901–5902 and D.C. Code 4–204).

SEC. 106. Appropriations made in this title shall be available for obligation in connection with contracts issued for services or rentals for periods not in excess of twelve months beginning at any time during the fiscal year.

SEC. 107. No funds provided in this title may be expended by the Department of the Interior for the conduct of offshore oil and natural gas preleasing, leasing and related activities placed under restriction in the President's moratorium statement of June 12, 1998, which includes the areas of: northern, central, and southern California; the North Atlantic; Washington and Oregon; the eastern Gulf of Mexico south of 26 degrees north latitude and east of 86 degrees west longitude and any lands located outside Sale 181, as identified in the final Outer Continental Shelf 5-year Oil and Gas Leasing Program, 1997–2002; the North Aleutian Basin planning area; and the Mid-Atlantic and South Atlantic planning areas.

SEC. 108. Advance payments made under this title to Indian tribes, tribal organizations, and tribal consortia pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) or the Tribally Controlled Schools Act of 1988 (25 U.S.C. 2501 et seq.) may be invested by the Indian tribe, tribal organization, or consortium before such funds are expended for the purposes of the grant, compact, or annual funding agreement so long as such funds are—

(1) invested by the Indian tribe, tribal organization, or consortium only in obligations of the United States, or in obligations or securities that are guaranteed or insured by the United States, or mutual (or other) funds registered with the Securities and Exchange Commission and which only invest in obligations of the United States or securities that are guaranteed or insured by the United States; or

(2) deposited only into accounts that are insured by an agency or instrumentality of the United States, or are fully collateralized to ensure protection of the funds, even in the event of a bank failure.

Mr. DICKS. Mr. Chairman, I ask unanimous consent that the remainder of title I be considered as read, printed in the RECORD, and open to amendment at any point.

The CHAIRMAN. Is there objection to the request of the gentleman from Washington?

Mr. SANDERS. Point of information, Mr. Chairman. What page does that go up to?

Mr. DICKS. Fifty-six.

The CHAIRMAN. Is there objection to the request of the gentleman from Washington?

Mr. REGULA. Reserving the right to object, Mr. Chairman, what is the request?

Mr. DICKS. Just to open up the rest of title I.

Mr. REGULA. Mr. Chairman, after checking, we have no objection.

The CHAIRMAN. Without objection, the bill through title I will be considered as read, printed in the RECORD, and open to amendment at any point.

There was no objection.

The text of the remainder of title I through page 56, line 2 is as follows:

SEC. 109. (a) Employees of Helium Operations, Bureau of Land Management, entitled to severance pay under 5 U.S.C. 5595, may apply for, and the Secretary of the Interior may pay, the total amount of the severance pay to the employee in a lump sum. Employees paid severance pay in a lump sum and subsequently reemployed by the Federal Government shall be subject to the repayment provisions of 5 U.S.C. 5595(i)(2) and (3), except that any repayment shall be made to the Helium Fund.

(b) Helium Operations employees who elect to continue health benefits after separation shall be liable for not more than the required employee contribution under 5 U.S.C. 8905a(d)(1)(A). The Helium Fund shall pay for 18 months the remaining portion of required contributions.

(c) The Secretary of the Interior may provide for training to assist Helium Operations employees in the transition to other Federal or private sector jobs during the facility shut-down and disposition process and for up to 12 months following separation from Federal employment, including retraining and relocation incentives on the same terms and conditions as authorized for employees of the Department of Defense in section 348 of the National Defense Authorization Act for Fiscal Year 1995.

(d) For purposes of the annual leave restoration provisions of 5 U.S.C. 6304(d)(1)(B), the cessation of helium production and sales, and other related Helium Program activities shall be deemed to create an exigency of public business under, and annual leave that is lost during leave years 1997 through 2001 because of 5 U.S.C. 6304 (regardless of whether such leave was scheduled in advance) shall be restored to the employee and shall be credited and available in accordance with 5 U.S.C. 6304(d)(2). Annual leave so restored and remaining unused upon the transfer of a Helium Program employee to a position of the executive branch outside of the Helium Program shall be liquidated by payment to the employee of a lump sum from the Helium Fund for such leave.

(e) Benefits under this section shall be paid from the Helium Fund in accordance with section 4(c)(4) of the Helium Privatization Act of 1996. Funds may be made available to Helium Program employees who are or will be separated before October 1, 2002 because of the cessation of helium production and sales and other related activities. Retraining benefits, including retraining and relocation incentives, may be paid for retraining commencing on or before September 30, 2002.

(f) This section shall remain in effect through fiscal year 2002.

SEC. 110. Notwithstanding any other provision of law, including but not limited to the Indian Self-Determination Act of 1975, as amended, hereafter funds available to the Department of the Interior for Indian self-determination or self-governance contract or grant support costs may be expended only for costs directly attributable to contracts, grants and compacts pursuant to the Indian Self-Determination Act and hereafter funds appropriated in this title shall not be available for any contract support costs or indirect costs associated with any contract, grant, cooperative agreement, self-governance compact or funding agreement entered into between an Indian tribe or tribal organization and any entity other than an agency of the Department of the Interior.

SEC. 111. Notwithstanding any other provisions of law, the National Park Service shall not develop or implement a reduced entrance fee program to accommodate non-local travel through a unit. The Secretary may provide for and regulate local non-recreational passage through units of the National Park System, allowing each unit to develop guidelines and permits for such activity appropriate to that unit.

SEC. 112. Notwithstanding any other provision of law, in fiscal year 2000 and thereafter, the Secretary is authorized to permit persons, firms or organizations engaged in commercial, cultural, educational, or recreational activities (as defined in section 612a of title 40, United States Code) not currently occupying such space to use courtyards, auditoriums, meeting rooms, and other space of the main and south Interior building complex, Washington, D.C., the maintenance, operation, and protection of which has been delegated to the Secretary from the Administrator of General Services pursuant to the Federal Property and Administrative Services Act of 1949, and to assess reasonable charges therefore, subject to such procedures as the Secretary deems appropriate for such uses. Charges may be for the space, utilities, maintenance, repair, and other services. Charges for such space and services may be at rates equivalent to the prevailing commercial rate for comparable space and services devoted to a similar purpose in the vicinity of the main and south Interior building complex, Washington, D.C. for which charges are being assessed. The Secretary may without further appropriation hold, administer, and use such proceeds within the Departmental Management Working Capital Fund to offset the operation of the buildings under his jurisdiction, whether delegated or otherwise, and for related purposes, until expended.

SEC. 113. Notwithstanding any other provision of law, the Steel Industry American Heritage Area, authorized as part of Public Law 104–333, is hereby renamed the Rivers of Steel National Heritage Area.

SEC. 114. Refunds or rebates received on an ongoing basis from a credit card services provider under the Department of the Interior's charge card programs may be deposited to and retained without fiscal year limitation in the Departmental Working Capital Fund established under 43 U.S.C. 1467 and used to fund management initiatives of general benefit to the Department of the Interior's bureaus and offices as determined by the Secretary or his designee.

SEC. 115. Appropriations made in this title under the headings Bureau of Indian Affairs and Office of Special Trustee for American Indians and any available unobligated balances from prior appropriations Acts made under the same headings, shall be available for expenditure or transfer for Indian trust management activities pursuant to the Trust Management Improvement Project High Level Implementation Plan.

SEC. 116. All properties administered by the National Park Service at Fort Baker, Golden Gate National Recreation Area, and leases, concessions, permits and other agreements associated with those properties, hereafter shall be exempt from all taxes and special assessments, except sales tax, by the State of California and its political subdivisions, including the County of Marin and the City of Sausalito. Such areas of Fort Baker shall remain under exclusive Federal jurisdiction.

SEC. 117. Notwithstanding any provision of law, the Secretary of the Interior is authorized to negotiate and enter into agreements and leases, without regard to section 321 of chapter 314 of the Act of June 30, 1932 (40 U.S.C. 303b), with any person, firm, association, organization, corporation, or governmental entity for all or part of the property within Fort Baker administered by the Secretary as part of Golden Gate National

Recreation Area. The proceeds of the agreements or leases shall be retained by the Secretary and such proceeds shall be available, without future appropriation, for the preservation, restoration, operation, maintenance and interpretation and related expenses incurred with respect to Fort Baker properties.

SEC. 118. Where any Federal lands included in the boundary of Lake Roosevelt National Recreational Area for grazing purposes, pursuant to a permit issued by the National Park Service, the person or persons so utilizing such lands shall be entitled to renew said permit. The National Park Service is further directed to manage the Lake Roosevelt National Recreational Area subject to grazing use in a manner that will protect the recreational, natural (including water quality) and cultural resources of the Lake Roosevelt National Recreational Area.

SEC. 119. Notwithstanding any other provision of law, grazing permits which expire during fiscal year 2000 shall be renewed for the balance of fiscal year 2000 on the same terms and conditions as contained in the expiring permits, or until the Bureau of Land Management completes processing these permits in compliance with all applicable laws, whichever comes first. Upon completion of processing by the Bureau, the terms and conditions of existing grazing permits may be modified, if necessary, and reissued for a term not to exceed ten years. Nothing in this language shall be deemed to affect the Bureau's authority to otherwise modify or terminate grazing permits.

SEC. 120. For the purpose of reducing the Indian probate backlog in the Department of the Interior, the Secretary may, notwithstanding any other provision of law, including the provisions of title 5, United States Code pertaining to competition in the appointment process and actions covered by section 7521 of title 5, appoint administrative law judges for such periods of time as the Secretary considers to be necessary.

The CHAIRMAN. Are there any amendments to that portion of the bill?

If not, the Clerk will read.

The Clerk read as follows:

TITLE II—RELATED AGENCIES

DEPARTMENT OF AGRICULTURE

FOREST SERVICE

FOREST AND RANGELAND RESEARCH

For necessary expenses of forest and rangeland research as authorized by law, $204,373,000, to remain available until expended.

STATE AND PRIVATE FORESTRY

For necessary expenses of cooperating with and providing technical and financial assistance to States, territories, possessions, and others, and for forest health management, cooperative forestry, and education and land conservation activities, $181,464,000, to remain available until expended, as authorized by law.

NATIONAL FOREST SYSTEM

For necessary expenses of the Forest Service, not otherwise provided for, for management, protection, improvement, and utilization of the National Forest System, and for administrative expenses associated with the management of funds provided under the headings ''Forest and Rangeland Research'', ''State and Private Forestry'', ''National Forest System'', ''Wildland Fire Management'', ''Reconstruction and Maintenance'', and ''Land Acquisition'', $1,254,434,000, to remain available until expended, which shall include 50 percent of all moneys received during prior fiscal years as fees collected under the Land and Water Conservation Fund Act of 1965, as amended, in accordance with section 4 of the Act (16 U.S.C. 460l–6a(i)): *Provided,* That unobligated balances available at the start of fiscal year 2000 shall be displayed by extended budget line item and region in the fiscal year 2001 budget justification.

WILDLAND FIRE MANAGEMENT

For necessary expenses for forest fire presuppression activities on National Forest System lands, for emergency fire suppression on or adjacent to such lands or other lands under fire protection agreement, and for emergency rehabilitation of burned-over National Forest System lands and water, $561,354,000, to remain available until expended: *Provided,* That such funds are available for repayment of advances from other accounts previously transferred for such purposes: *Provided further,* That not less than 50 percent of any unobligated balances remaining (exclusive of amounts for hazardous fuels reduction) at the end of fiscal year 1999 shall be transferred, as repayment for past advances that have not been repaid, to the fund established pursuant to section 3 of Public Law 71–319 (16 U.S.C. 576 et seq.): *Provided further,* That notwithstanding any other provision of law, up to $4,000,000 of funds appropriated under this appropriation may be used for Fire Science Research in support of the Joint Fire Science Program: *Provided further,* That all authorities for the use of funds, including the use of contracts, grants, and cooperative agreements, available to execute the Forest Service and Rangeland Research appropriation, are also available in the utilization of these funds for Fire Science Research.

RECONSTRUCTION AND MAINTENANCE

For necessary expenses of the Forest Service, not otherwise provided for, $396,602,000, to remain available until expended for construction, reconstruction, maintenance and acquisition of buildings and other facilities, and for construction, reconstruction, repair and maintenance of forest roads and trails by the Forest Service as authorized by 16 U.S.C. 532–538 and 23 U.S.C. 101 and 205: *Provided,* That up to $15,000,000 of the funds provided herein for road maintenance shall be available for the decommissioning of roads, including unauthorized roads not part of the transportation system, which are no longer needed: *Provided further,* That no funds shall be expended to decommission any system road until notice and an opportunity for public comment has been provided: *Provided further,* That any unobligated balances of amounts previously appropriated to the Forest Service ''Reconstruction and Construction'' account as well as any unobligated balances remaining in the ''National Forest System'' account for the facility maintenance and trail maintenance extended budget line items at the end of fiscal year 1999 may be transferred to and merged with this ''Reconstruction and Maintenance'' account.

LAND ACQUISITION

For expenses necessary to carry out the provisions of the Land and Water Conservation Fund Act of 1965, as amended (16 U.S.C. 460l–4 through 11), including administrative expenses, and for acquisition of land or waters, or interest therein, in accordance with statutory authority applicable to the Forest Service, $1,000,000, to be derived from the Land and Water Conservation Fund, to remain available until expended*: Provided,* That subject to valid existing rights, all Federally owned lands and interests in lands within the New World Mining District comprising approximately 26,223 acres, more or less, which are described in a Federal Register notice dated August 19, 1997 (62 F.R. 44136–44137), are hereby withdrawn from all forms of entry, appropriation, and disposal under the public land laws, and from location, entry and patent under the mining laws, and from disposition under all mineral and geothermal leasing laws.

ACQUISITION OF LANDS FOR NATIONAL FORESTS SPECIAL ACTS

For acquisition of lands within the exterior boundaries of the Cache, Uinta, and Wasatch National Forests, Utah; the Toiyabe National Forest, Nevada; and the Angeles, San Bernardino, Sequoia, and Cleveland National Forests, California, as authorized by law, $1,069,000, to be derived from forest receipts.

ACQUISITION OF LANDS TO COMPLETE LAND EXCHANGES

For acquisition of lands, such sums, to be derived from funds deposited by State, county, or municipal governments, public school districts, or other public school authorities pursuant to the Act of December 4, 1967, as amended (16 U.S.C. 484a), to remain available until expended.

RANGE BETTERMENT FUND

For necessary expenses of range rehabilitation, protection, and improvement, 50 percent of all moneys received during the prior fiscal year, as fees for grazing domestic livestock on lands in National Forests in the sixteen Western States, pursuant to section 401(b)(1) of Public Law 94–579, as amended, to remain available until expended, of which not to exceed 6 percent shall be available for administrative expenses associated with on-the-ground range rehabilitation, protection, and improvements.

GIFTS, DONATIONS AND BEQUESTS FOR FOREST AND RANGELAND RESEARCH

For expenses authorized by 16 U.S.C. 1643(b), $92,000, to remain available until expended, to be derived from the fund established pursuant to the above Act.

ADMINISTRATIVE PROVISIONS, FOREST SERVICE

Appropriations to the Forest Service for the current fiscal year shall be available for: (1) purchase of not to exceed 110 passenger motor vehicles of which 15 will be used primarily for law enforcement purposes and of which 109 shall be for replacement; acquisition of 25 passenger motor vehicles from excess sources, and hire of such vehicles; operation and maintenance of aircraft, the purchase of not to exceed three for replacement only, and acquisition of sufficient aircraft from excess sources to maintain the operable fleet at 213 aircraft for use in Forest Service wildland fire programs and other Forest Service programs; notwithstanding other provisions of law, existing aircraft being replaced may be sold, with proceeds derived or trade-in value used to offset the purchase price for the replacement aircraft; (2) services pursuant to 7 U.S.C. 2225, and not to exceed $100,000 for employment under 5 U.S.C. 3109; (3) purchase, erection, and alteration of buildings and other public improvements (7 U.S.C. 2250); (4) acquisition of land, waters, and interests therein, pursuant to 7 U.S.C. 428a; (5) for expenses pursuant to the Volunteers in the National Forest Act of 1972 (16 U.S.C. 558a, 558d, and 558a note); (6) the cost of uniforms as authorized by 5 U.S.C. 5901–5902; and (7) for debt collection contracts in accordance with 31 U.S.C. 3718(c).

None of the funds made available under this Act shall be obligated or expended to abolish any region, to move or close any regional office for National Forest System administration of the Forest Service, Department of Agriculture, or to implement any reorganization or other type of organizational restructuring of the Forest Service without the advance consent of the House and Senate Committees on Appropriations.

Mr. REGULA. Mr. Chairman, I ask unanimous consent that the balance of

the Forest Service section through page 65, line 15 be considered as read, printed in the RECORD and open to amendment at any point.

The CHAIRMAN. Is there objection to the request of the gentleman from Ohio?

There was no objection.

The text of the remainder of the bill through page 68, line 15 is as follows:

Any appropriations or funds available to the Secretary of Agriculture may be transferred to the Wildland Fire Management appropriation for forest firefighting, emergency rehabilitation of burned-over or damaged lands or waters under its jurisdiction, and fire preparedness due to severe burning conditions if and only if all previously appropriated emergency contingent funds under this heading have been released by the President and apportioned.

Funds appropriated to the Forest Service shall be available for assistance to or through the Agency for International Development and the Foreign Agricultural Service in connection with forest and rangeland research, technical information, and assistance in foreign countries, and shall be available to support forestry and related natural resource activities outside the United States and its territories and possessions, including technical assistance, education and training, and cooperation with United States and international organizations.

None of the funds made available to the Forest Service under this Act shall be subject to transfer under the provisions of section 702(b) of the Department of Agriculture Organic Act of 1944 (7 U.S.C. 2257) or 7 U.S.C. 147b unless the proposed transfer is approved in advance by the House and Senate Committees on Appropriations in compliance with the reprogramming procedures contained in House Report 105–163.

None of the funds available to the Forest Service may be reprogrammed without the advance approval of the House and Senate Committees on Appropriations in accordance with the procedures contained in House Report 105–163.

No funds appropriated or otherwise available to the Forest Service shall be transferred to the Working Capital Fund of the Department of Agriculture without the advance approval of the House and Senate Committees on Appropriations.

Funds available to the Forest Service shall be available to conduct a program of not less than $1,000,000 for high priority projects within the scope of the approved budget which shall be carried out by the Youth Conservation Corps as authorized by the Act of August 13, 1970, as amended by Public Law 93–408.

Of the funds available to the Forest Service, $1,500 is available to the Chief of the Forest Service for official reception and representation expenses.

Pursuant to sections 405(b) and 410(b) of Public Law 101–593, of the funds available to the Forest Service, up to $1,000,000 may be advanced in a lump sum as Federal financial assistance to the National Forest Foundation, without regard to when the Foundation incurs expenses, for administrative expenses or projects on or benefitting National Forest System lands or related to Forest Service programs: *Provided,* That of the Federal funds made available to the Foundation, no more than $200,000 shall be available for administrative expenses: *Provided further,* That the Foundation shall obtain, by the end of the period of Federal financial assistance, private contributions to match on at least one-for-one basis funds made available by the Forest Service: *Provided further,* That the Foundation may transfer Federal funds to a non-Federal recipient for a project at the same rate that the recipient has obtained the non-Federal matching funds: *Provided further,* That hereafter, the National Forest Foundation may hold Federal funds made available but not immediately disbursed and may use any interest or other investment income earned (before, on, or after the date of enactment of this Act) on Federal funds to carry out the purposes of Public Law 101–593: *Provided further,* That such investments may be made only in interest-bearing obligations of the United States or in obligations guaranteed as to both principal and interest by the United States.

Pursuant to section 2(b)(2) of Public Law 98–244, $2,650,000 of the funds available to the Forest Service shall be available for matching funds to the National Fish and Wildlife Foundation, as authorized by 16 U.S.C. 3701–3709, and may be advanced in a lump sum as Federal financial assistance, without regard to when expenses are incurred, for projects on or benefitting National Forest System lands or related to Forest Service programs: *Provided,* That the Foundation shall obtain, by the end of the period of Federal financial assistance, private contributions to match on at least one-for-one basis funds advanced by the Forest Service: *Provided further,* That the Foundation may transfer Federal funds to a non-Federal recipient for a project at the same rate that the recipient has obtained the non-Federal matching funds.

Funds appropriated to the Forest Service shall be available for interactions with and providing technical assistance to rural communities for sustainable rural development purposes.

Notwithstanding any other provision of law, 80 percent of the funds appropriated to the Forest Service in the ''National Forest System'' and ''Reconstruction and Construction'' accounts and planned to be allocated to activities under the ''Jobs in the Woods'' program for projects on National Forest land in the State of Washington may be granted directly to the Washington State Department of Fish and Wildlife for accomplishment of planned projects. Twenty percent of said funds shall be retained by the Forest Service for planning and administering projects. Project selection and prioritization shall be accomplished by the Forest Service with such consultation with the State of Washington as the Forest Service deems appropriate.

Funds appropriated to the Forest Service shall be available for payments to counties within the Columbia River Gorge National Scenic Area, pursuant to sections 14(c)(1) and (2), and section 16(a)(2) of Public Law 99–663.

The Secretary of Agriculture is authorized to enter into grants, contracts, and cooperative agreements as appropriate with the Pinchot Institute for Conservation, as well as with public and other private agencies, organizations, institutions, and individuals, to provide for the development, administration, maintenance, or restoration of land, facilities, or Forest Service programs, at the Grey Towers National Historic Landmark: *Provided,* That, subject to such terms and conditions as the Secretary of Agriculture may prescribe, any such public or private agency, organization, institution, or individual may solicit, accept, and administer private gifts of money and real or personal property for the benefit of, or in connection with, the activities and services at the Grey Towers National Historic Landmark: *Provided further,* That such gifts may be accepted notwithstanding the fact that a donor conducts business with the Department of Agriculture in any capacity.

Funds appropriated to the Forest Service shall be available, as determined by the Secretary, for payments to Del Norte County, California, pursuant to sections 13(e) and 14 of the Smith River National Recreation Area Act (Public Law 101–612).

No employee of the Department of Agriculture may be detailed or assigned from an agency or office funded by this Act to any other agency or office of the Department for more than 30 days unless the individual's employing agency or office is fully reimbursed by the receiving agency or office for the salary and expenses of the employee for the period of assignment.

Notwithstanding any other provision of law, any appropriations or funds available to the Forest Service not to exceed $500,000 may be used to reimburse the Office of the General Counsel (OGC), Department of Agriculture, for travel and related expenses incurred as a result of OGC assistance or participation requested by the Forest Service at meetings, training sessions, management reviews, land purchase negotiations and similar non-litigation related matters. Future budget justifications for both the Forest Service and the Department of Agriculture should clearly display the sums previously transferred and the requested funding transfers.

The CHAIRMAN. Are there any amendments to that portion of the bill?

If not, the Clerk will read.

The Clerk read as follows:

DEPARTMENT OF ENERGY

CLEAN COAL TECHNOLOGY

(DEFERRAL)

Of the funds made available under this heading for obligation in prior years, $190,000,000 shall not be available until October 1, 2000: *Provided,* That funds made available in previous appropriations Acts shall be available for any ongoing project regardless of the separate request for proposal under which the project was selected.

FOSSIL ENERGY RESEARCH AND DEVELOPMENT

For necessary expenses in carrying out fossil energy research and development activities, under the authority of the Department of Energy Organization Act (Public Law 95–91), including the acquisition of interest, including defeasible and equitable interests in any real property or any facility or for plant or facility acquisition or expansion, and for conducting inquiries, technological investigations and research concerning the extraction, processing, use, and disposal of mineral substances without objectionable social and environmental costs (30 U.S.C. 3, 1602, and 1603), performed under the minerals and materials science programs at the Albany Research Center in Oregon, $359,292,000, to remain available until expended, of which $24,000,000 shall be derived by transfer from unobligated balances in the Biomass Energy Development account: *Provided,* That no part of the sum herein made available shall be used for the field testing of nuclear explosives in the recovery of oil and gas.

Ms. JACKSON-LEE of Texas. Mr. Chairman, I move to strike the last word.

Mr. Chairman, let me thank the chairman and the ranking member for constructing a bill on the interior that all of us are very gratified to support. The gentleman from Ohio (Mr. REGULA) knows that last session I talked to him about a monument preserving the legacy of Soujourner Truth, and I hope that we will have an opportunity to raise that issue, although we have not raised it this time around, that we will

continue to keep that vision before us. There is certainly debate as to what kind of monument that should be, but I believe that we will ultimately come to a resolution of that.

I rose and rise in particular to indicate that I had intended to offer an amendment in Title I, but I look forward to working with the gentleman from Ohio (Mr. REGULA) and as well the ranking member, the gentleman from Washington (Mr. DICKS), and, of course, the chairman of the Committee on Appropriations on refocusing on many of our historic areas in urban communities.

For example, in the City of Houston, the fourth largest city in the Nation, we have a community in the 18th Congressional district that is called Town. That is a town that was founded by freed slaves, and I would hope that the parks and recreation provisions would allow us to be able to enhance culturally diverse, historic communities. That is found in Town in Houston and as well in Fifth Ward in Houston.

Fifth Ward in Houston happens to be the birthplace of two of our former colleagues, the esteemed and honored Barbara Jordan and Mickey Leland, now deceased. Those particular communities in the 18th Congressional District have active historic preservation activists who are trying with their own resources to preserve the legacy of our history, in Fourth Ward in particular, Jack Yates, his son, the many historic churches, and as well the legacy of those who fought for the freedom of slaves in America.

In Fifth Ward, in particular, it is characterized as an area where the early entrepreneurs and artisans of the African American community in the State of Texas lodged and resided and in fact developed the first intellectual base and the first middle class. I think it is extremely important that we use the resources Federally to conserve and to protect the history of this Nation.

In addition, let me thank the committee for its work with the National Endowment for the Humanities and the National Endowment for the Arts. It is certainly gratifying not to have an NEA fight this year or an NEH fight this year, although all of us would have liked to have seen more money.

I would hope, and may I just, although the gentleman from Washington (Mr. DICKS), I am surprising him a little bit with this, but may I just inquire, if he would? He has done such a good job, and the same thing with the chairman, and I am not intending to surprise them, but we have had previous conversations on whether or not we have a commitment to preserving our historic communities and working with our historic communities in this Nation. They both have done a good job.

Mr. DICKS. Mr. Chairman, will the gentlewoman yield?

Ms. JACKSON-LEE of Texas. I yield to the gentleman from Washington.

Mr. DICKS. Mr. Chairman, I have always been a strong proponent of historic preservation and preserving our communities. I would like to think that in my district, Tacoma, Washington, has been a hallmark of that with the Union Station restoration project and many others. We believe in this, and we are very supportive of it

Ms. JACKSON-LEE of Texas. Mr. Chairman, I thank the gentleman very much.

Mr. Chairman, I do not want to put the gentleman from Ohio (Mr. REGULA) on the spot, but we have had conversations before. I know the commitment of his wife; I know the commitment that the gentleman has coming from the historic community that he comes from, and I just like to inquire whether this bill reflects, and maybe, as we move into the next fiscal year, we will be able to engage more of our communities.

But anyhow, reflects a commitment to preserving the historic regions and communities here in the United States.

Mr. REGULA. Mr. Chairman, will the gentlewoman yield?

Ms. JACKSON-LEE of Texas. I yield to the gentleman from Ohio.

Mr. REGULA. Mr. Chairman, I thank the gentlewoman from Texas and would say that we will continue to communicate. We do not know what we will have next year in the way of resources. This year was a pretty tight budget, but obviously we will be very receptive to continued discussion.

Ms. JACKSON-LEE of Texas. Mr. Chairman, I thank the gentleman, and let me close by simply encouraging the constituents of my district to work with me as I work with them both particularly in the Fourth Ward and Fifth Ward to secure resources to compliment their efforts in preserving the historic communities of Fourth Ward and the efforts of the Texas Trailblazers that have been so vital to treating the historic places in our community properly and educating our youth and giving respect to those who have gone on before us who have worked so hard for our freedom.

The CHAIRMAN. The Clerk will read.

The Clerk read as follows:

ALTERNATIVE FUELS PRODUCTION

(INCLUDING TRANSFER OF FUNDS)

Moneys received as investment income on the principal amount in the Great Plains Project Trust at the Norwest Bank of North Dakota, in such sums as are earned as of October 1, 1999, shall be deposited in this account and immediately transferred to the general fund of the Treasury. Moneys received as revenue sharing from operation of the Great Plains Gasification Plant and settlement payments shall be immediately transferred to the general fund of the Treasury.

NAVAL PETROLEUM AND OIL SHALE RESERVES

The requirements of 10 U.S.C. 7430(b)(2)(B) shall not apply to fiscal year 2000: *Provided* That, notwithstanding any other provision of law, unobligated funds remaining from prior years shall be available for all naval petroleum and oil shale reserve activities.

ELK HILLS SCHOOL, LANDS FUND

For necessary expenses in fulfilling the second installment payment under the Settlement Agreement entered into by the United States and the State of California on October 11, 1996, as authorized by section 3415 of Public Law 104–106, $36,000,000 for payment to the State of California for the State Teachers' Retirement Fund from the Elk Hills School Lands Fund.

ENERGY CONSERVATION

For necessary expenses in carrying out energy conservation activities, $718,822,000, to remain available until expended, of which $25,000,000 shall be derived by transfer from unobligated balances in the Biomass Energy Development account: *Provided,* That $153,000,000 shall be for use in energy conservation programs as defined in section 3008(3) of Public Law 99–509 (15 U.S.C. 4507): *Provided further,* That notwithstanding section 3003(d)(2) of Public Law 99–509, such sums shall be allocated to the eligible programs as follows: $120,000,000, contingent on a cost share of 25 percent by each participating State or other qualified participant, for weatherization assistance grants and $33,000,000 for State energy conservation grants.

AMENDMENT NO. 14 OFFERED BY MR. SANDERS

Mr. SANDERS. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 14 offered by Mr. SANDERS:

Page 70, line 22, after the dollar amount, insert the following: ''(increased by $13,000,000)''.

Page 70, line 25, after the dollar amount, insert the following: ''(increased by $13,000,000)''.

Page 71, line 5, after the dollar amount, insert the following: ''(increased by $13,000,000)''.

Page 71, line 19, after the dollar amount, insert the following: ''(reduced by $13,000,000)''.

Mr. SANDERS. In fact, Mr. Chairman, I have two amendments that I will be offering today on what I consider to be one of the very, very important issues dealt with in this appropriation bill, and that is the issue of weatherization.

☐ 1100

It is no secret that all over this country when the weather gets 20 below zero, as in my State, or when the weather gets 120 degrees, as in some of our southern States, that a lot of people, including many senior citizens, suffer terribly because they do not have the resources to adequately warm their homes or, when the weather gets too hot, adequately cool their homes.

A number of years ago, I know the chairman will remember that in the city of Chicago, for example, in a hot weather period we had a terrible disaster where hundreds of senior citizens in that city actually died from heat exhaustion. We are seeing that problem right now as the hot weather hits various parts of our country.

Certainly in the northern States there is no question that cold weather is not only a problem in terms of potentially hurting people, but what the weatherization program deals with is creating a cost-effective approach so lower-income people can have good insulation, good storm windows, good roofing.

Historically what has been shown is the weatherization program is enormously cost-effective and environmentally sound. What sense is it that we have low-income people see their energy go out their windows, go out their doors, go out their roofs, because those homes are not adequately insulated?

Similarly, what sense is it that in those States where the weather becomes very hot and seniors have air conditioners, they lose the coolness in their homes because their homes are not adequately ventilated and adequately insulated?

Unfortunately, the subcommittee has cut funding for weatherization by $13 million beyond where it was last year. The first amendment that I am offering would require that we at least level fund the program.

This amendment that I am offering, as cosponsored by the gentleman from Ohio (Mr. NEY), the gentleman from Wisconsin (Mr. KIND), the gentleman from West Virginia (Mr. RAHALL), the gentleman from Virginia (Mr. BOUCHER), the gentleman from New York (Mr. ACKERMAN), the gentleman from Ohio (Mr. BROWN), the gentlewoman from New York (Ms. VELÁZQUEZ), and the gentleman from New York (Mr. MCNULTY), this amendment is simple and it is straightforward. It would simply increase the highly successful and cost-effective weatherization assistance program by $13 million to its fiscal year 1999 level, and reduce the Strategic Petroleum Reserve account by the same, $13 million.

The Senate level-funded this program at $133 million. The President had requested $154 million for this important and much needed program. Unfortunately, as I just mentioned, the committee chose to cut funding for last year by $13 million, from $133 million to $120 million. This amendment level funds the program and brings it up to the level provided by the Senate. That is all we are asking to do.

Let me quote from a letter of July 13 from Bill Richardson, Secretary of Energy:

> In this time of economic prosperity, it is questionable for Congress to target a program that helps a population with the greatest need and the least resources. We are also disturbed that Congress would act,

and now I am talking about the next amendment that I am going to offer, which we are really concerned about, as well,

> That Congress would act without being provided a more thorough analysis of the impact of the proposed action, without public hearings, and without the opportunity to hear from the States and the people affected.

What Mr. Richardson and the Energy Department are talking about is another amendment that came from the committee which I think has disastrous consequences which would require a 25 percent matching fund from the States.

Let me go back to the letter from the Secretary:

> The administration is strongly opposed to a reduction in weatherization assistance program funding and to the legislative language that would change the distribution criteria for the program by requiring about $30 million in State cost share. Under the committee language, no State would receive its formula share of the weatherization assistance program's appropriation in fiscal year 2000 unless it provided 25 percent in State matching funds.

So Mr. Chairman, the two amendments that we are dealing with are, number one, to restore funding for the very successful weatherization program to the level fund that it had last year, to be put where the Senate is.

The CHAIRMAN. The time of the gentleman from Vermont (Mr. SANDERS) has expired.

(By unanimous consent, Mr. SANDERS was allowed to proceed for 2 additional minutes.)

Mr. SANDERS. Mr. Chairman, the second amendment would question and challenge what the committee has done in requiring that the States provide a 25 percent match.

The bottom line here in terms of the weatherization program is that it is cost-effective. It is environmentally sound. What sense does it make to have low-income people put money into their heating bills, into their electric bills, and see the energy go right out the door?

So what the weatherization program has done, which has been very successful, is allow lower-income homes all over the United States of America to have decent insulation, storm windows, decent roofing to retain the heat or to keep their homes cool.

So this is a sensible program. It is a program that has worked. What we are asking in this particular amendment is to restore the funding that has been cut, to raise the funding by $13 million, and to allow us to have the level funding that we had from last year and the funding that the Senate has provided.

This is not as much as the President has asked for, but, at the very least, we should level fund this very important program, which is very important to so many lower-income families throughout the United States.

The CHAIRMAN. The time of the gentleman from Vermont (Mr. SANDERS) has expired.

(On request of Mr. REGULA, and by unanimous consent, Mr. SANDERS was allowed to proceed for 2 additional minutes.)

Mr. REGULA. Mr. Chairman, will the gentleman yield?

Mr. SANDERS. I yield to the gentleman from Ohio.

Mr. REGULA. Mr. Chairman, I would ask the gentleman, has he checked with Secretary Richardson as to whether or not he agrees that this money should be taken out of SPR? Because I know that he has advised us that he wants to add oil to SPR, rather than to take it out.

The gentleman's money deals with the operation of the SPR account, but we are already short there. The pumps are not working properly. My question is, has Secretary Richardson endorsed the idea of taking money out of SPR?

Mr. SANDERS. To the best of my knowledge, he has not. On the other hand, let us be very clear that Secretary Richardson in this letter makes it very clear that he does not want any cuts in the weatherization program, and he is very strongly opposed to the matching 25 percent proposal that came out of the committee.

So I am not here to tell the gentleman that he has endorsed taking money from SPR. On the other hand, what this letter tells us is that he does not support the cuts that the committee has brought forth.

Mr. REGULA. If the gentleman will yield further, and I will mention this on my own time, but what we are trying to do is get more money into weatherization, but we feel the States ought to participate in this program.

Mr. SANDERS. I understand. That is the second amendment that we have. This amendment deals with the $13 million.

The gentleman would not be kind enough to agree with my amendment and restore the $13 million so we could begin with the next debate, would he?

Mr. REGULA. Not at the moment, no.

Mr. SANDERS. The bottom line here on this amendment, and there should not be confusion, there are two separate amendments, this one simply restores the House's contribution to level fund where it was last year, to match where the Senate is, and all of this does not go as far as the President appropriately wanted to go.

The bottom line is that we should not be cutting back on a very much needed program, on a cost-effective program that keeps many Americans, including senior citizens, warm in the wintertime and cool in the summertime. We do not want to see another occurrence of where elderly people are dying because they cannot afford to maintain their apartments to be cool or to be dying when it gets to be 20 below zero.

The CHAIRMAN. The time of the gentleman from Vermont (Mr. SANDERS) has expired.

(On request of Mr. REGULA, and by unanimous consent, Mr. SANDERS was allowed to proceed for 2 additional minutes.)

Mr. REGULA. Mr. Chairman, will the gentleman yield?

Mr. SANDERS. I yield to the gentleman from Ohio.

Mr. REGULA. As the gentleman understands the costs, and I think this would be part of what the gentleman outlined, the costs are in LIHEAP. They would only be addressed with LIHEAP.

Mr. SANDERS. Not really, I would say to the gentleman.

Here is the problem. I understand LIHEAP very well, and am a strong supporter of LIHEAP. But here is the problem, Mr. Chairman. As I am sure

the gentleman knows, LIHEAP helps people pay their energy bills. But what is the sense of helping somebody pay their energy bills if their energy costs are going to be much higher because their homes are poorly insulated? So the two issues really are very directly related.

Mr. REGULA. I would point out to the gentleman that in the LIHEAP program, 15 percent of that goes for the weatherization programs, in addition to paying the bills. So it is a double dip in a sense, the weatherization program.

Mr. SANDERS. I know the chairman has financial constraints. I do know that. The gentleman has to balance a whole lot of priorities. I appreciate that very much.

However, I think the gentleman would not disagree with me that if we help the lower-income senior citizens with LIHEAP to adequately heat their homes, their electric bills are going to go up because their energy is going out the door and out the roof, would the gentleman not agree with that?

Mr. REGULA. That is true. What we are trying to do, and would agree to, in a way, to help these people, would be to agree to level funding but keep the requirement that the States put in the 25 percent, which of course would mean that there would be another $28 million available for the program.

It would seem if the States believe in this, and they administer it, and they are all in a budget surplus position, that they would want to do this.

Mr. SANDERS. That takes us to the next amendment.

Mr. REGULA. I understand.

Mr. SANDERS. I appreciate where the gentleman is coming from. The problem is, without getting into that argument right now, that the gentleman I think will acknowledge that there have been no hearings, no real discussion, no input from the States.

The CHAIRMAN. The time of the gentleman from Vermont (Mr. SANDERS) has expired.

(By unanimous consent, Mr. SANDERS was allowed to proceed for 2 additional minutes.)

Mr. SANDERS. I think we have heard from a number of the States that say, we have not heard about this. We do not know if we can participate in the program.

So at the very least, I would have thought that there needed to be hearings and input from the States that were going to be affected by this.

Mr. REGULA. Mr. Chairman, will the gentleman yield?

Mr. SANDERS. I yield to the gentleman from Ohio.

Mr. REGULA. Mr. Chairman, we have not heard from the States. It has been on the table for quite some time. I do not think it is something that is being brought up at the last minute.

I think it is certainly in keeping with the State-Federal partnership, and again, I would emphasize that under what I have proposed here, which would be to accept the gentleman's first amendment, level fund it, and keep the 25 percent requirement, which would give them another $28 million, and when the States are in surplus and the needs are, as the gentleman outlined, very substantial, and since they administer the programs, they should know where they can best use that funding.

Mr. SANDERS. I thank the gentleman for his kind offer. I cannot accept it at this time because I think the administration is correct in expressing very serious questions about that 25 percent at this point. I am going to have to go forward with both amendments.

Mr. REGULA. Mr. Chairman, I rise in opposition to the amendment.

Mr. Chairman, I want to say to the gentleman, I understand the gentleman's concerns. We likewise have a concern. We feel that we have a responsible way to address this situation by saying that in view of the fact that we have so little money to work with in terms of our responsibilities under this bill. As I mentioned yesterday, we had over 400 letters, more than 2,000 requests, and we have had tried to balance it out in every way possible.

So what we have proposed was a very small reduction, relatively, in the weatherization program and give the States the ability to match with a 25 percent amount on their part. I think that is a very responsible way to do this. They match in Medicaid. They match in a number of the other programs that are part of our social support system. I see no reason they could not match on this one at least 25 percent. I think the percentage in Medicaid is higher than that.

Plus, if the States were putting money in, I think they would do a more efficient job of administering the program. They would be stakeholders, and they would perhaps make a greater effort to ensure that the monies would be spent wisely.

On balance, what we have proposed in the combination of a slight reduction plus the 25 percent match would increase the program $17 million over level funding, and this would be an increase of about $28 million or more over the bill number.

So I hope that the Members will give this some thought, because I know that States always want to get in, and it is nice to get the free money. But we have a Federal responsibility. We have a responsibility to a whole host of things, parks and forests and just dozens of things. Therefore, I think the States should certainly take some measure of responsibility in this.

Mr. Chairman, I would have to oppose the amendment, in the absence of making an agreement to not offer the second amendment on the 25 percent match, because I think the two fit together.

Overall we are saying, in effect, we want the States to have more money to spend in weatherization, to increase the program, but that they at least take a reasonable share of the cost. I do not think that is asking too much of the States.

In the absence of that, we would have to oppose this amendment because, of course, to take the money out of the administration of the SPR account does not make good policy at this juncture. Right now we are in good shape on energy, but a few of us remember the late seventies when we were not so good. We have created SPR, Strategic Petroleum Reserve, to give us energy independence.

To take money out of that account which is designed to administer the SPR program, to make sure the pumps are working, it is not much value to have these millions of barrels of oil in the ground if we cannot pump it out in the event of a crisis or in the event of a shortfall.

☐ 1115

In my judgment, the fact there is an SPR has probably helped avoid another OPEC blackmail because those who would do something of that type of action again know that we do have a means of responding. We do have a reserve. Something like 60 days worth of oil. And I think it would be a grievous policy mistake to not allow us to keep those facilities in operating condition.

Secretary Richardson advised our subcommittee that he wants to put more oil in the SPR reserve to give us a greater energy independence. We see how volatile the events are in the Balkans where, of course, as well as the Middle East; and I hope the Members will weigh carefully taking money out of an account that is very important to our energy security.

We are spending $265 billion to have security with airplanes and tanks and so on. But if we do not have petroleum, we do not have much security; and, therefore, I would urge Members to vote against this amendment unless we can work something out to establish a requirement for the States to participate.

Let me point out again that the States at this point, 50 States, it was 49 last year, have surplus balances and $28 million would be a very small amount spread over the 50 States for them to contribute. And I again have to emphasize that if the States are administering the program, they are responsible for it, at the very minimum they should be participating.

We hear a lot about partnerships today. That word is used repeatedly on the floor of this House.

The CHAIRMAN. The time of the gentleman from Ohio (Mr. REGULA) has expired.

(By unanimous consent, Mr. REGULA was allowed to proceed for 1 additional minute.)

Mr. REGULA. Mr. Chairman, this is a classic example of making the States partners. We are not saying 50 percent. We are saying 25, so we can preserve the security of SPR which is very important to all the States and very important to all the people of this Nation.

I can remember in the late 1970s when I had businesses that closed their doors because they did not have hydrocarbons. I can remember the long lines at the gasoline stations. That is why we have a SPR. Let us not tamper with that when the States could very easily contribute to weatherization to help people with these problems.

Mr. Chairman, I urge my colleagues to vote against this amendment and against the subsequent amendment that would take out the provisions that the States contribute 25 percent.

Mr. SANDERS. Mr. Chairman, will the gentleman yield?

Mr. REGULA. I yield to the gentleman from Vermont.

Mr. SANDERS. Mr. Chairman, just for clarification purposes, there are two separate amendments. The amendment that we are discussing now is the cut of $13 million below level funding. The next amendment is what the gentleman was talking about, this 25 percent. And I know the relationship between the two.

Mr. REGULA. Mr. Chairman, reclaiming my time, the gentleman is correct. It would be two votes unless it is worked out. Regardless, it would be two votes. One is to restore the $13 million to bring it to fiscal year 99 level. The other vote will be on the question of whether States should contribute 25 percent of the costs.

Mr. KIND. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise today as a strong supporter and a sponsor of this amendment.

First, I would like to thank my colleagues and especially the gentleman from Vermont (Mr. SANDERS), my good friend, for the work that they have done on this measure for continued support of the weatherization assistance program.

Mr. Chairman, my district in western Wisconsin experiences some of the coldest winters and some of the hottest summers in our Nation. Oftentimes, the poor, elderly and disabled cannot afford the high home energy costs associated with these conditions. It is critical that we help them withstand the seasons by reducing these costs through various home improvements. The weatherization assistance program does just that.

The program is of particular interest to me, since the first weatherization assistance program in the Nation was launched in western Wisconsin back in 1974. Mr. Chairman, 25 years later, between April, 1998, and March, 1999, 505 households in my district, or roughly 13 percent of the entire State's total, were weatherized.

To give this issue a human face, this means roughly 1,600 of my constituents no longer have to choose between buying food and buying fuel.

To humanize this a little bit further, I would like to read a letter that was sent recently in regards to the weatherization program from a person from Boyd, Wisconsin, a constituent of mine, and I quote:

I want to take this opportunity to thank each and every one of you for your part in the wonderful blessings that I received this year. What a change in luck for someone disabled. My heating and cooling bills immediately went down quite noticeably. This in turn made quite an impact on my ability to live on my budget, and a noticeable effect on my health! I am now able to better afford enough warmth to alleviate some of my chronic pain. Also, I think this infusion of goodwill aided me in escaping the grip of serious depression, which I had battled with for many years. Now I have even been able to handle some part-time work.

This is what you did for me: Insulated the entire attic to a high R value; installed numerous outdoor vents: Roof vent, a bathroom fan/light and vent, dryer vent, and a cook top vent; replaced my gas furnace and added a fresh air intake for it; insulated the basement box sill and filled the cement block tops with foam.

All this was done, and more. And was done with a smile. Now I have a smile, too. Thank you from the bottom of my heart.

Mr. Chairman, here is another letter that was sent from a 75-year-old woman back in western Wisconsin in which she writes:

A million thanks to Roger and the other young fellows who helped snug up our 100 year old house. It was toasty warm last winter and is improved in many other ways, too. This 80 acre farm was given to an 1812 war veteran and the deed was signed by Abraham Lincoln, so we appreciate the history of it and treasure our old house, but it used to be pretty cold in the winter. But now I believe it is good for another hundred years thanks again to Westcap.

Mr. Chairman, this amendment simply levels funding for the weatherization assistance program at the fiscal year 1999 level. In fact, the Senate appropriation committee has already taken the lead on this matter, reporting $133 million in the weatherization fund for the next fiscal year.

Finally, I am pleased that this amendment is fiscally responsible. My colleagues and I have identified an offset that transfers $13 million from the Strategic Petroleum Reserve. I understand there is some controversy in regards to that reserve program and last year Congress agreed to build our Nation's oil reserve. But this offset would merely slow down the purchase of less than 2 hour's worth of oil supply in that strategic reserve.

Mr. Chairman, I urge my colleagues to support this vital amendment which has been endorsed by the Department of Energy. And I happen to agree with the gentleman from Vermont that without hearings and input from the States in regards to the 25 percent cost share we are going to be taking many of those States by surprise. And, unfortunately, I think the ultimate adverse impact is going to fall on people like the two who just wrote letters expressing their appreciation for the program.

I would encourage my colleagues to think seriously before agreeing to this cost share with the States. Without extensive hearings and without more in-depth input from the States on whether to move to a 25 percent cost share, which I am not philosophically opposed to, but doing so with the speed that is being contemplated, may leave some people who need this assistance out in the lurch in the coming fiscal year. So I would ask my colleagues to support both of the amendments offered.

Mr. REGULA. Mr. Chairman, will the gentleman yield?

Mr. KIND. I yield to the gentleman from Ohio.

Mr. REGULA. Mr. Chairman, let me point out that this amendment does not go to the question of filling the Strategic Petroleum Reserve. It goes to the question of operating it, to keep the pumps operating. It is very expensive to be ready to go if there is a need.

And I would also point out that the supply goal we set in the 1970s when we created SPR would be a 90-day supply. It is down to 60 days at this time. To the credit of Secretary Richardson, he has worked out I think a rather imaginative solution whereby he is taking the government's share of revenues in oil and putting it in SPR. And part of this is to replace what was sold in order to meet a crisis.

The CHAIRMAN. The time of the gentleman from Wisconsin (Mr. KIND) has expired.

(On request of Mr. REGULA, and by unanimous consent, Mr. KIND was allowed to proceed for 1 additional minute.)

Mr. REGULA. Mr. Chairman, if the gentleman would continue to yield. I think that we should not be tampering with SPR because, if we have another crisis, that is going to be a vital part of our energy independence and, therefore, our Nation's defense. If we cannot pump it because we have not provided the money to keep the equipment operating, one can understand the problem.

Mr. Chairman, let me also point out that Wisconsin has a $6 million surplus this year, and I would think that they would want to help take care of the needs that the gentleman has outlined.

Mr. KIND. Mr. Chairman, reclaiming my time, I am not philosophically opposed to the cost sharing. I am a supporter of SPR as well. If the gentleman from Ohio (Mr. REGULA) would be willing to help us find other offsets to get the funding up to fiscal year 1999 levels, we would be happy to work with him on that.

Mr. REGULA. Mr. Chairman, we have an offset. It is the 25 percent the State will put in.

Mr. KIND. We have been around that block already.

Mr. PETERSON of Pennsylvania. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise to share my concern of the impact of this amendment. I share the goal of the gentleman from Vermont (Mr. SANDERS) and the gentleman from Wisconsin (Mr. KIND) for funding this program. I support full funding of this program. And I personally think we need to step back and look at the big picture.

The gentleman from Ohio (Mr. REGULA) and those who came up with this

idea, and we will give the credit to the staff, are pretty creative. I come from State government, 19 years. I served in Pennsylvania State government up to 3 years ago. My own State currently has a $750 million surplus from last year and over a billion dollars in their rainy day fund. I would prefer to see them there than where they were a few years ago with a billion in the hole under different leadership.

States will step up and I think it is ingenious to bring them into this issue because State governments in the areas that use this program, lobby us very effectively. If they are really serious about this issue, they will pay one-fourth of the fund; and they should. They administer the program.

I have had the privilege of serving in local government, in State government, and now in Washington. I have always found that we serve people best when we work as a team. And when we can put the State government together with the Federal Government on this issue, in my view we have strengthened the program long term.

I find it quite confusing that the first amendment we have is to bring it up to level and then the second amendment says take away the 25 percent the States should give. Now, that will reduce the total number available. If the same gentlemen are successful twice, we will have 15 percent less money for weatherization and for fuel assistance than we do if we defeat them both.

Mr. SANDERS. Mr. Chairman, will the gentleman yield?

Mr. PETERSON of Pennsylvania. I yield to the gentleman from Vermont.

Mr. SANDERS. Mr. Chairman, I think we both recognize that the problem that we have is we do not have enough money to do all of the things that we would like to do. The gentleman is not hearing me argue against SPR. We are arguing priorities.

The gentleman will not deny that there were no hearings on this important issue. And I know that the gentleman cannot tell us with certainty, because it is not the case, that all 50 States are prepared to put in their 25 percent. And the gentleman cannot tell us, I know he cannot because nobody can, that there are not perhaps a number of States who for a variety of reasons will not participate and that a lot of low-income people will be hurt as a result.

Mr. PETERSON of Pennsylvania. Mr. Chairman, reclaiming my time, my experience in State budgets, when we can get $3 for every $1 we spend, we seldom miss that opportunity, no matter what issue we are dealing with. When I was at the State level for 19 years, when we could get $3 for $1 of investment, we make that investment. And it is in the States where it is needed. It is where the public pressure is, where these same groups that are lobbying us will be lobbying them and they will be successful.

This is an ingenious idea. We should go forth.

But I want to go back to the issue of where we are taking the money, and that is even of greater concern. This Congress in my view has been far too uninterested in the energy future of this country. And when the rubber hits the road, again we will have energy prices to heat our homes that will double and triple. Then we will be looking for all kinds of LIHEAP money.

We need to get our focus on our future energy needs for this country, and we need to sort out the environmental issues and all the reasons why we cannot drill for oil and dig for coal, and we do not have a secure in-house energy solution for down the road. And I believe we have blinders on because of cheap energy prices. We are only going to have a 60-day supply. The oil that is being put in the reserve, the money that we are taking is not for buying oil. It is for replacing the pump. It is for the maintenance of a very complicated system of storage. And we have cut them 30 to 40 percent in the last 4 years. Now we are cutting them again because we do not understand what they do and what it costs.

Mr. Chairman, I think it is vital that we do not take $13 million from the reserve and for the operation of the reserve. If Congress was doing what it ought to be doing, we would be filling the reserve for the future of American citizens, having at least a 90-day supply of oil that we are so dependent on to get us through the next crisis. I think it is a tragedy.

□ 1130

I was shocked when I came here 2 years ago and found out we were selling from the reserve $30 oil for $12 to fund the reserve. That has stopped, and I commend those who stopped that. But cutting this program is one of the most inappropriate programs for the future of energy availability and affordability. Long-term, we are going to lose.

Mr. RAHALL. Mr. Chairman, I move to strike the requisite number of words.

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

Mr. RAHALL. Mr. Chairman, I rise in support of the amendment to restore funding to the Department of Energy Weatherization program.

The Interior appropriations bill calls for a reduction in $13 million in this program. What is worse, it calls for a 25 percent State matching share in order for them to receive weatherization grants in the future.

As has already been mentioned, I am not aware of any legislative hearings that have been held on this. It is a rather unique approach and first-time-ever approach to this type of funding.

A State matching share for obtaining Federal weatherization grants has never been required in the past and, in my opinion, should not be required in the future. One of the amendments that the gentleman from Vermont (Mr. SANDERS) is offering today will strike that provision from the Interior appropriations bill.

Including this mandate in H.R. 2466 is legislating on an appropriations bill and should be stricken from the bill.

The President has requested increased funding for weatherization, not a cut.

This is a program that delivers energy savings of 30 percent and returns $2.40 for every Federal dollar spent in energy, health, safety, housing, and related benefits. More important, these weatherization funds go mostly to low and moderate income senior citizens and to families to help them lower their heating bills in dead winter.

Mr. Chairman, fewer than 10 States currently appropriate funds for weatherization purposes. But a vast majority of States have worked hard over the years to leverage other funding, including substantial private contributions, as their share of the energy conservation responsibility, assisting the poorest of our populations.

If the States are now required to match Federal weatherization grants by 25 percent, more than 40 States, including my home State of West Virginia, will lose substantially.

Weatherization grant funds save energy, and they provide a safe and healthy environment for low income, elderly, and poor families with children.

I urge my colleagues to vote for these amendments. Vote to restore the $13 million in funding, and vote to strike the 25 percent State match requirement being added to the national weatherization program.

Let me close by reiterating, Mr. Chairman, that these weatherization grants serve the elderly and the poor, enabling those who live in substandard housing to reap the benefits of energy-efficient homes and life-saving warmth in cold weather months.

I say support the Sanders amendment.

Mr. Chairman, I yield to the gentleman from Vermont (Mr. SANDERS).

Mr. SANDERS. Mr. Chairman, I thank the gentleman from West Virginia (Mr. RAHALL) for yielding to me, and just concur with everything he said.

I simply make a point that I think it is important to hear this. Number one, there were no hearings on this idea, so we do not know what the long-term implications are. It is one thing to say, oh, all the States will jump on to this program, but that is not the case.

In fact, what we do know is that the National Association of State Energy Officials did a survey in response to a July 1, 1999 survey. Most States have indicated for a variety of reasons, given the short notice that they received, that they cannot meet this new 25 percent State match requirement. I have a list of those States that said that they cannot.

So I would say this, the major argument, whatever the long-term wisdom

or lack of wisdom is, that to just suddenly go ahead without informing the States I think will be a disaster. I think the gentleman from West Virginia (Mr. RAHALL) is absolutely right.

Mr. RAHALL. Mr. Chairman, I thank the gentleman from Vermont for his comments, and I want to commend him for the leadership he has shown on both of these amendments and hope that the House in its wisdom will accept both of his amendments.

Mr. WAMP. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I certainly do not expect to take issue with the benefits of weatherization. As a member of the subcommittee, I can assure my colleagues, we all support the benefits of weatherization.

But what I would like to point out is that, over the course of yesterday and today, there seems to be a propensity here in the process on the floor to somewhat override this process of our subcommittee and full committee reporting a bill out to the House, and then every single amendment that comes up, enormous lobbying takes place from the outside.

Winston Churchill once said, ''This is the worst form of government imaginable except for every other.'' What he meant was that it is sometimes messy and sloppy, but this business of electing people to represent us, sending them up here to educate themselves on the issues and participate in this committee process is a beautiful thing.

The members of our subcommittee have studied these issues extensively. From the parks to the lands to these energy issues, extensively, these subcommittee members have studied these issues. Not once did this issue come up at the subcommittee with Democrats and Republicans or at the full committee as the Committee on Appropriations reported these bills out to the floor.

I understand that the gentleman from Vermont (Mr. SANDERS) believes a hearing could have been held. But I know what the States are going to say, and I know that the States will constantly say: we cannot do it. We cannot do it. We cannot do it.

But then they come to us and say we want every dime of the tobacco money, and I am all for saying so. I know they want a variance here and they want a variance there and they want to be able to come up with new programs and initiatives. Most of the time, we accommodate them. But the States have had a really good run.

Our subcommittee and our full committee took a hard look at this issue, and I would suggest that what happened yesterday here in this body is not good for the American people.

Here is what happens: members come across the parking lot or through the halls, and they are inundated by these outside groups who have an agenda of their own. Most of the time, it is to raise more money for their groups.

These groups hire these people, most of the time. They are attractive young people that will appeal to the Members coming to the floor to vote; and they hand out all this propaganda, ''This is how we want you to vote.''

Members come down here, and they vote based on the propaganda that was just handed to them instead of recognizing the subcommittee studied the issues. We did have hearings. We did have markups. We have been meeting all year. We have traveled to the parks. We studied these issues. By george, this did not just come out of the sky. This is a complicated puzzle.

We have got $14.1 billion and a whole bunch of priorities, and we have got to somehow make it work. This is not arbitrary. It is very scientific.

Mr. SANDERS. Mr. Chairman, will the gentleman yield?

Mr. WAMP. I am happy to yield to the gentleman from Vermont.

Mr. SANDERS. Mr. Chairman, I happen to be a supporter of the subcommittee and committee process. I know that they do a whole lot of work. The gentleman from Tennessee (Mr. WAMP) is not suggesting, of course, that we should eliminate the amendment procedure in the House. He is not suggesting that. He is not suggesting, for example, that there is a problem when a radical change to an effective program takes place and we do not involve the States in the process.

It is not fair, I think, in all due respect, to say, oh, we know what the States would say. Let them say it. Let them tell us what will happen if we require a 25 percent input next year. I think they should have been having that discussion.

Mr. WAMP. Mr. Chairman, reclaiming my time, it is not a radical idea that the States and the Federal Government should participate and both meet an obligation to the people. It is a radical idea that the Federal Government has to do everything in this country. It is a radical idea that all decisions are made in Washington, all the money is collected from Washington, and the States cannot meet their respective obligation.

I appeal to Members, recognize that we have done our job, we put this puzzle together, and quit cutting it into little pieces based on what propaganda is handed to them on the floor.

Mr. DAVIS of Illinois. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in support of the Sanders amendment. I agree with those who have debated and those who have discussed that it is very difficult to get too many things out of too little money. But I have always been told that the greatness of a society is known by how well it treats its old, how well it treats its young, and how well it looks after those who have difficulty looking after themselves.

When we talk about restoring the $13 million to the weatherization program, we are actually talking about providing resources, in many instances, to the neediest members of our society.

I come from a congressional district where there are 175,000 people who live at or below the poverty level. I come from a congressional district where there are large numbers of elderly, where there are large numbers of children. I also come from Chicago, the home of the hawk, the Windy City, one of the coldest areas that one will experience during winter, one of the hottest areas that one will experience during summer, and an old city, a city where many of the buildings were constructed, many of the homes were built 100 years ago, and so the energy easily escapes the building.

The weatherization program has been one of the most effective programs that we have had. It has provided an opportunity for people to experience warmth in the winter and for senior citizens to have a little bit of relief during the summer.

I know the difficulty, and I will agree with those who suggest that we have to balance small amounts of money. But I would implore this body to follow the dictates of the idea that, when we help those most in need, we are doing the work of the Master.

I urge support for the Sanders amendment.

Mr. REGULA. Mr. Chairman, I move to strike the requisite number of words.

The CHAIRMAN. Without objection, the gentleman from Ohio is recognized for 5 minutes.

There was no objection.

Mr. REGULA. Mr. Chairman, I would make a couple of points. One, this is not a LIHEAP. LIHEAP provides the financing for the programs and also provides 15 percent of the money, and LIHEAP goes to weatherization.

Number two, this amendment would take money out of SPR. I want to emphasize that because we have SPR to give us energy independence. There will not be any heat for anybody if we do not have oil. Having oil, I believe, prevents OPEC blackmail.

I think it is a big mistake to erode the SPR program at this point by not providing the money to properly maintain the equipment. That is exactly what would happen if this amendment were to pass. We will have less money. We already are on the low side on the maintenance of the SPR, and this would be very damaging to that fund.

So I think that Members, in making their decisions on this vote, ought to remember that they have to look at the total picture. It may sound good to put money back into the weatherization program, but in the process, we are denying this Nation a greater potential for energy independence.

Some of us here remember the 1970s, probably quite a few. We do not want to repeat that. We want to have a sense of security that SPR gives us. Again, I thank Secretary Richardson's program. He wants to bring the supply up to 90 days. That is all the more reason that this equipment has to be maintained in first-class condition.

A vote ''yes'' will be very damaging to the SPR equipment. A vote ''no'' will preserve the program we have to maintain and keep it up to first-class conditions.

Mr. SANDERS. Mr. Chairman, I move to strike the requisite number of words.

The CHAIRMAN. Without objection, the gentleman from Vermont is recognized for 5 minutes.

There was no objection.

Mr. SANDERS. Mr. Chairman, I just want to clarify again what might be a complicated issue to the Members. There are two separate amendments. This amendment would restore the $13 million that the committee cut and would bring funding to the same level that has been proposed by the Senate and to significantly less than the administration proposed. That is what this amendment is about.

The next amendment we will debate is the proposal to provide a 25 percent offset from the States.

Mr. REGULA. Mr. Chairman, will the gentleman yield?

Mr. SANDERS. I am happy to yield to the gentleman from Ohio.

Mr. REGULA. Mr. Chairman, the gentleman from Vermont will agree, though, as a point of clarification, that the $13 million will come out of SPR.

Mr. SANDERS. Yes.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Vermont (Mr. SANDERS).

The question was taken; and the Chairman announced that the noes appeared to have it.

Mr. SANDERS. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to House Resolution 243, further proceedings on the amendment offered by the gentleman from Vermont (Mr. SANDERS) will be postponed.

AMENDMENT NO. 15 OFFERED BY MR. SANDERS

Mr. SANDERS. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 15 offered by Mr. SANDERS: Page 71, beginning on line 5, strike '', contingent on a cost share of 25 percent by each participating State or other qualified participant.''

Mr. SANDERS. Mr. Chairman, in many ways we have already touched on this particular amendment. This is a second amendment. What this amendment deals with is a new proposal that came out of the committee that would do the following: what this proposal would do is say to any State in the country that wants to participate in the very successful weatherization program that they must come up with a 25 percent match.

□ 1145

And if they do not come up with that match, they will not participate in the program. There is no debate that that is what the committee is proposing.

Now, the objections to this are many. For a start, the very serious objection is that this proposal comes before us today without any hearings. We have not heard from the States. We talk about trying to improve Federal-State relations and yet we are imposing a significant mandate on the States which they have never had in the history of this program, and yet no one has bothered to ask the governors or the people who are in charge of the energy departments of the various States what the impact will be.

Within that regard, let me mention to my colleagues that in July of 1999, recently, a survey was done by the National Association of State Energy Officials, these are the people that implement this particular program, and what they found was that most States have indicated that they cannot meet this new 25 percent State match which has suddenly been imposed on them. The following 23 States have said that they will not be able to match 25 percent of the weatherization funds and that they will not be able to apply for the fiscal year 2000 funds.

This is the result of a survey done by the States, and I presume they are trying to develop and improve Federal-State relations: Arizona, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Iowa, Louisiana, Maine, Michigan, Nebraska, New Hampshire, New York, North Dakota, Pennsylvania, Rhode Island, Tennessee, Texas, Utah and West Virginia. They have said, for a variety of reasons; maybe their legislature is out of session; maybe they are unable to debate this at the appropriate time.

Now, it seems to me to be extremely unfair to those States and other States, to the lower-income people, to the senior citizens in those States, that suddenly out of nowhere this very cost-effective, successful program will not be able to be implemented in their States. And this is my fear, and nobody can answer this question, because there have been no hearings on this question, what happens, for a variety of reasons, when 10 States say we choose not to participate in that program? The chairman cannot tell me that that is an impossibility. Nobody can because we do not know.

Now, my fear is twofold. If 5 States or if 10 States say we cannot participate in the program, tens of thousands of low-income people will not be eligible to participate in this cost-effective program.

Secondly, this is what will happen in years to come, and I think the gentleman understands this, that if 10 States do not participate in the program, somebody will come before the Congress and say, ''Listen, why are we funding a program when we have 10 or 15 States who are not participating? Who needs this program? Let us end this program.''

I believe this is a good, cost-effective and important program. Low-income people spend a substantial part of their limited income on energy. It makes no sense to our State as a whole and to the individuals to see energy dissipate through the windows, through the doors, through the roofs because homes are not adequately insulated. And in some cases, and people may not recognize this, this is a life and death issue.

Our friend and colleague from Chicago got up here and talked passionately about the issue. He will remember, as we will all remember, that a number of years ago hundreds of elderly people in the City of Chicago died from heat exhaustion. They died from heat exhaustion. The President has made mention that people are dying today from that problem. This is not a program we want to cut.

So I simply say to my good friend, I do understand the difficult problems we have balancing this program with that program. But we have a program that has worked, that has been cost-effective, and we have not gone out to the States.

And let me read something, if I might, to the gentleman. This is a letter that comes to me from the Governor of West Virginia, and he states that, ''With the considerable demands for the limited State funds available, I doubt that West Virginia would be able to meet the match requirement.''

In the State of Oregon, the energy program manager writes, ''If the United States House of Representatives is successful in requiring a 25 percent match in order for States to be awarded low-income weatherization assistance program funds, then Oregon, and perhaps many other States, will not be able to assist the economically disadvantaged with Department of Energy WAP funds.''

The CHAIRMAN. The time of the gentleman from Vermont (Mr. SANDERS) has expired.

(By unanimous consent, Mr. SANDERS was allowed to proceed for 1 additional minute.)

Mr. SANDERS. In a July 9, 1999, letter, the Georgia Environmental Facilities Authority writes, ''The record shows we already are making a significant commitment to this program and an additional 25 percent match is unnecessary.''

We are hearing this from States all over the country. If my colleague thinks this is a good idea, then I think it should go through the normal process. My friend over there talked about the normal process. Take it through the authorization committee, debate it, have input from the States, and if people feel that it works, then we may want to go to it. I have my doubts about it. But to suddenly spring this on the States, with the result I think a number of States will not be able to participate in this important program, is wrong; and I would strongly ask for support of the Sanders amendment.

Mr. REGULA. Mr. Chairman, I rise in opposition to the gentleman's amendment.

Just let me say there is never a right time for anything, but if there is a

right time, this is it. I think it is about time that the States take some responsibility.

We have federal-state partnerships. We have partnerships in Medicaid; we have partnerships in the welfare programs. This is very consistent with that. And to say the States cannot handle it, let me just point out that every State, every State, all 50, project a surplus for 1999. Forty-nine States had a surplus in 1998; 13 States had surpluses in excess of $1 billion; 21 States had surpluses in excess of 10 percent of their annual budget.

So when we look at these numbers, the States are perfectly capable of doing this. And if they believe in the program, that is the key, if they believe as much as the gentleman from Vermont said, they are going to come through.

Now, it is not something that will happen next week. This program has a lag time. The money for the 1999 budget will be distributed at the end of the year. So the States have plenty of time to accommodate to this program. Obviously, the legislatures, as they meet this year or next year will be able to address this if they believe in the program. That is the key. If they believe in it, they are going to come up with their 25 percent. And just as important, I think they are going to do a better job of administering the funds.

If we want to help the people who need this program, as pointed out by the gentleman from Chicago, we should vote against this amendment because, as the language in the bill reflects, that will result in people having more weatherization money. True, the States will have to contribute, but there is no reason in the world, with the kind of balances they have, that they cannot be a partner with the Federal Government in providing and meeting the needs of those people who are beneficiaries of the weatherization program.

Now, let me emphasize again, this is not LIHEAP. LIHEAP is in the Health and Human Services budget. That money will be dealt with at a different time. We are talking about putting on storm doors and storm windows and fixing the roofs of those homes that need weatherization programs. I think it is imperative that this Congress, this body, address a problem of ensuring that there is more money available for those who need help, and certainly with the kind of balances that the States have, there is no reason they cannot share in serving the people of their State along with the Federal Government.

We are still talking about 75 percent of this being Federal taxpayers' money, and certainly the States can meet their share. So I would urge my colleagues to not vote for this amendment. Vote against the second Sanders amendment. Let us make the States a partner in a program that is very important to the people of this Nation. Let us ensure that there will be more funding available for weatherization than we presently have.

This amendment is structured in a way that the States will have plenty of time to accommodate. I have not heard one word from a governor, neither have my colleagues on the subcommittee, and yet this has been in our subcommittee mark for several weeks. We had no comment in the subcommittee markup; no comment, as the gentleman from Tennessee pointed out, in the full committee. It is not a surprise. We are talking about something that is historically part of the Federal-State partnership. We all serve the same people.

Here is an opportunity, by voting against this amendment, to give the people in all our States more help for their weatherization problems.

Mr. DEFAZIO. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I respect the comments of the gentleman who preceded me in the well, but I would like to make a rejoinder on behalf of the States and on behalf of this program which provides vital services for low-income Americans to meet their heating and cooling needs in the different parts of the country.

One point I would make first would be it is fine to say many States are running a surplus, but are they running a surplus because they have met all their needs and obligations or are they running a surplus because of cuts in programs that serve many of these same people? That is one point.

The second point is, have we done away with all of the unfunded mandates? There are so many things that the Federal Government requires of our States which do not have Federal dollars attached, and now we are going to impose essentially here a new mandate by saying if they want to participate in this program they have to put up 25 percent of the money. That, I think, is very problematic.

It is particularly problematic logistically for many States. My State legislature is about to adjourn, having completed the budget. They do not know about this. They have not anticipated it. So I guess next winter, unless we have an emergency session of the legislature to come up with more money in order to meet this match, Oregonians will not get this low-income weatherization assistance.

States are also, of course, by law, most States are required to have balanced budgets. They have had balanced budgets for decades. That is why, in fact, I was a very early person on this side to support a balanced budget amendment for the United States. And we are headed towards a balanced budget, supposedly a theoretical surplus here. So what are we doing? Why are we gouging the States now? Why are we hitting at the little people and the low-income weatherization? This is something that is going to cause a lot of disruptions in the next year. Yes, some States could probably accommodate it. Many will not be able to logistically. Many may not be able to financially.

I really believe that this is an ill-intentioned amendment. It has not come from the authorizing committee. It is being proposed by the Committee on Appropriations. And if this is meritorious, it should go back to the Committee on Commerce and they should have a discussion in making changes in the authorization for this program.

Mr. SANDERS. Mr. Chairman, will the gentleman yield?

Mr. DEFAZIO. I yield to the gentleman from Vermont.

Mr. SANDERS. Mr. Chairman, I think the gentleman from Oregon just made a very important point, and maybe somebody can correct me if I am wrong here. My understanding is that this particular program is up for reauthorization next year. If that is so, and I cannot swear to it, but that is my understanding, then that is the time to discuss this issue.

Now, the truth of the matter is what we are doing here, and maybe the chairman wants to deny it, is we are legislating in an appropriations bill. I guess there is a rule that allows the chairman to do it, but that is what he is doing. We are making a profound change in a bill that should be dealt with in an authorizing committee, that should have serious debate, that should involve the States.

The gentleman from Oregon (Mr. DEFAZIO) raised some very important issues. Some of the States have balanced budgets precisely because they have cut back on programs like that, and we are now going to go to the States and expect that they are going to add more money to programs that they have already cut? I doubt it.

What is the impact? Have we really studied the impact of what it would mean for a number of States, maybe some of the poorest States in this country, not to have this program? How many people might die?

I would refer my colleagues to The Washington Post of last Friday. ''Officials said that those who died in the heat wave may have not had air conditioners on because they worried about payment of the electricity bills or kept their windows closed.'' Those are exactly the people that we are trying to help out in this very successful, cost-effective program.

So I would hope that if the chairman believes in this idea, he will bring it back next year when this bill is reauthorized and we can have a serious debate on it, but I would ask for support for the Sanders amendment, which has widespread support.

Mr. PETERSON of Pennsylvania. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, to support this amendment, we are voting to have less resources available for the poor to assist them with their heat and their cooling needs.

I said earlier, having just spent 19 years in State government, we never

missed the chance, and for 9 or 10 years I was an appropriator, we never missed the chance to get $3 for $1. Never. States do not walk away from money when they spend $1 and end up with $4.

And States should be a partner. One of the strongest lobbyists for this program has been the States, so they believe in it. Well, when we believe in something, we ought to be a partner, and we are a partner when we invest.

Now, who lobbies us and who lobbies the States? The utilities lobby us, and they are very effective at lobbying the States. Utilities in my district all have a program where every time I pay one of my electric or gas bills, I or my wife can decide to give a couple bucks to their energy fund, because they have one that works along with ours to help poor people who cannot pay their bills.

□ 1200

They talked about the problem of next winter. Next winter we are dealing with last year's money. Next winter we will be dealing with this year's money. This is not a time problem. It is not a time problem. The States have more than adequate time to deal with it.

I urge all of our colleagues to be futuristic. Let us make the States the partners. Let us let them stand up and support what they so adequately lobby for.

I want to tell my colleagues, there is no State that cannot afford to support this program. Every State is in surplus. The State I come from has a $750 million surplus. They can fund the whole program nationally themselves and not ruin the State budget.

I believe it is vital that we move forward and be futuristic with this proposal. I think it is an ingenious proposal. It will strengthen the program. It will make States be partners with us and not just asking us for something. They will be partners. It will make the program stronger. The program will be more likely to remain, not less likely. This is good public policy.

I oppose the amendment that destroys one of the better ideas I have seen since I have been here.

Mr. WAMP. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, first of all, let me just say that this is a change not in terms of the policy with the program but a change in the funding formula; and that is much more simple than a change in the actual program itself, which the gentleman from Vermont (Mr. SANDERS) wanted hearings on. It is simply a funding issue.

One thing I believe has happened in the last 4½ years is we have given back flexibility and authority to the States on a host of issues across the country. And the governors let us know about it. We have, in fact, given them more money than they had in the past and a whole lot of flexibility.

Frankly, I hear from a lot of people that the best job in Government in America today is to be a governor. They get to make all the decisions. They get to dole out the money. They now have more flexibility. It is a better job.

Well, right now it is a tough job to serve in Congress because we have got a balanced budget framework to live with and we have got difficult decisions to make and we have to somehow balance these priorities.

I have not heard the hue and cry from the States on this particular issue, and one reason I think we have not heard that is because they know they have had a real good run for the last 4½ years getting more flexibility, getting more power, getting more authority back so they can make the decisions locally.

I say to my colleagues, they cannot have it both ways. They cannot have States' rights, Tenth Amendment kind of State control where they collect the money and make the decisions and not have sometimes a partnership cost-share type approach. That is what this is about, a reasonable partnership between the States and the Federal Government.

I urge my colleagues to vote ''no'' on both amendments offered by the gentleman from Vermont (Mr. SANDERS).

I want to make a point that the same people who have cried out for this country to have energy independence are, in the first Sanders amendment, trying to take that money elsewhere, take it from some other from energy independence over to Federal programs. And they cannot have that both ways, either.

With all due respect, vote ''no'' on both amendments offered by the gentleman from Vermont (Mr. SANDERS).

Mrs. MORELLA. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in support of the Sanders amendment.

We have all talked about and the committee agrees with the importance of the weatherization program, helping to improve the energy efficiency of low-income families throughout the country, reducing energy costs for those who are least able to afford them.

There are 29 million households eligible for weatherization programs. The program, since 1976, has weatherized 4.7 million homes.

Clearly, there remains a great need for these programs. We are not disputing that at all. It has positive impact also on energy savings. The average American household spends 3.5 percent of its income on home energy. The typical low-income households spend approximately $1,100 per year on energy. That is 14.5 percent of their annual incomes.

This weatherization program ensures that our neediest households receive the crucial benefits of energy efficiency technologies. Two-thirds of those who are served by the program have annual incomes of under $8,000. Nearly all have incomes under $15,000. Many of the weatherization recipients are families with small children, disabled, or the elderly.

Under the current committee language, no State would receive its formula share of the Weatherization Assistance Program's appropriation in FY 2000 unless it provide 25 percent in State matching funds.

I recognize the difficult situation the committee has been placed in and I know what they are trying to do.

I have heard from my jurisdiction, from my State, and from my county. The belief is that this is a step backwards at this point away from our cost-effective investments in our communities, in our neediest households, the investment that the Federal Government has made.

As the bill now stands, it would deprive 40 States of critical weatherization funding. Only 10 States report that they could provide the required 25-percent match for their projected Weatherization Assistance Program grant. Many States have been able to successfully leverage other Federal and non-Federal funds to weatherize about 200,000 homes per year. These are States in which a formal match for DOE weatherization funds would be impossible. This means that for these States there would be no weatherization services for low-income families.

Well, this program, the weatherization program, has helped thousands of low-income families living in my district, Montgomery County, Maryland; and the loss of this funding would be a major blow to such low-income households.

So although I recognize what the committee and subcommittee and full committee have done, I do ask my colleagues to support this amendment to strike the required State match for the low-income weatherization program.

Mr. MARKEY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, weatherization is without question one of the most important programs that this country has. We have a finite amount of natural resources on this planet. It is not likely that we are going to continue to find new North Slopes, that we are going to find new hits off of Mexico, that we are going to find new sources of energy in Kazakhstan.

Yes, there will be additional discoveries. But the reality is that, as much as we want to see additions to the overall supply of natural gas and oil in the world, that the real North Slopes, the new Gulfs of Mexico, the new Kazakhstans are in each one of our homes, in each one of our automobiles.

The more efficient that we make each home, the more efficient that we make each automobile, each refrigerator, each stove is the more energy that we are able to live without because we do not have to import that oil, we do not have to discover that new natural gas strike.

That is what the weatherization program is all about at its heart. It is ensuring that we reduce as much as possible the amount of energy which we consume in this country.

Those are the great new strikes that we are going to make, the new wells that we are going to dig. They will be in each home in America, in each automobile, in each appliance.

So this program which has been without question an unmitigated success over the last generation is something which is critical.

The Sanders amendment ensures that this program continues, that we do not run into the technical difficulties, the funding difficulties which clearly are going to manifest themselves if the underlying language in this bill is allowed to stand.

It is critical for our country that we have a clear understanding of our path to energy independence. It is largely going to be because we become more energy efficient, because we understand that there was an artificially high consumption of energy which was in fact indulged in by our Nation when we believed that there were unlimited sources of energy at that point into the 1930s, 1940s, 1950s, and 1960s. But we have learned our lesson.

Now, in this era in which we have found that we are going to run a $5-trillion surplus over the next 15 years, I think that this is one program that we should keep intact. It is relatively modest. It deals with a segment of the population which is not responsive to larger economic forces because of the income level in the families. It clearly is a last place discretionary expenditure which families would make in the absence of some kind of Federal program.

I think that, for us, we would be wise to continue this program as it has been put on the books and to support the Sanders amendment today.

This is basically working smarter, not harder. It is understanding that by using our minds, giving resources to the poorer people in our society that we can reduce our overall dependence upon imported oil in our country.

I urge a very strong ''aye'' vote on behalf of the Sanders amendment here on the floor today.

Mr. Chairman, I rise in support of this amendment. The Weatherization Assistance Program serves a dual purpose. It provides health and economic benefits to the poor, by assisting in keeping low-income homes warm. And it improves the environment by reducing energy loss from those homes. The program achieves these benefits in an efficient and effective manner in cooperation with local groups experienced in on-the-ground work. Funding from the Weatherization Assistance Program is used along with other funds to weatherize roughly 200,000 homes each year. This work is especially important in Massachusetts and other states that face harsh winters; last year $3.8 million went to assist low-income homes in Massachusetts.

Yet this bill would attack this program by requiring all states to match the federal funds with specific contributions. Most states already use Weatherization Assistance Program funds to leverage variety of other federal, state, and private funding. However, many states could not meet the additional requirements in the bill, leaving no weatherization services available for the poor in those states. The amendment sponsored by Mr. Sanders would restore the program to its current status and allow it to continue in all states.

I strongly support this amendment to continue to promote energy efficiency and assist low-income areas, and I urge my colleagues to vote for it.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Vermont (Mr. SANDERS).

The question was taken; and the Chairman announced that the noes appeared to have it.

Mr. SANDERS. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to House Resolution 243, further proceedings on Amendment No. 15 offered by the gentleman from Vermont (Mr. SANDERS) will be postponed.

SEQUENTIAL VOTES POSTPONED IN THE COMMITTEE OF THE WHOLE

The CHAIRMAN. Pursuant to House Resolution 243, proceedings will now resume on those amendments on which further proceedings were postponed in the following order: Amendment No. 14 offered by the gentleman from Vermont (Mr. SANDERS); and amendment No. 15 offered by the gentleman from Vermont (Mr. SANDERS).

The Chair will reduce to 5 minutes the time for an electronic vote on the second vote in this series.

AMENDMENT NO. 14 OFFERED BY MR. SANDERS

The CHAIRMAN. The pending business is the demand for a recorded vote on amendment No. 14 offered by the gentleman from Vermont (Mr. SANDERS) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 243, noes 180, not voting 11, as follows:

[Roll No 284]

AYES—243

Abercrombie	Bonior	Conyers
Ackerman	Borski	Cook
Allen	Boswell	Costello
Andrews	Boucher	Coyne
Baird	Boyd	Crowley
Baldacci	Brady (PA)	Cummings
Barcia	Brown (FL)	Danner
Barrett (WI)	Brown (OH)	Davis (FL)
Bartlett	Bryant	Davis (IL)
Bass	Capps	DeFazio
Becerra	Capuano	DeGette
Berkley	Cardin	Delahunt
Berman	Carson	DeLauro
Berry	Clay	Deutsch
Bishop	Clayton	Dicks
Blagojevich	Clement	Dingell
Blumenauer	Clyburn	Dixon
Boehlert	Condit	Doggett
Dooley	Kucinich	Ramstad
Doyle	Kuykendall	Rangel
Duncan	LaFalce	Reyes
Edwards	LaHood	Reynolds
Ehlers	Lantos	Rodriguez
Emerson	Larson	Roemer
Engel	LaTourette	Rothman
English	Lazio	Roukema
Eshoo	Leach	Roybal-Allard
Etheridge	Lee	Rush
Evans	Levin	Ryan (WI)
Farr	Lewis (GA)	Sabo
Fattah	Lipinski	Sanchez
Filner	LoBiondo	Sanders
Foley	Lofgren	Sawyer
Forbes	Lowey	Saxton
Ford	Lucas (KY)	Schakowsky
Fossella	Luther	Scott
Frank (MA)	Maloney (CT)	Serrano
Franks (NJ)	Maloney (NY)	Shays
Frelinghuysen	Markey	Sherman
Frost	Martinez	Sherwood
Gallegly	Mascara	Shimkus
Gejdenson	Matsui	Sisisky
Gephardt	McCarthy (MO)	Skelton
Gillmor	McGovern	Slaughter
Gilman	McHugh	Smith (NJ)
Gonzalez	McIntyre	Smith (WA)
Goode	McKinney	Snyder
Gordon	Meehan	Spratt
Green (WI)	Meek (FL)	Stabenow
Gutierrez	Meeks (NY)	Stark
Gutknecht	Menendez	Strickland
Hall (OH)	Metcalf	Stupak
Hastings (FL)	Mica	Sununu
Hill (IN)	Millender-McDonald	Sweeney
Hill (MT)	Miller, George	Talent
Hilleary	Minge	Tanner
Hilliard	Mink	Tauscher
Hinchey	Moakley	Thompson (CA)
Hinojosa	Mollohan	Thompson (MS)
Hoeffel	Moran (VA)	Tierney
Holden	Morella	Towns
Holt	Nadler	Traficant
Hooley	Napolitano	Turner
Houghton	Neal	Udall (CO)
Hulshof	Ney	Udall (NM)
Inslee	Oberstar	Upton
Jackson (IL)	Obey	Velazquez
Jackson-Lee (TX)	Olver	Vento
Jenkins	Ortiz	Visclosky
Johnson (CT)	Owens	Walsh
Johnson, E. B.	Pallone	Waters
Jones (OH)	Pascrell	Watt (NC)
Kanjorski	Pastor	Waxman
Kaptur	Payne	Weiner
Kelly	Pelosi	Weller
Kennedy	Peterson (MN)	Wexler
Kildee	Petri	Weygand
Kilpatrick	Phelps	Whitfield
Kind (WI)	Pickett	Wise
Kleczka	Price (NC)	Woolsey
Klink	Quinn	Wu

NOES—180

Aderholt	Chenoweth	Granger
Archer	Coble	Green (TX)
Armey	Coburn	Greenwood
Bachus	Collins	Hall (TX)
Baker	Combest	Hansen
Ballenger	Cooksey	Hastings (WA)
Barr	Cox	Hayes
Barrett (NE)	Cramer	Hayworth
Barton	Crane	Hefley
Bateman	Cubin	Herger
Bentsen	Cunningham	Hobson
Bereuter	Davis (VA)	Hoekstra
Biggert	Deal	Horn
Bilbray	DeLay	Hostettler
Bilirakis	DeMint	Hoyer
Bliley	Diaz-Balart	Hunter
Blunt	Dickey	Hutchinson
Boehner	Doolittle	Hyde
Bonilla	Dreier	Isakson
Bono	Dunn	Istook
Brady (TX)	Ehrlich	Jefferson
Burr	Everett	John
Burton	Ewing	Johnson, Sam
Buyer	Fletcher	Jones (NC)
Callahan	Fowler	King (NY)
Calvert	Ganske	Kingston
Camp	Gekas	Knollenberg
Campbell	Gibbons	Kolbe
Canady	Gilchrest	Lampson
Cannon	Goodlatte	Largent
Castle	Goodling	Latham
Chabot	Goss	Lewis (KY)
Chambliss	Graham	Linder

Lucas (OK)
Manzullo
McCollum
McCrery
McInnis
McIntosh
McKeon
Miller (FL)
Miller, Gary
Moore
Moran (KS)
Murtha
Myrick
Nethercutt
Northup
Norwood
Nussle
Ose
Oxley
Packard
Paul
Pease
Peterson (PA)
Pickering
Pitts
Pombo
Pomeroy
Porter
Portman
Pryce (OH)
Radanovich
Regula
Riley
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Royce
Ryun (KS)
Salmon
Sandlin
Sanford
Scarborough
Schaffer
Sensenbrenner
Sessions
Shadegg
Shaw
Shows
Shuster
Simpson
Skeen
Smith (MI)
Smith (TX)
Souder
Spence
Stearns
Stenholm
Stump
Tancredo
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thornberry
Thune
Tiahrt
Toomey
Vitter
Walden
Watkins
Watts (OK)
Weldon (FL)
Weldon (PA)
Wicker
Wilson
Wolf
Young (AK)
Young (FL)

NOT VOTING—11

Baldwin
Brown (CA)
Kasich
Lewis (CA)
McCarthy (NY)
McDermott
McNulty
Rahall
Rivers
Thurman
Wynn

☐ 1235

Messrs. GOSS, BONILLA, VITTER, SHAW and COBLE changed their vote from ''aye'' to ''no.''

Mr. GALLEGLY, Ms. MCCARTHY of Missouri, Mr. REYNOLDS and Mr. HALL of Ohio changed their vote from ''no'' to ''aye.''

So the amendment was agreed to.

The result of the vote was announced as above recorded.

ANNOUNCEMENT BY THE CHAIRMAN

The CHAIRMAN. Pursuant to House Resolution 243, the Chair announces that he will reduce to a minimum of 5 minutes the period of time within which a vote by electronic device will be taken on the next amendment on which the Chair has postponed further proceedings.

AMENDMENT NO. 15 OFFERED BY MR. SANDERS.

The CHAIRMAN. The pending business is the demand for a recorded vote on Amendment No. 15 offered by the gentleman from Vermont (Mr. SANDERS) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The CHAIRMAN. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 198, noes 225, not voting 11, as follows:

[Roll No 285]

AYES—198

Abercrombie
Ackerman
Allen
Andrews
Baird
Baldacci
Barcia
Barrett (WI)
Bentsen
Berkley
Berry
Bishop
Blagojevich
Boehlert
Bonior
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Camp
Capps
Capuano
Cardin
Carson
Clay
Clayton
Clement
Clyburn
Condit
Conyers
Costello
Coyne
Crowley
Cummings
Danner
Davis (FL)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dixon
Doyle
Duncan
Emerson
Engel
English
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Fletcher
Forbes
Ford
Fossella
Frank (MA)
Frost
Gejdenson
Gephardt
Gilman
Gonzalez
Goode
Gordon
Green (TX)
Gutierrez
Gutknecht
Hall (OH)
Hastings (FL)
Hill (IN)
Hilliard
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Hooley
Hostettler
Houghton
Hoyer
Hulshof
Inslee
Jackson (IL)
Jefferson
Johnson, E.B.
Jones (OH)
Kanjorski
Kaptur
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kleczka
Klink
Kucinich
LaFalce
Lantos
Larson
Leach
Lee
Levin
Lewis (GA)
Lowey
Lucas (KY)
Maloney (CT)
Maloney (NY)
Markey
Martinez
Mascara
Matsui
McGovern
McHugh
McIntosh
McIntyre
McKinney
Meehan
Meek (FL)
Meeks (NY)
Millender-McDonald
Miller, George
Minge
Mink
Moakley
Mollohan
Morella
Nadler
Napolitano
Neal
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Peterson (MN)
Petri
Phelps
Pomeroy
Price (NC)
Quinn
Rangel
Reyes
Roemer
Rothman
Rush
Sanchez
Sanders
Sandlin
Sawyer
Schaffer
Schakowsky
Scott
Serrano
Sherwood
Shows
Sisisky
Skelton
Slaughter
Smith (WA)
Spratt
Stabenow
Stark
Strickland
Stupak
Sweeney
Tanner
Thompson (CA)
Thompson (MS)
Tierney
Towns
Traficant
Udall (CO)
Udall (NM)
Velazquez
Vento
Visclosky
Waters
Watt (NC)
Waxman
Weiner
Wexler
Weygand
Wilson
Wise
Woolsey
Wu

NOES—225

Aderholt
Archer
Armey
Bachus
Baker
Ballenger
Barr
Barrett (NE)
Bartlett
Barton
Bass
Bateman
Becerra
Bereuter
Berman
Biggert
Bilbray
Bilirakis
Bliley
Blumenauer
Blunt
Boehner
Bonilla
Bono
Brady (TX)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Campbell
Canady
Cannon
Castle
Chabot
Chambliss
Chenoweth
Coble
Coburn
Collins
Combest
Cook
Cooksey
Cox
Cramer
Crane
Cubin
Cunningham
Davis (VA)
Deal
DeLay
DeMint
Diaz-Balart
Dickey
Dingell
Doggett
Dooley
Doolittle
Dreier
Dunn
Edwards
Ehlers
Ehrlich
Everett
Ewing
Foley
Fowler
Franks (NJ)
Frelinghuysen
Gallegly
Ganske
Gekas
Gibbons
Gilchrest
Gillmor
Goodlatte
Goodling
Goss
Graham
Granger
Green (WI)
Greenwood
Hall (TX)
Hansen
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (MT)
Hilleary
Hobson
Hoekstra
Horn
Hunter
Hutchinson
Hyde
Isakson
Istook
Jackson-Lee (TX)
Jenkins
John
Johnson (CT)
Johnson, Sam
Jones (NC)
Kingston
Knollenberg
Kolbe
Kuykendall
LaHood
Lampson
Largent
Latham
LaTourette
Lazio
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
Lucas (OK)
Luther
Manzullo
McCarthy (MO)
McCollum
McCrery
McInnis
McKeon
Menendez
Metcalf
Mica
Miller (FL)
Miller, Gary
Moore
Moran (KS)
Moran (VA)
Murtha
Myrick
Nethercutt
Ney
Northup
Norwood
Nussle
Ose
Oxley
Packard
Paul
Pease
Peterson (PA)
Pickering
Pickett
Pitts
Pombo
Porter
Portman
Pryce (OH)
Radanovich
Ramstad
Regula
Reynolds
Riley
Rodriguez
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Roukema
Roybal-Allard
Royce
Ryan (WI)
Ryun (KS)
Sabo
Salmon
Sanford
Saxton
Scarborough
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherman
Shimkus
Shuster
Simpson
Skeen
Smith (MI)
Smith (NJ)
Smith (TX)
Snyder
Souder
Spence
Stearns
Stenholm
Stump
Sununu
Talent
Tancredo
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thornberry
Thune
Tiahrt
Toomey
Turner
Upton
Vitter
Walden
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wolf
Young (AK)
Young (FL)

NOT VOTING—11

Baldwin
Brown (CA)
Kasich
Lewis (CA)
McCarthy (NY)
McDermott
McNulty
Rahall
Rivers
Thurman
Wynn

☐ 1244

Mr. DIXON changed his vote from ''no'' to ''aye.''

So the amendment was rejected.

The result of the vote was announced as above recorded.

☐ 1245

The CHAIRMAN. The Clerk will read.

The Clerk read as follows:

ECONOMIC REGULATION

For necessary expenses in carrying out the activities of the Office of Hearings and Appeals, $2,000,000, to remain available until expended.

STRATEGIC PETROLEUM RESERVE

For necessary expenses for Strategic Petroleum Reserve facility development and operations and program management activities pursuant to the Energy Policy and Conservation Act of 1975, as amended (42 U.S.C. 6201 et seq.), $159,000,000, to remain available until expended.

AMENDMENT NO. 16 OFFERED BY MS. SLAUGHTER

Ms. SLAUGHTER. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 16 offered by Ms. SLAUGHTER:

Page 71, line 19, insert ''(reduced by $20,000,000)'' after the dollar figure.

Page. 87, line 19, insert ''(increased by $10,000,000)'' after the dollar figure.

Page 88, line 18, insert ''(increased by $10,000,000)'' after the dollar figure.

Ms. SLAUGHTER. Mr. Chairman, I rise to offer an amendment that will give badly needed relief to both the National Endowment for the Arts and the National Endowment for the Humanities. In particular, it would provide $10

million in additional funding for each agency.

For the past 4 years this body has missed a golden opportunity to benefit millions of Americans by choosing to level fund these two most important agencies. In fiscal year 1996 both received 40 percent reductions to their budgets, cuts from which very few agencies could possibly recover.

As a Member who has seen firsthand the positive and lasting effects of both the arts and humanities on Americans across the country, this is simply unacceptable. My amendment would take a small but important step towards reinvigorating the NEA and the NEH.

As we head into a new millenium, these modest increases will allow the agencies to spread the wonderful work that they do for people in every city, town, village, and Hamlet in America. The NEA and NEH have the power to change lives, and I firmly believe that now is the time to help them to do it.

With the intent of broadening its reach to more Americans, the National Endowment for the Arts recently proposed a $50 million Challenge America initiative. If fully funded, this program would allow the agency to make a thousand small- to medium-sized grants to communities that have previously been underserved by the agency.

Some of our colleagues have raised concerns that the NEA ignores numbers of our districts. While the arguments they made were extremely flawed, they did succeed in highlighting the need for this important program.

From the fields of rural America to the streets of our inner cities, the National Endowment for the Arts plans to spread the power of art. In addition, the agency has spent the past few years implementing reforms to make itself more accountable to the American people. I strongly believe that they have earned the opportunity to pursue this plan.

The arts are supported by such entities as the U.S. Conference of Mayors, the National Association of Counties, by the National Conference of State Legislatures, by the National Governors Association, the National League of Cities, and all State legislatures. It is time for the House of Representatives, Mr. Chairman, to get with the program.

Let me quote from the last paragraph of the chart here. It says, by these undersigned, the people I have just mentioned, ''We commit ourselves and encourage all elected and appointed officials at the Federal, State, and local level, mayors, county commissioners, city and county managers, Governors, legislators at the Federal, State, and local levels, and the President of the United States to strengthen leadership and increase support for a sustainable cultural economy which unselfishly provides a measure of public service, defining our ultimate legacy as a Nation.''

It seems that everyone in the United States is supporting this program. In addition, this agency, as I point out, has reorganized itself. These reorganizations that I spoke of earlier support the arts because they provide the economic benefits to our communities.

Last year, and this is very important, last year the $98 million allocated to the NEA provided the leadership and backbone for a $37 billion industry. For the price of 100th of 1 percent of the Federal budget, we help to create a system that supports 1.3 million full-time jobs in States, cities, towns, and villages across the country, providing back to the Treasury the $98 million, back into the Treasury. We got $3.4 billion in income taxes.

We also know the academic benefit and the academic impact that the arts have on children. As we learn more and more about the development of the human brain, it is becoming clear that instruction in the arts leads to improved scholastic achievement. In fact, a study conducted by the College Entrance Examination Board showed that students with 4 or more years of art classes raised their SAT scores by 53 points on the verbal and 35 points on the math portions of the exam.

In addition, we are now starting to learn about the positive effects of the arts on troubled youth. I am extremely impressed by a recent initiative known as the Youth Arts Development Project. This program is a collaboration between local arts agencies in Portland, San Antonio, and Atlanta, along with the Americans for the Arts, the United States Department of Justice, and the NEA.

The three cities involved evaluated current youth arts programs to determine their effectiveness in working with youth at risk, and the results were remarkable. Children in these programs gained valuable anger management skills and learned how to communicate their feelings without having to resort to violence. They developed self-esteem, and showed improvements in their attitudes toward their schools. They learned how to discipline themselves, Mr. Chairman, so they could successfully finish what they had started. As a result, evidence showed the children involved in these programs experienced fewer court referrals and less crime than children who were not in the program.

As impressive as they are, these results are not surprising when we understand the simple reason behind them: The arts provide children with the opportunity to express their fears, angers, and hopes, in a constructive manner that does not involve guns, drugs, or violence.

I urge my colleagues please to support these amendments.

I want to thank the gentleman from Ohio (Mr. REGULA) and the gentleman from Washington (Mr. DICKS). I know they worked very hard on the bill, and I appreciate everything they have done. However, we find that this is so important that we are going to ask this one time that we try to give these agencies some more so they can help every hamlet, everybody from the front porch to the auditorium in every city in the country.

Mr. HORN. Mr. Chairman, I move to strike the last word.

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

Mr. HORN. Mr. Chairman, I agree with the gentlewoman from New York (Ms. SLAUGHTER) that we owe a great debt to the chairman of this committee, the gentleman from Ohio (Mr. REGULA), and the gentleman from Washington (Mr. DICKS), the ranking Democrat. They have done a splendid job and I have voted with them on every item, but I am going to vote against the Members on this one.

The reason is simple. We have a new day in the National Endowment for the Arts and the National Endowment for the Humanities. Bill Ivey has come in and has been a superb administrator. He is a great communicator. The endowments are focused on peoples' real needs.

I grew up on a farm in rural America in a county that only had 13,000 people and was 60 miles long. I shall never forget that when I was 6 years old and my parents took me to a concert at the county high school. On the stage there was a beautiful symphony. It was the WPA symphony orchestra. The Works Progress Administration, funded musicians, artists, and writers during the Great Depression. The WPA put people to work in the thirties when one-third of Americans were unemployed.

Did that change my life? Absolutely. In high school, I became a music major and still maintain a deep interest in that field—an interest that I will never let go.

Even though I come from urban America, I want to see the arts and the humanities in every precinct, in every city and in every councilmanic district in America, be it urban or rural. Every one of our students should have an understanding of the arts, as the gentlewoman from New York has noted so often in her role as chairman of the Arts Caucus. The effect on the brain of music is amazing, and how people do a lot better when they have had that type of education.

What I want to stress today, however, is that there has been a change at NEA and NEH and we should increase their budget. We are taking the money from the Strategic Petroleum Reserves, that $20 million would provide $10 million to the arts endowment and the other $10 million to the National Endowment for the Humanities. All of these additional funds will go for projects. Not one penny would go for administration. That is a commitment from the administrator, Bill Ivey. We agree with that. These funds will mean additional opportunities throughout America.

Mr. Chairman, I would like to stress one aspect in particular, it is the results of the youth arts, youth at risk program, which was compiled by Caliber Associates under contract to the Office of Juvenile Justice and Delinquency Prevention in the Department of Justice. It has shown clearly and positively the impact on the skills, the attitudes, and the behaviors of the program participants. This helps demonstrate the constructive efforts of arts-based juvenile delinquency prevention and intervention programs.

The additional $10 million would go specifically to fund these important youth at risk programs. I think that is very important. That is prevention. We can help save individuals before they go down the wrong path again.

Opponents argue that not enough congressional districts receive funding from the NEA. That just is not true. NEA's grants in support allow orchestras, dance companies, performers to travel out of the major cities and reach the small towns and communities of this land. The new Challenge America initiative will go even further to address those concerns by continuing to expand the NEA's reach in underserved areas.

As for the humanities, what are they are doing? They are saving precious manuscripts, newspaper runs that go into the 19th century and into the 20th century. This material, because of the acid in the paper since the 1830s. That newsprint is very combustible and easily destroyed. It is important that the Nation's heritage be saved in every part of the country.

Every American has made our history as a nation. All of us are immigrants or sons and daughters of immigrants. That is where the $10 million is going, including the 50 States and the the six United States trust territories. We need to catalog and preserve the newspapers that have been in America since the 1690s.

I urge my colleagues to vote for this Slaughter amendment, and the $10 million for the arts endowment and the $10 million for the humanities. It is a drop in the bucket, given our heritage, given the need, given the response and the new type of administration we have there. I have not heard a complaint in 6 months on anything about either of those endowments.

It is long overdue that we increase their funds. This is simply an adjustment for inflation. I urge my colleagues to vote in support of this worthwhile amendment.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I rise in strong support of this amendment. I would call the attention of my colleagues to Mr. Ivey's new program called Challenge America, because he is committed to doing exactly what this body has wanted the National Endowment for the Arts to do all along. He is challenging America at the neighborhood level to develop the arts in our schools, in our neighborhoods; to make partnerships between neighborhoods and old established art museums and symphony orchestras on a level and with a variety of creative approaches that simply is unprecedented.

Little tiny bits of money can leverage partnerships between businesses, schools, and outstanding art museums that are simply unprecedented.

Some have had the idea that the NEA does not affect them. I got a letter citing my district as one of the ones that did not get one brown cent from the NEA, and I want to tell the Members, that was so far off base it was really tragic. I have walked into schools in my home town and seen fifth graders with their shiny faces looking up at me and saying, you know, we are a HOT school. So what is a HOT school? A HOT school is a higher order of thinking school.

As we walk through these HOT schools, an NEA idea, NEA money, local money, school money, do Members know what they have to do to get a HOT school grant? The principal, the teachers, and the parents have to go to a summer education program that is at least a week and some years 2 weeks. When we get this approach in place, our kids have an opportunity to integrate the arts and every other aspect of learning that is unprecedented.

□ 1300

The kindergartners were doing self-portraits in the style of Miro. He is a very abstract painter, but when we see how he paints a head, think of the discussion among kids of communication, of self-concept, of cultural issues, of history, of our times.

So this little fifth grader was showing me how on the hallway these were the kindergartner's self-portraits in the style of Miro. And then she showed me in another hallway the fifth grader's renditions of Lascaux cave drawings as if they were in a Connecticut hillside in contemporary America.

Mr. Chairman, these kids are learning history, they are learning the arts, they are drawing themselves. Every 2 weeks they have an assembly at which kids perform. They read their poetry and their stories; and throughout this curriculum they are integrating the arts, the performing arts, communications.

When we came to the school, the kids were lined up. There were two people who followed me around all day drawing everything I did, two taking notes to write up everything that went on and so on and so forth.

These kids are in a public school system in a city with the old kind of inner city where the jobs have flown, the difficulty of property taxes supporting our education system is just a struggle every single year. And yet these kids's scores are going up like we would not believe because they are a HOT school in every sense of the word. And the idea that this kid would look at me and say, ''We are a Higher Order of Thinking school'' really blew me away.

The arts matter in our lives. The arts are not just about symphony orchestras and art museums, as important as they are. They do help our kids grow. They do help our kids learn, and the evidence, the research shows it. If a kid is exposed to the arts when they are young, they do better as an adult because their intuitive thinking has developed along with their logical thinking.

HOT schools, if our kid came home from school all excited because now his trumpet playing, his trombone, whatever it was, he has had the chance to learn to play with those who are experts in the music of Duke Ellington and compete in a high school jazz band competition and festival, we would not ask him who paid for it. He would not tell you it was the NEA because he probably did not know, but that is exactly what happened in the high school in the town next to me.

The New York City Ballet Hispanico was up at Plainville High School in my district. How else would they have an opportunity unless someone could help, that is, the Federal Government could help share that tremendous resource of New York City with the small towns around?

I urge support for this bill. It is just $10 million more for the NEA, $10 million more for the NEH, and we owe it to our kids.

Mrs. LOWEY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in very strong support of the Slaughter amendment to make important increases to the NEA and the NEH. I do so not only as a proponent of Federal support for the arts and the humanities but also as one who has seen firsthand the inner workings of the NEA.

Along with the gentleman from North Carolina (Mr. BALLENGER), I have the privilege of serving as one of five congressional Members on the National Council on the Arts, which basically serves as the board of directors. In reviewing and voting on NEA grant applications, the members of the National Council take their responsibilities to United States taxpayers very seriously. They are united by their commitment to making the arts accessible to all Americans, which is what this debate is all about.

Mr. Chairman, we know that the arts are crucial to the development of our culture and our economy and beneficial to all our citizens.

This year, NEA Chairman Ivey unveiled a major new initiative called Challenge America which would further arts education outreach and organizational initiatives, particularly in underserved areas. At this bill's current funding level for the NEA, this worthy and creative initiative will remain unfunded.

We need to support this amendment to provide a Federal commitment to this program and the other important activities the NEA offers in our communities. Likewise, we know that the

National Endowment for the Humanities provides funding for student essay contests, teacher seminars, museum exhibitions, documentary films, research grants, public conferences and speakers and library-based reading and discussion programs. Through all of these programs, the NEH helps to provide a greater understanding of our Nation's history and culture.

One of the standards by which we judge a civilized society is the support it provides for the arts and the humanities. In comparison to other industrialized nations, the United States falls woefully behind in this area, even with a fully funded NEA. In a Nation of such wealth and cultural diversity it is a sad commentary on our priorities that year after year we must continue to fight about an agency that spends less than 40 cents per American each year and in return benefits students, artists, teachers, musicians, orchestras, theaters, dance companies, and their audiences across the country.

Polls overwhelmingly show that the American public supports Federal funding for the arts. And if those reasons are not compelling enough for some, let us just talk dollars and cents. For every one dollar the NEA spends it generates more than 11 times than that in private donations and economic activity. That is a huge economic return on the government's investment, and we certainly do not have to be from New York to see the impact of the arts on a region's economy.

Mr. Chairman, let us use this opportunity to begin to provide a level of resources to the NEA and the NEH which we can all be proud of. And I urge my colleagues to support this amendment and funding for cultural expression, celebration.

Ms. SLAUGHTER. Mr. Chairman, will the gentlewoman yield?

Mrs. LOWEY. I yield to the gentlewoman from New York.

Ms. SLAUGHTER. Mr. Chairman, I thank the gentlewoman from New York (Mrs. LOWEY) for yielding to me. It is very difficult for a southern-born woman to speak fast enough to get everything into 5 minutes, and so that I can finish the rest of my speech, if any of my colleagues would be generous enough to throw me 30 seconds or a minute, I would be grateful.

I need to talk about the National Endowment for the Humanities because it plays an important role in our society. For the past 35 years, that agency has been at the forefront of efforts to improve and promote education at the humanities level in school. At a time when our State and local governments are struggling to hire new teachers, this small amount of money goes a very long way towards making sure that teachers are well-trained in history, government, literature, civics and social studies.

Through its summer seminars and institutes for teachers, the NEH is working to enhance and expand the knowledge of our educators on such topics as the Lewis and Clark expedition and Homer's Iliad. Prior to the 36 percent cut in 1996, the NEH was able to offer close to a hundred of these seminars. This year, that number will be closer, unfortunately, to 29.

In addition, the NEH is using its Teaching With Technology Initiative to bring the humanities to life in the Information Age. Through the use of computers, educational software, and the World Wide Web, the NEH is ensuring that none of our students are left behind.

Mr. Chairman, as I said before, I completely understand the budgetary constraints that our chairman and ranking member are under and to that extent I applaud them for the wonderful work they have done. I particularly applaud their efforts to increase the budgets for the Smithsonian Institution, the Woodrow Wilson Center, the National Gallery of Art and the Kennedy Center. However, not all of our citizens have the ability to work or to travel to the Nation's Capital.

The CHAIRMAN. The time of the gentlewoman from New York (Mrs. LOWEY) has expired.

(On request of Mr. DICKS, and by unanimous consent, Mrs. LOWEY, was allowed to proceed for 2 additional minutes.)

Ms. SLAUGHTER. Mr. Chairman, if the gentlewoman would continue to yield, my amendment would simply expand our commitment to bringing the arts and humanities to the streets, the theaters, the schools and the front porches of all Americans. It does so by reducing the $20 million fund for the Strategic Petroleum Reserve, a program I also support, but I feel that it is vitally necessary that we do more for these agencies because they do so much for us.

Mr. Chairman, it is finally time in the House of Representatives to close the door on the tactics which have made the arts and humanities a political hostage for far too many years. The benefits that we receive for our economy, for our children, for our communities far outweigh the small financial investment that we are making. This amendment would simply provide a modest increase for two programs that have been ignored and antagonized for nearly 5 years. It is time now to correct this injustice.

I believe this is a reasonable amendment, a fair amendment, and a responsible amendment. I urge all of my colleagues to support it and add simply one thing and that is we have been assured that every cent of money, if this amendment passes, will be used for new grants.

Mr. SHAYS. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise first to acknowledge the fact that for the last 4 years Congress has funded the NEA at $98 million and the NEH at $110.7 million. There has not been a change in this funding in 4 years. I feel extraordinarily compelled to come and speak in support of a modest amendment, really, offered by the gentleman from California (Mr. HORN) and the gentlewoman from New York (Ms. SLAUGHTER) to change this funding level by adding $10 million to the NEA for a total of $108 million and $10 million to the NEH for a total of $120.7 million. We are talking about an increase of only $10 million in each.

I rise in support of the Horn-Slaughter amendment because it's a very modest amendment which will have a large impact by bringing the arts to more communities previously underserved, like our inner-cities and rural areas, and by encouraging more support for preserving and promoting our cultural heritage.

Mr. Chairman, national support of the arts is a measure of the success of a thoughtful Nation. Funding for the NEA and the NEH helps thousands of performers who may not be celebrities but who enrich their lives by performing and who enrich the lives of everyone who enjoys their performance. They contribute, I think, to the soul of the community. Arts and humanities improve the lives of so many people, including children, the elderly and those on limited budgets who might not otherwise have the opportunity to see very beautiful art and enjoy enriching performances.

Mr. Chairman, as I said before, the NEA and the NEH have not received an increase in funding in 4 years, and I urge us to wake up and begin to fund sufficiently these two important government programs.

Mr. HINCHEY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I want to say also a few words in support of this amendment which allows the National Endowment for the Arts and the National Endowment for the Humanities to expand their outreach and educational efforts. What the endowments want to do and what we want them to do is support education and extend the excellent programs that they provide to all Americans.

For example, NEH has programs to provide training for elementary and high school teachers to help them update and improve their curriculum, they are popular, but NEH would like to reach more teachers and, therefore, obviously more students. NEH is developing web sites as well to provide material that teachers can use in their course work.

NEA is reaching out to minorities and getting children at risk in our cities interested in and excited about art. We have heard from Justice Department officials that these programs are enormously effective in reducing delinquency as well as an appreciation for the art itself.

Those are practical effects, but there are also intangible values as well. NEA and NEH help to build and develop our culture. They also help to democratize it, to demonstrate that art and music

are not the property of the wealthy and the elite alone but something that can enrich the lives of all of us.

In that sense, they belong in the Interior bill since it is the Interior bill that protects our beautiful places simply because they are beautiful and that offers recreation to our citizens because enjoyment and recreation is in and of itself a good.

Mr. Chairman, the increases we are requesting in this amendment are small, too small in my judgment, but they are an excellent investment. It is the culture we foster now that will be remembered for the next 100 years. This is a good amendment. I hope it has the support of the Members of the House.

Mrs. MORELLA. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in very strong support of the Slaughter-Horn amendment to add $10 million for the National Endowment for the Arts and the National Endowment for the Humanities. There are many reasons to support Federal funding for the NEA and the NEH. When the arts are allowed to put down roots in the culture of the community, they create jobs and they stimulate the economy. The nonprofit arts industry generates more than $36 billion annually. It generates $1.3 million jobs and returns more than $3 billion to the Federal Government in income taxes.

□ 1315

Arts programs are basic to a thorough education, improving students' communication skills, self-discipline and self-concept. Studies show that young people who study music indicate an increased ability in math. According to a study conducted by the College Entrance Examination Board in 1995, students who studied the arts more than 4 years scored 59 points higher than those with no arts background. That is pretty incredible.

Arts in education produces the kind of resourceful and creative problem solvers that employers prefer. The arts inspire creativity in all aspects of a person's life regardless of whether his or her career path leads to technology or engineering.

The humanities are a foundation for getting along in the world, for thinking and for learning. The NEH spends about 70 cents per person on the humanities, on history, English, literature, foreign languages, sociology, anthropology, and other disciplines.

I know that each of us in Congress can point to worthwhile projects in our districts that are aided by the NEA and the NEH.

In my district, Montgomery County, Maryland, the NEA funds the puppet theater at Glen Echo Park, just a few miles from the Capitol. It is a 200-seat theater created out of a portion of a historic ballroom at Glen Echo Park. The audience is usually made up of children accompanied by their families and teachers, representing the cultural and economic diversity of Maryland, Virginia, and the District of Columbia.

An NEA grant allows the puppet company to keep the ticket prices low so that many young families can attend the performances.

In my district, the NEH has provided Montgomery College with a $500,000 challenge grant to help create the Montgomery College Humanities Institute. This institute is a permanently endowed college-wide center for scholarly activity and public programming in the humanities.

In addition, the college is working in partnership with the Smithsonian Institute, using the resources that are available at the Smithsonian and providing internships for students who are interested in the humanities.

Both the arts and the humanities teach us who we were, who we are, and who we might be. Both are critical to free and a democratic society. It is important, even vital, that we support and encourage the promotion of the arts and humanities so that the rich and cultural story of our past can be made available to future generations.

I urge a ''yes'' vote on the Slaughter-Horn amendment.

Mr. FARR of California. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in support of this amendment. I want to ask my colleagues, look around us. Look at the room we are in and think about how much art has touched our lives, our daily lives. Art is our flag. Art is this Chamber. Around this Chamber is sculptured relief of 23 law givers who represent the humanities which we are trying to support.

This whole Capitol, the Nation's Capitol, is filled with art. It is one of the most attractive tourist places in America.

The engine of America's creativity is based in our arts and centered in our humanities. America's technology and leading technological advances are based on creativity.

Fortune 500 companies support the National Endowment for the Arts because they know that, if we are going to be the engine of creativity in the world, we are going to have to nurture our schools and our children and the populous of this great Nation in understanding how to express themselves in art form.

We need to remain the center of creativity, and we are only going to do that by nurturing the arts. We can do it in two forms. We can do it by private sector contributions, and we can do it by public sector contributions.

This issue is about public sector contributions. Why is that so important? Because there needs to be a leader in being able to determine how to best invest one's monies. That is why so many of the Fortune 500 companies support the National Endowment for the Arts because they put up corporate money to match that. And they want the leadership of the National Endowment to point out the direction that money ought to go. So we need to increase and keep that funding.

Frankly, the amount of money we put into the National Endowment for the Arts for the function it serves is absolutely embarrassing for this country. Many other countries in the world put more money into art creativity than this Nation does.

So I ask my colleagues, join us in supporting this amendment. I challenge my colleagues to think about it in their own lives. Think about it, whether my colleagues are walking around this Capitol, whether they are watching their children at play, about how this Nation was founded, and see the important role that arts and humanities play in the everyday theater of our own lives.

Support funding for the National Endowment for the Arts and the National Endowment for the Humanities. Support America. Make it stronger.

Mr. BALLENGER. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, once again, it is time for our infamous and often contentious debate on the funding for the National Endowment for the Arts.

In the years past, I supported cuts of the NEA based upon budget realities and concerns over questionable NEA funding choices. However, I rise today to urge my colleagues to support the funding level included in the Fiscal Year 2000 Interior Appropriations Act.

Some people would like to see this funding level increase, while others would like to see the level decrease or NEA eliminated altogether. But I suggest that, in the light of the tight budget caps enacted by the Balanced Budget Act of 1997 and the needs of our Nation in terms of the arts, the funding level is on target.

Over the last few years, Congress has helped to make NEA into a better organization. The NEA has instituted its own reforms to ensure that taxpayer money is used efficiently and wisely. Six Members of Congress now sit as nonvoting members on the National Council on the Arts, the governing board of the NEA, acting as an added check on the endowment's activities. I am one of these Members and have found significant and positive changes have been made in the NEA to address past concerns.

There has been much controversy in the past over grants to individual artists whose work has offended the sensibilities of many of us. I am glad to report that these individual grants, except the literature fellowships, have been eliminated. Also, the practice of allowing third parties to gain access to NEA funds through subgrants has been terminated to ensure that the agency keeps control over the projects being funded.

Applicants, like local museums and arts centers, must apply for specific project support, and changes to the

project cannot be funded unless the agency approves such changes.

In North Carolina, the NEA funds, in whole or in part, projects that I believe are beneficial to our citizens, like the North Carolina Symphony Society or the Opera Carolina or the North Carolina Museum of Art Foundation, just to name a few.

Let us give the recently enacted reforms a chance to work so that NEA can help fund meaningful projects in our States.

Ms. WOOLSEY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I am embarrassed. I am embarrassed as a Member of Congress. I am embarrassed for this House of Representatives. I am embarrassed for our country. Because, once again, this House is inadequately funding the arts and the humanities.

This is the fourth year in a row where funding for the National Endowment for the Arts and the National Endowment for Humanities has been held level. We all know that what that means is that it is a cut in the funding.

Opponents of NEA cry fiscal discipline as if the richest nation in the world needs to be culturally impoverished.

I fear that money is not what this is all about, because we know, we absolutely know that every dollar we invest in the arts leverages matching grants and multiplies the same dollar many, many times, 11 times for every dollar that is spent on the arts through the NEA.

With flat funding and with the proposed cuts in the NEA that the gentleman from Florida (Mr. STEARNS) will propose later today, I fear that we could be witnessing an assault again on free expression, a war on culture. It is a battle as old as the stockades in Puritan times, and it is a battle that is wrong headed.

The arts teach us to think. The arts encourage us to feel, to see in a new way, and to speak. The arts help us to grow.

I hope that all of my colleagues will support the Slaughter-Horn amendment to increase funds for the NEA and the NEH. It is a very small investment. The returns are vast. They are vast in many, many ways, including being as vast as our imagination.

Mr. PETERSON of Pennsylvania. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise reluctantly to, I guess, maybe throw a wet blanket over a love fest that we have been listening to for the last hour, 45 minutes.

This will be the fifth amendment that cuts energy programs for America. I find it interesting and troubling. We found that weatherization was ahead of having a strategic oil reserve. This will be the second amendment that strikes at the funds that are needed to manage the future energy supply for this country.

A few hours ago or yesterday, we provided that State parks were more important than energy research. We also yesterday said payment in lieu of taxes, an issue that I have always fought for, was more important than energy. I was forced to not support the PILT amendment.

Now we are having a very impassioned argument for NEA and NEH. But this will be almost $100 million taken from the future of America's energy needs. Have we forgotten 1973 and 1974? Have we forgotten the lines in this country? Have we forgotten what it did to our economy? Have we forgotten what it did to job opportunities and growth in this Nation? Have we forgotten how it made us vulnerable?

This country does not have an energy policy. We have drifted to where we are more than 50 percent dependent on foreign oil. Are we comfortable with Venezuela, Iran, Nigeria, Kuwait, Iraq, Indonesia, and Russia as our source of energy?

We have been fortunate to have Saudi Arabia, our friend. But remember when Iran was our friend, how quick that can change. If Saudi Arabia leadership would change and we lose that cheap source of oil, this country would be in jeopardy. Our future and all of these things that we are talking about would seem minuscule to the energy resources that are important to this country.

The energy resource that we have cut here previously is about clean air. It is about better use of our energy.

The Strategic Oil Reserve that was to give us a 90-day supply in case of one of these foreign countries turning against us has never been filled because Congress and the current administration has not had the will to fill it. In fact, a few short years ago, we were selling $30 oil for $12 to run it because we did not fund it. That has been changed.

This is the second cut. I am not arguing what the money is used for. But is the future energy needs of this country so insignificant that everybody is going to target energy to fund their program?

I think the future energy needs of this country are far more important than collectively all the programs we funded by taking the money.

We need to continue clean coal research. We need to continue to get more oil out of the ground more efficiently and more cost effectively so that we have to import less. All of those things are important to clean air, to clean water, and to the safety and future of this country.

I just find it incredible that amendment after amendment attacks the energy line items that are about our future for something that may be nice, that may be good. But is it more important than the future economy of this country, the future energy needs of this country?

We see oil prices double, and we will see weatherization needs skyrocket. We see oil prices double, we will see our economy go in the tank real quick. And we will not have money for anything here. We will be cutting all kinds of programs.

The future of this country's military might depends on a sufficient supply of energy, and it appears we have somehow swept that aside, and this is the year to attack energy, a budget that is underfunded in its own right.

I guess I have to stress that, collectively, in my view, these amendments have a negative impact on our environment.

□ 1330

Because the research that we are cutting, the oil reserve that we are cutting is so vital to our economic future and for the clean and more efficient use of fuels and the realization that we have planned for our children's future by providing an energy source when something goes wrong in this world that destabilizes our current sources, to not have the reserve full is a tragedy, to cut its budget is a mistake.

Mr. BLUMENAUER. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I would acknowledge that it is no small feat that we have arrived at today, an opportunity to have a positive discussion on the Nation's cultural investments and our priorities without the acrimony that we have seen in recent years. And I tip my hat to the members of the committee for their leadership in guiding this forward, in taking a deep breath and sort of exhaling to make sure that we can be clear about what we are trying to achieve, rather than making it an opportunity to score partisan political points on a philosophic basis.

I think the next step is for us to see how our cultural investments fit with the committee's marker that they have set down in terms of beginning the discussion for this important budget and what is going to happen over the course of the next 50 years. I think in that context we ought to be looking at the direction of the budget, and it is why I support the amendment that has been offered up by the gentlewoman from New York (Ms. SLAUGHTER) and the gentleman from California (Mr. HORN).

The investment that we have made in cultural activities in my community that have served as a catalyst by Federal investment has been a key to the partnerships that have characterized what we have seen around the country. It has leveraged, as has been referenced on the floor, many times over the resources from the private sector, from philanthropic undertakings, and it has inspired people to be more entrepreneurial in the delivery of services. These partnerships are key in all of our communities but, unfortunately, the Federal Government has been lagging in terms of its involvement with these partnerships. It has not been keeping pace.

The Federal Government, ironically, would end up making more by investing in arts activities because we can

see in every one of our districts cultural investments that have provided a spark economically for local festivals, arts districts, for community events that have made a huge difference and that are a significant and growing economic presence across the country. It enables us to coax more out of our educational investments, as has been referenced by the gentlewoman from Connecticut (Mrs. JOHNSON) and the gentlewoman from Maryland (Mrs. MORELLA). I have seen it in the school districts in my community where these dollars have leveraged spectacular results from young people.

It has made a difference in terms of how people regard their communities, in the activities and the way that they invest themselves. Indeed, in a number of communities, we have seen arts organizations provide regional cohesion in a way that governments have been unable to. And we have seen artificial boundaries that have divided our solutions for things like storm water runoff or watershed or air pollution come together as a result of arts organizations putting together voluntary regional approaches that really can be a pattern to show how we can solve problems generally.

It is not a subsidy for those who are well off. In all of our communities, most of the people of means would actually be money ahead if they would not spend their time and energy that they do in making these partnerships work but simply buy their tickets to go to San Francisco, New York or Seattle. But what we are doing is we are coaxing them to make the investments locally so that they can share the resources in terms of symphonies and in terms of museums. It is not for the wealthy and the well-positioned, it is for the young, the old, and the poor.

I strongly urge support of this amendment and hope that it will begin our efforts to reinvest in a wiser fashion in the future. It is time for us, for America, to catch up with where our citizens want us to be and how the rest of the world is treating their arts and cultural resources.

Mrs. KELLY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise today to support the Slaughter-Horn-Johnson amendment to increase funding for both the National Endowment for the Arts and the National Endowment for the Humanities by $10 million each.

Being from Westchester County, New York, my neighbors and I have the benefit of our proximity to New York City, which provides us access to the premiere cultural center in this country. However, we do not take the impact of our exposure to the arts for granted. If anything, it has highlighted for us the important role that the arts can play in all of our lives. Without the NEA and their aid, the private sector is unlikely to replace Federal funding; and this, Mr. Chairman, would be a great tragedy.

There are thousands, literally thousands of people employed in the arts in my district, authors, painters, applied arts conservationists, TV production people. As a matter of fact, the City of Peekskill has been able to encourage and engage in real urban renewal based around the arts.

For the last 4 years, we have not given the NEA and the NEH any substantial increase in funding. We have asked, however, that the NEA institute reforms in their grant process and reduce the size of infrastructure. The proposed $10 million increase to each, the National Endowment for the Arts and the National Endowment for the Humanities, is much needed. These are jobs we are talking about.

As a former teacher, I can attest to the fact that the impact of the arts on our children is instrumental in their education. And with this small increase, the NEA will be able to reach more teachers and more students. They cannot do this alone. They need our support.

Mr. Chairman, I ask my colleagues to support the Slaughter-Horn-Johnson amendment and support this modest increase for the NEA and the NEH. As we work to create a solid foundation for our children, we need to ensure that they have the opportunity to understand and appreciate all of the arts.

Mr. NADLER. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise to support this amendment to increase funding for the National Endowment for the Arts and the National Endowment for the Humanities by $10 million each. It is about time we had a fair, open debate on increasing funding for the arts.

In the past, we have funded NEA as high as $167 million. But, since 1995, Congress has consistently cut funding for the NEA to below $100 million. This amendment is a very modest increase, and it is still far less than the President's request of $150 million. We should do more for our artists and cultural institutions, not less. We should remember that, because NEA funding is matched by private dollars, for every dollar we have cut from the NEA's budget at least double that amount has been cut from organizations that receive NEA funding; and for every dollar we restore now, at least double that will be restored for NEA recipients.

In addition to budget reductions from the Federal Government, private funding for the arts has been slipping as well. This has been occurring at a time when more and more Americans are seeking out the arts and benefiting from our cultural institutions. Recent reports are that museum attendance nationwide is at an all-time high, yet museum visitors are finding higher entrance fees from Philadelphia to Seattle and from Portland to Chicago. Visitors to New York's Metropolitan Museum of Art recently have been jolted by a suggested admission price of $10. The world-famous Metropolitan Opera finds itself with a deficit expected to be more than $1.5 million just for the year. The Met, long a favorite of private and corporate donors, will survive, but the survival of other institutions, especially smaller, less well-known institutions, is much more problematic, especially since many of them have been hit by cuts in government support at every level. Many have already been forced to close their doors or to scale back their programs dramatically. We should increase the funding to keep these arts institutions alive and well in America.

It is important to realize how the funds distributed by the NEA intrinsically connect the entire country. For example, last year, the NEA, working in association with the New York-based Chamber Music America, made a $300,000 grant to underwrite the development of a special project celebrating the millennium. In carrying out the project, Chamber Music America is working with more than 300 organizations and artists around the Nation to produce a 3-year musical celebration. The NEA's $300,000 grant has been leveraged into more than $4 million in support for the projects widely distributed throughout the country. This is just one example of how the effort which began at the NEA at the Federal level soon blossomed into musical programs all over the country.

It is particularly unfortunate that this bill places an artificial limit on funding to areas that have a concentration of arts institutions. We in New York are proud that New York City attracts the best and the brightest artists from around the country, but this legislation places an artificial cap on funds to New York City and to other such areas. It is unfair. It is time to stop punishing and start rewarding States and localities that nurture the arts. We send our agriculture subsidies to agricultural States, and New York City does not complain for not getting any part of the wheat subsidy, and that is entirely appropriate. But it is also appropriate to send support for the arts to the regions that produce the most arts and culture. We should acknowledge that certain regions offer products and services that benefit all of us, even though they originate, in some cases, from concentrated areas.

The NEA is a good investment for American taxpayers. It helps improve our economy, educate our children, enrich our every day lives and, therefore, should receive increased Federal funding, especially since it leverages a lot of private funding.

The National Endowment for the Humanities complements the work of the NEA and provides critical Federal support to the Nation's educational and cultural life. The humanities are critical to any free and democratic society. The study of history, philosophy, literature and religion are critical to creating an informed public, which is the bedrock of democracy. How can we

expect people to make intelligent decisions and govern themselves well without the study of the humanities?

The NEH is crucial to our efforts to preserve the writings and ideas of American culture. In fact, the endowment plays a critical role in efforts to preserve the writings of American presidents such as George Washington, Thomas Jefferson and Dwight Eisenhower. We should support the increase in funding for a program whose primary purpose is to preserve American history and culture.

What happened to the Met—and what has affected hundreds of cultural institutions nationwide—is that the Reader's Digest Association, facing stagnant sales in 1997, began a retrenchment that included a cut in its stock dividends. The handsome annuity from the company's dividends, that had found its way to cultural institutions nationwide through the Lila Acheson Wallace Foundation, was slashed. The Met, long a favorite of private and corporate donors, will survive, but the survival of other institutions is much more problematic, especially since many of them have been hit by cuts in government support at every level. Many have been forced to close their doors or dramatically scale back their programs.

In fact, the NEA has specifically worked to expand the geographical reach of its programs. IN 1994, the NEA provided $300,000 to start the Rural Residency Program, which is designed to enrich the musical life of underserved rural communities. Since its inception the program has placed 98 musicians with 23 different rural host organizations in 11 states. They have worked in schools, visited nursing homes, performed outreach concerts, and taught individual students. NEH is to promote research, education, and the preservation of our cultural heritage. We should demonstrate our support for these goals by increasing funding for this agency.

The NEH promotes the study of the humanities in numerous ways. The endowment has funded professional development for 50,000 teachers in its summer seminars, and they have reached in turn 7½ million students. Due to the severe cuts in funding sustained since FY 1996, the NEH is now able to fund only about one-third the number of summer seminars and institutes for teachers as they had before. They are seeking additional funds this year to reverse that trend and to expand on the educational mission of the agency. They will continue to support the premier Internet resource for humanities teachers, EDSITEment, which provides links to and lesson plans for 50 top-quality humanities websites.

The NEH also funs multimedia database programs on the Supreme Court, the Civil War, and the philosophies and civilizations of ancient Greece and Rome. The NEH plans a special initiative that will bring online tens of thousands of digital images of manuscripts, maps, photographs, and artifacts. The NEH also provides national leadership for efforts to digitize and make more accessible such important tests as the Dead Sea Scrolls, ancient Egyptian papyrus fragments and the works of Shakespeare. The endowment has preserved 750,000 brittle books and 55 million pages of American newspapers. The NEH is planning a new program of awards to small libraries and museums to support staff attendance at preservation training sessions, on-site consultations by preservation experts, and the purchase of preservation supplies and equipment.

Mr. Chairman, these two programs, the NEA and the NEH, with the very modest $10 million increases in this amendment, will still be funded at levels 40 percent less than that 5 years ago. We should restore them to at least what they got 5 years ago, but, failing that, this amendment is a small first step in that direction. I congratulate the sponsors, and I urge my colleagues to vote for it.

Mr. BENTSEN. Mr. Chairman, I move to strike the requisite number of words.

(Mr. BENTSEN asked and was given permission to revise and extend his remarks, and include extraneous material.)

Mr. BENTSEN. Mr. Chairman, I rise in support of the Slaughter-Horn-Johnson amendment. I will say at the outset that I am a little reluctant, because it takes funding from the strategic petroleum reserve, but I am going to go ahead and support the amendment. I hope that it passes, and I hope when this bill goes into conference with the other body that it is worked out and the SPR funding can be worked out as well because it has an impact on industry in my State.

But I also think this adjustment in the funding for both the National Endowment for the Arts and the National Endowment for the Humanities is terribly important. Over the last 15 to 17 years this body has had a number of very controversial debates over whether or not the Federal Government should be involved in the funding of these activities. I strongly believe that we should.

The gentleman before me just spoke about wheat subsidies and whether or not that affects people in New York City. I would argue, in effect, that it does because it involves stabilizing the price of food that ends up on the shelves of grocery stores in New York City and every city and every town across this country. In the same respect, funding for the National Endowment for the Arts and the National Endowment for the Humanities affects every sector of American society.

And what it really is about is preserving and collecting and preserving our heritage, the American history, American arts, American culture. And when we compare what we have done in this great country in the last 218 years and the heritage we have, the amount of resources that we provide to it compared to other industrialized nations is really woefully lacking.

□ 1345

I think that it is important that we do provide these resources. I think it is important that, as part of growing the American experiment and showing what it has been and how it has worked, that we provide some resources through the NEA and the NEH.

I would also add, over the last years of this debate, and I had the opportunity to watch them both as a Member of this body and as a member of the staff to this body in the 1980s, we have seen through both the previous Bush administration and the Clinton administration safeguards put into effect to deal with the question of controversial funding. And I think that those have worked.

We have also seen the funding through the administrators of the agencies, particularly the NEA, spread more evenly across the country, in my opinion. The funding does not just go to artists in New York City or Los Angeles. There is a lot of funding that comes to my area, in the greater Houston area, and it does not just go to the arts. Yes, the Houston Symphony gets funding. The Museum of Fine Arts in Houston gets funding. The Contemporary Arts Museum in Houston gets funding. But so does San Jacinto Community College get funding through the NEA. I think it has been a successful program.

I think it is important for the United States to invest in our cultural heritage, and I strongly support making this adjustment, which I think is fair in the context of a balanced budget to do.

I do hope that we can work out the funding in the long-run so we are not taking it outside of the SPR funding. But I do support the amendment of the gentlewoman.

Mr. COOK. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in support of the amendment offered by the gentlewoman from New York and the gentleman from California.

The National Endowment for the Arts and the National Endowment for the Humanities provide opportunities for Americans to experience art, culture, and humanities far beyond the small amount of Federal money we invest each year. The money serves as a catalyst that is used in my State of Utah for programs such as the Mother Read/Father Read, which is a family reading project combining parenting and reading skills. It targets at-risk elementary school children and teenage parents and shows them the importance of reading to their children and helps them improve their own parent and reading skills.

Our small Federal investment is combined with State, local, and private funds to provide grants to organizations like the Utah Symphony, the Salt Lake Opera, the Ryrie Ballet, and Utah Arts Festival. It makes possible the annual Living Traditions Festival, which brings together artists, native and folk craftsmen. The Great Salt Lake Book Festival is a gathering of readers and writers and anyone who loves books. The Utah Arts Councils offer free summer concerts that allow urban and inner-city residents the exposure to forms of music they otherwise would never hear.

Arts programs have helped reach children who have difficulty learning to become more interested in school. The Art Access program partners artists and teachers to help teach disabled and special education children learn through visual arts, dance, and storytelling.

If my colleagues talk to their local arts councils, they will tell them story after story of children who were disinterested in school who through art and music programs learned self-worth, confidence, and gained a renewed interest in their studies.

A film project for rural children in Monument Valley in Utah allowed them to learn the art of filmmaking while studying mineral deposits on their land. The resulting film has gained national recognition. A similar project in northern Utah lets children film and study a local bird refuge, and the resulting film is now being used by the Utah Department of Parks and Wildlife.

I commend the gentleman from Ohio (Chairman REGULA) for his recognition of the fine work in support of the NEA and NEH. But I believe this small additional funding will allow its fine work to be even more effective.

I urge my colleagues to support this amendment.

Mr. DICKS. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise today in very strong support of this amendment.

I have done my very best to be faithful to what the subcommittee did, but I made it very clear in this process that I favored some increase in the funding for the National Endowment for the Arts and Humanities.

I have served on this subcommittee for 23 years. I can remember in the early days when Livingston Biddle was chairman of the National Endowment for the Arts, we had three major challenge grants out in Seattle, and in those days Seattle was just emerging in the arts. And those three challenge grants led to a tremendous Pacific Northwest Ballet, to the Seattle Art Museum, the Seattle Symphony. All of those institutions have become major performing arts institutions in our Nation. But particularly in the Northwest, it brought the arts at a very high level to these communities. And it also created jobs.

Sometimes we forget that the arts and the humanities create jobs in our country, particularly when we think about the performing arts. I can remember the days when we had to fight to preserve this budget even at a 50-percent reduction. But I am pleased today to hear the bipartisan support that there is on this floor and the understanding about the importance of the arts and humanities to the American way of life.

I can tell my colleagues, in my own hometown of Bremerton, Washington, our local community came together to restore the Admiral Theater, and our local symphony performs there and other arts institutions; and we have the touring arts groups that go over all our State. I believe that the Federal participation here, even though it is meager, is still very significant because it demonstrates to the American people and to the private sector that we in the Congress and at the executive branch support the performing arts, support the National Endowment for the Humanities.

We have a school in Tacoma, Washington, Jason Lee School. Dale Chihuly is one of the world's renowned glass artists. There is an after-school program now where literally dozens of kids who would otherwise be on the streets or have nothing to do after school are involved in creating glass art. And these kids love it. I went up and I participated with them to see them actually involved in the creation of pots and various items that are important in terms of producing glass art. These kids enjoyed these programs.

I think the police are correct when they say that, if we have programs like this for kids, they will not get in trouble. And these are things that the Endowment has supported, and youth education.

I can remember being out with Jane Alexander in Garfield High School in Seattle and seeing the kids in the after-school program there involved in the creation of art and have them explain what they have created. It gave them something positive in their lives. I believe that these programs are very important. And I believe that for 4 years now we have not had any increase whatsoever.

I am glad that we have reached a point where we are not trying to eliminate these programs, which would be dreadful. But my hope is that today we can show that we have gotten beyond this kind of reactive anti-approach to the arts and humanities and that we now support them.

I want to compliment our chairman, the gentleman from Ohio (Mr. REGULA). He and I worked on language in several instances to try to get the Endowment to focus on quality, recognizing that we cannot fund everything, that we had to focus on quality to fund those projects which reach the highest levels of artistic and human expression. And by doing that, we have gotten away from some of the more controversial areas. That will always be a debate in the arts.

But I think the committee has succeeded, and I think it has met some of the criticisms; but I think now it is time to show that there is still in this Congress a majority that will support this modest increase for the arts and humanities. They deserve it. The country deserves it. It will be wisely spent. Our kids will benefit from it. Our communities will benefit from it. And the American people support it.

Mr. REGULA. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I have listened to the speeches, and I think, of course, that they have some positive merits. I think that the National Endowment for the Arts, under the rule changes that we have made, has been much more effective.

I believe that Mr. Ivey, as chairman of the NEA, has done a good job of trying to reach out across the Nation to ensure that the money is used to stimulate art activity in small villages, small cities, as well as in the large cities. I think the program has done some very positive things.

I have to point out that this bill is flat funded. We did not have any increases. We did have increases in the parks, but we had to decrease elsewhere. By and large, we have only been able to flat fund all of the programs.

For these reasons, I think that what we have in the bill is a responsible number. It is not an increase, but it is not a decrease. And there are different shades of opinion in the House as to increasing and decreasing the arts number and more so with the arts than with the humanities.

It would be nice if we had a lot of money to provide for some increases. But in the absence of having a larger allocation, I think what we have tried to do is fair to the NEA and the NEH.

I am pleased that the conditions that we have put in in the last several years have worked well in ensuring that the money spent does not go to projects that are offensive to the American people. I give credit to Mr. Ivey, as well as others who have worked to ensure that that happens.

I think our representatives on the board, and I might say this was a suggestion of Mr. Yates, as a matter of fact, that we have three members from the House and three from the Senate to be on the NEA board. I would say, and I hope Mr. Yates is watching this because he was the champion of the arts and the humanities, and his suggestion, which we adopted, of having six of our Members and of the other body has worked out well. I think if my colleagues would talk with them, they recognize that the programs have worked as we would hope they would.

I have to say that I would oppose this amendment simply because I think what we have done is fair in light of the allocation that was made to our committee. Right now, we are about a million dollars under last year. And what we have done with the arts and the humanities have kept them at last year's level, so that I would like to see it stay at that level.

I would also point out that if we take more money out of SPR, we have already taken $13 million out of SPR in a recent amendment, this would add to that another $20 million and we are talking about $33 million coming out of SPR. I do not think it is good policy for our country to take that much money out of SPR, because this is our insurance policy that we are not going to be trapped in another embargo that was so difficult and created so much in the way of problems in the 1970s.

Still, as I said earlier, the fact that it is there, I believe, is a deterrent to an embargo such as OPEC imposed on the United States.

So, for all of those reasons, I hope that we will maintain the level of funding that is in the bill. There will be some amendments to cut NEA and NEH funding. I will oppose those, also.

Mr. DICKS. Mr. Chairman, will the gentleman yield?

Mr. REGULA. I yield to the gentleman from Washington.

Mr. DICKS. Mr. Chairman, the gentleman mentioned the name of Sid Yates, who for many years was chairman and then ranking member of this subcommittee. I have had the honor of trying to fill those very big shoes.

I just wanted my colleague to know that, if Sid were looking at the TV today, Mr. Chairman, he would be in support of this amendment.

Mr. REGULA. Mr. Chairman, reclaiming my time, he would probably already have a larger amount in the bill. I understand.

But, as the staff just reminded me, Mr. Yates is also a strong supporter of SPR, so he might have some concerns about where the offset is located.

Mr. DICKS. Mr. Chairman, if the gentleman would yield further, what he would say, Mr. Chairman, is that we will find a better source in the conference for this.

Mr. REGULA. Well, the conferences have some pluses I must say. But I hope the Members will maintain the level that we have in the bill. I think it is a responsible amount.

Again, I commend the chairman of NEA and also the chairman of NEH. Both have provided excellent leadership for the programs, and that is very important in maintaining public acceptance and Congressional support.

□ 1400

Ms. PELOSI. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in strong support of the Slaughter-Horn amendment to the Interior appropriations bill to increase funding for the NEA and the NEH by $10 million each. In doing so, I too want to pay tribute to our former colleague, Sid Yates. Everyone who enjoys the arts in America owes a great debt of gratitude to Sid Yates. We miss him.

The gentleman from Washington (Mr. DICKS) is doing a good job in managing his first bill and of course it is with great admiration and respect for the chairman of the subcommittee that I respectfully disagree with him and in support of this amendment.

Next I want to congratulate the gentlewoman from New York (Ms. SLAUGHTER) for her leadership as head of the Arts Caucus in the Congress. This is a very, very important part of our congressional agenda and it is one that deserves a great deal of attention from Members. We are all in her debt for the time and the commitment she has given to the arts on behalf of everyone in America and on behalf of her colleagues.

Mr. Chairman, the poet Shelley once wrote that the greatest force for the moral good is imagination. In the challenges that our young people face today, they need all the imagination that they can get. The exposure to the arts that they get through the NEA helps them build confidence in their classwork, honors their creativity and it is just good for their personal enrichment as well as their ability to earn a living later.

The increase that is requested in the President's budget for the NEA will enable the NEA to implement its Challenge America initiative. Challenge America would ensure that increased funding would go directly to underserved populations in order to increase participation and exposure to the arts by focusing on arts education and broadening access to the arts, afterschool programming for young people at risk, preservation of cultural heritage, and building strong community-based arts partnerships. Again, encouraging imagination.

Bringing the arts to the center of community life through partnerships with arts organizations, school districts, chambers of commerce, social service agencies, city parks departments, tourism and convention bureaus and State arts agencies is a crucial part of the agency's mission and of the Challenge America initiative.

Federal support for the arts is necessary to ensure that broad access is possible for people of all economic backgrounds and in all regions of the country. Today, arts agencies in 50 States and six territories receive Federal funding through the NEA to support the arts. Over the last three decades, the NEA has substantially increased arts activities in every State in this country.

We have talked about building confidence, we have talked about the arts being a bridge to greater academic achievement and what that means in a young person's life. The gentleman from Washington cited some examples in his experience. I just wanted to convey to my colleagues my experiences, I will just do one example, though, of town meetings I have had in areas of our community which would fall into the category served by Challenge America, underserved populations. In those communities where crime is a big issue and unemployment is a fact of life, the parents who come to my town meetings say to me, ''Please, please, please do not cut the arts programs in our schools.'' This is the one source of encouragement, the one place where our children gain confidence, the one place where they express themselves freely. We must retain it. It is interesting, because one would think that these parents would start talking about other issues relating to crime or to joblessness or other concerns that challenge the community. But they see and recognize how fundamental the arts are to the self-fulfillment of their children and how indeed through imagination they can attack some of the problems that they face in society and that they will face as they grow older.

Again echoing the words of the poet Shelley, imagination is the greatest force for moral good. Let us support imagination. Support the Slaughter-Horn amendment.

Mr. BALDACCI. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I would like to recognize the good work of the gentleman from Washington (Mr. DICKS) and the gentleman from Ohio (Mr. REGULA) and to support the Slaughter-Horn amendment to increase the funding for the NEA/NEH.

Americans in communities all across the country benefit from the small Federal investment in the arts and humanities.

In Maine, NEA funds have been used for a statewide training program to help identify traditional artists and build partnerships to promote local culture in Maine communities; to allow students to participate in the national ''Essentially Ellington High School Jazz Band Competition and Festival'' and to support appearances of nationally recognized dance companies, among other things.

NEH funds have allowed the Maine Humanities Council to implement the Born to Read family literacy program which this year will provide more than 3,000 Maine families with high quality children's books that they can keep as well as tips and techniques for having fun interacting with their babies and children around the books.

These are just a few examples of the high quality programs that are available to rural Maine families that without this Federal funding would not otherwise be able to be provided.

Our investment in the arts and humanities provides seed money for private development. For every dollar of NEH money that goes into Maine's Born to Read program, it has generated three additional dollars of private dollars, a good match between the Federal Government and the private sector working together to make sure that rural communities throughout Maine and the country have these advantages for their families and children and for our future. Our long-standing Federal investment also ensures access for all families to these rich cultural resources. I strongly support this amendment which will provide a very modest increase in Federal support for the arts and humanities.

To paraphrase President John Adams in a letter to his wife Abigail, ''I must study politics and war so that my sons and daughters may have the liberty to study mathematics, natural history and agriculture, in order so that their sons and daughters may have the right to study painting, poetry, music and architecture.''

Since that time, we have been able to be fortunate to have the humanities and arts education become an important part of our children's overall education. The arts and humanities are also important in and of themselves. They enrich our children's lives and the world around us. This amendment represents a very small but a significant investment in our national culture. I urge my colleagues to support it.

Mr. GILMAN. Mr. Chairman, I rise today to express my strong support for my colleagues' amendment to increase the funding for the National Endowment of the Arts and the National Endowment of the Humanities. For the 4th straight year, the National Endowment for the Arts and the National Endowment for the Humanities have not received any increase in funding. As a result, my colleagues, Representatives SLAUGHTER and HORN, have offered an amendment to increase the budget of both agencies by $10 million.

The National Endowment for the Arts helps bring the arts to millions of young people through classes and after school programs. Recently, both the National Endowment for the Arts and the National Endowment for the Humanities have launched major new initiatives to reach out to more Americans. The Endowment has been criticized for not reaching out to enough people in every congressional district. That argument is without merit, but an increase in funding for the National Endowment for the Arts will provide more small to medium sized grants that will help bring arts programs into areas that had been previously under served by the National Endowment for the Arts.

Increased funding for the arts is about improving the quality of life for communities by allowing families to come together to learn and experience the arts. The National Endowment for the Arts is trying to address congressional requests that priority be given to providing services or awarding financial assistance to populations historically underserved by the National Endowment for the Arts. By increasing the funding for the National Endowment for the Arts, we can help ensure a nationwide access to the arts.

An education through the arts improves a student's overall ability to learn, it instills self-esteem and discipline, and provides creative outlets for self expression. A recent study by the endowment has concluded that participating in the arts leads to improved academic performance, increased ability to communicate, a commitment to finishing tasks and a decrease in frequency of delinquent behavior. Young people who are involved in the arts are more likely to become involved with positive people who can help steer them in the right track. Participating in the arts can be the constructive influence that helps ignite children's imaginations, making a difference in their lives that will help keep away from drugs and violence.

The National Endowment for the Arts is committed to strengthening America's families and communities through the special powers of the arts. The $10 million increase in funding that this amendment provides is specifically targeted to fund arts programs for at risk youth. The increase of funding by $10 million for both agencies will help create stronger, more creative outlets for our children, as well as stronger, more creative people for our communities. Accordingly, I urge my colleagues to support this amendment.

Ms. DELAURO. Mr. Chairman, I rise in strong support of the Slaughter-Horn amendment to provide a desperately needed increase for the National Endowment for the Humanities and the National Endowment for the Arts. Since 1995, serious funding cuts have endangered the work of the NEA and the NEH across the country. Today, we have the opportunity to provide the first meaningful increase for these programs that are so deserving of our support.

The cuts on Humanities programs have fallen disproportionately on programs which bring Humanities into our communities, for example, library based reading programs, lecture series, historical exhibits and radio and television programming.

Some of my colleagues would have you believe that the NEA only supports projects in a select few cities, and that it is not worth our time or money to make the arts and humanities a national priority. But the NEA's new Challenge America program is designed so that nearly 1,000 communities nationwide would receive modest arts program grants, and 150 communities across the country would benefit from larger grants.

One of the most exciting aspects of the Challenge America program is its potential to help at-risk youth—children who are slipping through the cracks and need exposure to a constructive new way of self-expression and self-esteem.

Recent studies have shown that participation in arts programs helps children learn to express anger appropriately and enhance communication skills with adults and peers. Students who have benefitted from arts programs have also shown an improved ability to finish tasks, less delinguent behavior, and a more positive attitude toward school. The results are in: we must support these programs now, while their benefits are just beginning to be realized.

The NEH and NEA make up just a tiny portion of our budget—and that investment pays off in so many ways, spurring jobs and private investment and preserving our heritage for generations to come. Who knows how many children have had their interest sparked in a whole new subject thanks to an NEA or NEH sponsored program. Don't put out that spark. Don't destroy our heritage. Vote for this amendment, support the NEA and the NEH.

Mrs. CAPPS. Mr. Chairman, I rise in support of this critical amendment to increase funding for the National Endowment for the Arts and the National Endowment for the Humanities. This funding would support grants for arts education, access to underserved areas and other outreach projects proposed under the NEA's Challenge America Initiative.

The arts represent the finest that American culture has to offer. Funding for the arts provides a life line for many arts organizations in communities throughout our country. In Santa Barbara and San Luis Obispo Counties, which I am proud to represent, the NEA supports programs such as the Children's Creative Project, the Cal Poly Arts Program, the Cuesta College Public Events Program and the Santa Barbara Museum of Art. The seed money provided by the NEA allows these programs to flourish and contribute to their respective economies.

The NEA broadens Americans' access to the arts and promotes lifelong learning. Arts education improves the lives of young people by teaching them self-esteem, teamwork, motivation, discipline and problem solving skills that will assist them later in life. Research has shown that students who studied the arts scored an average of 83 points higher than non-arts students on the Scholastic Achievement Test (SAT). Yet sadly, many students today do not have access to arts education in our schools.

Mr. Chairman, working in our local schools for over twenty years, I have seen first-hand the benefits of arts education. I have also seen arts programs stripped from schools and unfortunately our children have suffered the consequences. Arts education demands discipline and perseverance, requires critical judgment and self-reflection, and teaches decision making, problem solving and teamwork. We all know that these are necessary skills for success in today's workplace—and more importantly, success in life.

The arts boost our national economy as well. The nonprofit arts community generates an estimated $37 billion in economic activity, employs a work force of nearly three million people, increases tourism, and generates new business in communities. An investment in the arts is not only an investment in culture and community, but also in the economic vitality of our country.

Mr. Chairman, the NEA budget accounts for less than one tenth of 1 percent of the federal budget and provides invaluable services to our communities and students. I strongly support this amendment and encourage my colleagues to vote in support of this pragmatic investment in our nation's future.

Mr. INSLEE. Mr. Chairman, I rise today in support of the Slaughter amendment to strengthen our commitment to the National Endowments for the Arts and Humanities (NEA/NEH). It is extremely important that we do what we can to support the artists, educators and students in our communities.

Mr. Chairman, the people of the First Congressional District have directly benefited from NEA and the NEH. Without the support of these groups, many of our children would not have access to the arts and humanities that are a vital component of their education.

The NEA and the NEH reach out to underserved communities—communities that traditionally do not have access to our cultural treasures. The Slaughter amendment would allow the NEA and the NEH to provide more grants to our underserved communities so that all of our children receive important exposure to the arts.

The Slaughter amendment will go a long way to provide the NEA and the NEH with the means to offer greater participation in our cultural heritage. The NEA and the NEH were created with the intention to help preserve and foster the culture of America. Our communities deserve to continue to be exposed to the rich cultural legacy of the United States.

I urge my colleagues to support the Slaughter amendment.

The CHAIRMAN. The question is on the amendment offered by the gentlewoman from New York (Ms. SLAUGHTER).

The question was taken; and the Chairman announced that the ayes appeared to have it.

Mr. REGULA. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to House Resolution 243, further proceedings on the amendment offered by the gentlewoman from New York (Ms. SLAUGHTER) will be postponed.

The CHAIRMAN. The Clerk will read.

The Clerk read as follows:

ENERGY INFORMATION ADMINISTRATION

For necessary expenses in carrying out the activities of the Energy Information Administration, $72,644,000, to remain available until expended.

ADMINISTRATIVE PROVISIONS, DEPARTMENT OF ENERGY

Appropriations under this Act for the current fiscal year shall be available for hire of passenger motor vehicles; hire, maintenance, and operation of aircraft; purchase, repair, and cleaning of uniforms; and reimbursement to the General Services Administration for security guard services.

From appropriations under this Act, transfers of sums may be made to other agencies of the Government for the performance of work for which the appropriation is made.

None of the funds made available to the Department of Energy under this Act shall be used to implement or finance authorized price support or loan guarantee programs unless specific provision is made for such programs in an appropriations Act.

The Secretary is authorized to accept lands, buildings, equipment, and other contributions from public and private sources and to prosecute projects in cooperation with other agencies, Federal, State, private or foreign: *Provided*, That revenues and other moneys received by or for the account of the Department of Energy or otherwise generated by sale of products in connection with projects of the Department appropriated under this Act may be retained by the Secretary of Energy, to be available until expended, and used only for plant construction, operation, costs, and payments to cost-sharing entities as provided in appropriate cost-sharing contracts or agreements: *Provided further*, That the remainder of revenues after the making of such payments shall be covered into the Treasury as miscellaneous receipts: *Provided further*, That any contract, agreement, or provision thereof entered into by the Secretary pursuant to this authority shall not be executed prior to the expiration of 30 calendar days (not including any day in which either House of Congress is not in session because of adjournment of more than three calendar days to a day certain) from the receipt by the Speaker of the House of Representatives and the President of the Senate of a full comprehensive report on such project, including the facts and circumstances relied upon in support of the proposed project.

No funds provided in this Act may be expended by the Department of Energy to prepare, issue, or process procurement documents for programs or projects for which appropriations have not been made.

In addition to other authorities set forth in this Act, the Secretary may accept fees and contributions from public and private sources, to be deposited in a contributed funds account, and prosecute projects using such fees and contributions in cooperation with other Federal, State or private agencies or concerns.

The Secretary of Energy hereafter may transfer to the SPR Petroleum Account such funds as may be necessary to carry out draw down and sale operations of the Strategic Petroleum Reserve initiated under section 161 of the Energy Policy and Conservation Act (42 U.S.C. 6241) from any funds available to the Department of Energy under this or previous appropriations Acts. All funds transferred pursuant to this authority must be replenished as promptly as possible from oil sale receipts pursuant to the draw down and sale.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

INDIAN HEALTH SERVICE

INDIAN HEALTH SERVICES

For expenses necessary to carry out the Act of August 5, 1954 (68 Stat. 674), the Indian Self-Determination Act, the Indian Health Care Improvement Act, and titles II and III of the Public Health Service Act with respect to the Indian Health Service, $2,085,407,000, together with payments received during the fiscal year pursuant to 42 U.S.C. 238(b) for services furnished by the Indian Health Service: *Provided*, That funds made available to tribes and tribal organizations through contracts, grant agreements, or any other agreements or compacts authorized by the Indian Self-Determination and Education Assistance Act of 1975 (25 U.S.C. 450), shall be deemed to be obligated at the time of the grant or contract award and thereafter shall remain available to the tribe or tribal organization without fiscal year limitation: *Provided further*, That $12,000,000 shall remain available until expended, for the Indian Catastrophic Health Emergency Fund: *Provided further*, That $395,290,000 for contract medical care shall remain available for obligation until September 30, 2001: *Provided further*, That of the funds provided, up to $17,000,000 shall be used to carry out the loan repayment program under section 108 of the Indian Health Care Improvement Act: *Provided further*, That funds provided in this Act may be used for one-year contracts and grants which are to be performed in two fiscal years, so long as the total obligation is recorded in the year for which the funds are appropriated: *Provided further*, That the amounts collected by the Secretary of Health and Human Services under the authority of title IV of the Indian Health Care Improvement Act shall remain available until expended for the purpose of achieving compliance with the applicable conditions and requirements of titles XVIII and XIX of the Social Security Act (exclusive of planning, design, or construction of new facilities): *Provided further*, That funding contained herein, and in any earlier appropriations Acts for scholarship programs under the Indian Health Care Improvement Act (25 U.S.C. 1613) shall remain available for obligation until September 30, 2001: *Provided further*, That amounts received by tribes and tribal organizations under title IV of the Indian Health Care Improvement Act shall be reported and accounted for and available to the receiving tribes and tribal organizations until expended: *Provided further*, That, notwithstanding any other provision of law, of the amounts provided herein, not to exceed $238,781,000 shall be for payments to tribes and tribal organizations for contract or grant support costs for fiscal year 2000 associated with contracts, grants, self-governance compacts or annual funding agreements between the Indian Health Service and a tribe or tribal organization pursuant to the Indian Self-Determination Act of 1975, as amended, of which $5,000,000 is for new and expanded contracts, grants, self-goverance compacts or annual funding agreements and such new and expanded contracts shall receive contract support costs equal to the same proportion of need as existing contracts: *Provided further*, That, notwithstanding any other provision of law, no new or expanded contract, grant, self-goverance compact or annual funding agreement shall be entered into once the $5,000,000 has been committed.

POINT OF ORDER

Mr. KILDEE. Mr. Chairman, I make a point of order against the language beginning on page 76, line 16 that reads:

''And such new and expanded contracts shall receive contract support costs equal to the same proportion of need as existing contracts: Provided further, That notwithstanding any other provision of law, no new or expanded contract, grant, self-governance compact or annual funding agreement shall be entered into once the $5,000,000 has been committed.''

Mr. Chairman, this language clearly violates clause 2(b) of House rule XXI against legislating on an appropriations bill.

The CHAIRMAN. Does any other Member wish to be heard on the point of order?

Mr. REGULA. Mr. Chairman, we concede the point of order.

The CHAIRMAN. Does any other Member wish to be heard on the point of order?

For the reasons stated by the gentleman from Michigan, the point of order is sustained and the provision is stricken from the bill.

The Clerk will read.

The Clerk read as follows:

INDIAN HEALTH FACILITIES

For construction, repair, maintenance, improvement, and equipment of health and related auxiliary facilities, including quarters for personnel; preparation of plans, specifications, and drawings; acquisition of sites, purchase and erection of modular buildings, and purchases of trailers; and for provision of domestic and community sanitation facilities for Indians, as authorized by section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), the Indian Self-Determination Act, and the Indian Health Care Improvement Act, and for expenses necessary to carry out such Acts and titles II and III of the Public Health Service Act with respect to environmental health and facilities support activities of the Indian Health Service, $312,478,000, to remain available until expended: *Provided*, That notwithstanding any other provision of law, funds appropriated for the planning, design, construction or renovation of health facilities for the benefit of an Indian tribe or tribes may be used to purchase land for sites to construct, improve, or enlarge health or related facilities.

ADMINISTRATIVE PROVISIONS, INDIAN HEALTH SERVICE

Appropriations in this Act to the Indian Health Service shall be available for services as authorized by 5 U.S.C. 3109 but at rates not to exceed the per diem rate equivalent to the maximum rate payable for senior-level positions under 5 U.S.C. 5376; hire of passenger motor vehicles and aircraft; purchase of medical equipment; purchase of reprints; purchase, renovation and erection of modular buildings and renovation of existing facilities; payments for telephone service in private residences in the field, when authorized under regulations approved by the Secretary; and for uniforms or allowances therefore as authorized by 5 U.S.C. 5901–5902; and for expenses of attendance at meetings which are concerned with the functions or activities for which the appropriation is made or which will contribute to improved conduct, supervision, or management of those functions or activities: *Provided*, That in accordance with the provisions of the Indian Health

Care Improvement Act, non-Indian patients may be extended health care at all tribally administered or Indian Health Service facilities, subject to charges, and the proceeds along with funds recovered under the Federal Medical Care Recovery Act (42 U.S.C. 2651–2653) shall be credited to the account of the facility providing the service and shall be available without fiscal year limitation: *Provided further,* That notwithstanding any other law or regulation, funds transferred from the Department of Housing and Urban Development to the Indian Health Service shall be administered under Public Law 86–121 (the Indian Sanitation Facilities Act) and Public Law 93–638, as amended: *Provided further,* That funds appropriated to the Indian Health Service in this Act, except those used for administrative and program direction purposes, shall not be subject to limitations directed at curtailing Federal travel and transportation: *Provided further,* That notwithstanding any other provision of law, funds previously or herein made available to a tribe or tribal organization through a contract, grant, or agreement authorized by title I or title III of the Indian Self-Determination and Education Assistance Act of 1975 (25 U.S.C. 450), may be deobligated and reobligated to a self-determination contract under title I, or a self-governance agreement under title III of such Act and thereafter shall remain available to the tribe or tribal organization without fiscal year limitation: *Provided further,* That none of the funds made available to the Indian Health Service in this Act shall be used to implement the final rule published in the Federal Register on September 16, 1987, by the Department of Health and Human Services, relating to the eligibility for the health care services of the Indian Health Service until the Indian Health Service has submitted a budget request reflecting the increased costs associated with the proposed final rule, and such request has been included in an appropriations Act and enacted into law: *Provided further,* That funds made available in this Act are to be apportioned to the Indian Health Service as appropriated in this Act, and accounted for in the appropriation structure set forth in this Act: *Provided further,* That with respect to functions transferred by the Indian Health Service to tribes or tribal organizations, the Indian Health Service is authorized to provide goods and services to those entities, on a reimbursable basis, including payment in advance with subsequent adjustment, and the reimbursements received therefrom, along with the funds received from those entities pursuant to the Indian Self-Determination Act, may be credited to the same or subsequent appropriation account which provided the funding, said amounts to remain available until expended: *Provided further,* That notwithstanding any other provision of law, hereafter any funds appropriated to the Indian Health Service in this or any other Act for payments to tribes and tribal organizations for contract or grant support costs for contracts, grants, self-governance compacts or annual funding agreements with the Indian Health Service pursuant to the Indian Self-Determination Act of 1975, as amended, shall be allocated and distributed to such contracts, grants, self-governance compacts and annual funding agreements each year on a pro-rata proportionate basis regardless of amounts allocated in any previous year to such contracts, grants, self-governance compacts or annual funding agreements: *Provided further,* That reimbursements for training, technical assistance, or services provided by the Indian Health Service will contain total costs, including direct, administrative, and overhead associated with the provision of goods, services, or technical assistance: *Provided further,* That the appropriation structure for the Indian Health Service may not be altered without advance approval of the House and Senate Committees on Appropriations.

POINT OF ORDER

Mr. SIMPSON. Mr. Chairman, I make a point of order.

The CHAIRMAN. The gentleman will state his point of order.

Mr. SIMPSON. Mr. Chairman, on behalf of the gentleman from Alaska (Mr. YOUNG), I make a point of order against the language beginning on page 80, lines 11 through 23 that reads:

Provided further, That notwithstanding any other provision of law, hereafter any funds appropriated to the Indian Health Service in this or any other Act for payments to tribes and tribal organizations for contract or grant supports costs for contracts, grants, self-governance compacts or annual funding agreements with the Indian Health Service pursuant to the Indian Self-Determination Act of 1975, as amended, shall be allocated and distributed to such contracts, grants, self-governance compacts and annual funding agreements each year on a pro-rata proportionate basis regardless of amounts allocated in any previous year to such contracts, grants, self-governance compacts or annual funding agreements.

This language clearly violates clause 2(b) of House rule XXI against legislating on an appropriations bill.

The CHAIRMAN. Does any other Member wish to be heard?

Mr. REGULA. Mr. Chairman, we concede the point of order.

The CHAIRMAN. Does any other Member wish to be heard on the point of order? If not, for the reasons stated by the gentleman from Idaho, the point of order is sustained and the provisions referred to are stricken from the bill.

Mr. REGULA. Mr. Chairman, I move to strike the last word.

Mr. Chairman, we conceded on this point of order because obviously it is legislative language, but I would point out that it is a basic fairness issue. Unfortunately, we do not have enough money to do 100 percent of contract support costs. The result is that if the funding is not distributed on a pro rata basis, it ends up that some tribes will get 100 percent of what they should and others will get less or nothing. The Bureau of Indian Affairs uses the pro-rata distribution of contract costs, and we would hope that the Indian Health Service could do the same. I think our position is fair, and we recognize that the limited funding results in some tribes getting very little or nothing. However, that is a policy issue that should be addressed by the authorizing committee and we recognize that. I hope that the authorizers will take a look at it and perhaps we could get more money so that we could provide funding for everybody that has need of health services.

Mr. YOUNG of Alaska. Mr. Chairman, I move to strike the last word. In response to the gentleman from Ohio, I am pleased that he accepted the point of order. We had this discussion last year. We have started the process of the hearings. We have had a report back from the GAO. We are looking into this issue. But I would like to stress one thing for those that may not be aware of this. Just disbursing moneys to all the tribes does not solve the health issue. One of the problems that I have had with the BIA, and especially this present administration, is that in my State they recognize 227 tribes. We do not have 227 tribes in my State. We have probably 11 tribes in my State. Those 11 tribes supply very good health services to all the members of those tribes because they have enough money to do the job correctly. And because of administrative costs, I would suggest all the smaller tribes would apply for money but yet not provide the health care.

I have no one in my State that is asking for this type of pro-rata formula be used in my State. They think it would destroy a very efficient, very high class health system. And so for that reason, we are going to look at this. But I hope we are not trying to give everybody a little piece of the apple when there is not enough apple left to make a pie. Really that is what we are attempting to do.

I want to thank the gentleman for his accepting the point of order, but this issue goes far beyond just supposedly being fair. This goes to the basics of good health care. We have the Yukon-Kuskokwim area which has one of the finest health care systems, it provides health care for basically 58 tribes. If we were to split that up in 58 small groups, we would have no health care for the recipients. So this is a health care issue which I feel very strongly on. We are going to work on it and try to get more money so that we can do it for everyone.

□ 1415

But just to spread it out does not solve the problem of good health care.

Mr. REGULA. Mr. Chairman, will the gentleman yield?

Mr. YOUNG of Alaska. I yield to the gentleman from Ohio.

Mr. REGULA. Mr. Chairman, the gentleman is satisfied that all of the Native Americans in Alaska that need health care will have access. There may be great distances involved, but they will have access in the points where we are now providing funding.

Mr. YOUNG of Alaska. They will have access; they will have good health care; they will have the ability to take and receive the health care as they have in the past, in fact, improve upon it. But if we disburse it in very small areas, they will not have that.

Mr. Chairman, I yield to the gentleman from Michigan (Mr. KILDEE).

Mr. KILDEE. Mr. Chairman, there is no question that both the gentleman from Ohio (Mr. REGULA) and the gentleman from Alaska (Mr. YOUNG) are deeply concerned about Indian health care. They have demonstrated that time and time again. I think the question that the gentleman from Alaska

(Mr. YOUNG) and I have and the problem we have is so diluting and spreading these funds so thin that they become meaningless; and we have to address this, and we can address it perhaps in the authorization process or appropriate more money for this service.

But I think this would dilute and make money ineffective, the money that is available right now, and I certainly commend both the gentleman from Alaska (Mr. YOUNG) and the gentleman from Ohio (Mr. REGULA) for their concern here, but I think this provision in the appropriations bill, which has been stricken, would spread too thin the money.

The CHAIRMAN. The Clerk will read.

The Clerk read as follows:

OTHER RELATED AGENCIES

OFFICE OF NAVAJO AND HOPI INDIAN RELOCATION

SALARIES AND EXPENSES

For necessary expenses of the Office of Navajo and Hopi Indian Relocation as authorized by Public Law 93–531, $13,400,000, to remain available until expended: *Provided,* That funds provided in this or any other appropriations Act are to be used to relocate eligible individuals and groups including evictees from District 6, Hopi-partitioned lands residents, those in significantly substandard housing, and all others certified as eligible and not included in the preceding categories: *Provided further,* That none of the funds contained in this or any other Act may be used by the Office of Navajo and Hopi Indian Relocation to evict any single Navajo or Navajo family who, as of November 30, 1985, was physically domiciled on the lands partitioned to the Hopi Tribe unless a new or replacement home is provided for such household: *Provided further,* That no relocatee will be provided with more than one new or replacement home: *Provided further,* That the Office shall relocate any certified eligible relocatees who have selected and received an approved homesite on the Navajo reservation or selected a replacement residence off the Navajo reservation or on the land acquired pursuant to 25 U.S.C. 640d–10.

SMITHSONIAN INSTITUTION

SALARIES AND EXPENSES

For necessary expenses of the Smithsonian Institution, as authorized by law, including research in the fields of art, science, and history; development, preservation, and documentation of the National Collections; presentation of public exhibits and performances; collection, preparation, dissemination, and exchange of information and publications; conduct of education, training, and museum assistance programs; maintenance, alteration, operation, lease (for terms not to exceed 30 years), and protection of buildings, facilities, and approaches; not to exceed $100,000 for services as authorized by 5 U.S.C. 3109; up to 5 replacement passenger vehicles; purchase, rental, repair, and cleaning of uniforms for employees; $371,501,000, of which not to exceed $48,471,000 for the instrumentation program, collections acquisition, Museum Support Center equipment and move, exhibition reinstallation, the National Museum of the American Indian, the repatriation of skeletal remains program, research equipment, information management, and Latino programming shall remain available until expended, and including such funds as may be necessary to support American overseas research centers and a total of $125,000 for the Council of American Overseas Research Centers: *Provided,* That funds appropriated herein are available for advance payments to independent contractors performing research services or participating in official Smithsonian presentations: *Provided further,* That the Smithsonian Institution may expend Federal appropriations designated in this Act for lease or rent payments for long term and swing space, as rent payable to the Smithsonian Institution, and such rent payments may be deposited into the general trust funds of the Institution to the extent that federally supported activities are housed in the 900 H St., N.W. building in the District of Columbia: *Provided further,* That this use of Federal appropriations shall not be construed as debt service, a Federal guarantee of, a transfer of risk to, or an obligation of, the Federal Government: *Provided further,* That no appropriated funds may be used to service debt which is incurred to finance the costs of acquiring the 900 H St. building or of planning, designing, and constructing improvements to such building.

REPAIR, RESTORATION AND ALTERATION OF FACILITIES

For necessary expenses of repair, restoration and alteration of facilities owned or occupied by the Smithsonian Institution, by contract or otherwise, as authorized by section 2 of the Act of August 22, 1949 (63 Stat. 623), including not to exceed $10,000 for services as authorized by 5 U.S.C. 3109, $47,900,000, to remain available until expended: *Provided,* That contracts awarded for environmental systems, protection systems, and repair or restoration of facilities of the Smithsonian Institution may be negotiated with selected contractors and awarded on the basis of contractor qualifications as well as price: *Provided further,* That funds previously appropriated to the ''Construction and Improvements, National Zoological Park'' account and the ''Repair and Restoration of Buildings'' account may be transferred to and merged with this ''Repair, Restoration, and Alteration of Facilities'' account.

CONSTRUCTION

For necessary expenses for construction, $19,000,000, to remain available until expended.

ADMINISTRATIVE PROVISIONS, SMITHSONIAN INSTITUTION

None of the funds in this or any other Act may be used to initiate the design of any expansion of current space or new facility without consultation with the House and Senate Appropriations Committees.

None of the funds in this or any other Act may be used to prepare a historic structures report, or for any other purpose, involving the Holt House located at the National Zoological Park in Washington, D.C.

The Smithsonian Institution shall not use Federal funds in excess of the amount specified in Public Law 101–185 for the construction of the National Museum of the American Indian.

NATIONAL GALLERY OF ART

SALARIES AND EXPENSES

For the upkeep and operations of the National Gallery of Art, the protection and care of the works of art therein, and administrative expenses incident thereto, as authorized by the Act of March 24, 1937 (50 Stat. 51), as amended by the public resolution of April 13, 1939 (Public Resolution 9, Seventy-sixth Congress), including services as authorized by 5 U.S.C. 3109; payment in advance when authorized by the treasurer of the Gallery for membership in library, museum, and art associations or societies whose publications or services are available to members only, or to members at a price lower than to the general public; purchase, repair, and cleaning of uniforms for guards, and uniforms, or allowances therefor, for other employees as authorized by law (5 U.S.C. 5901–5902); purchase or rental of devices and services for protecting buildings and contents thereof, and maintenance, alteration, improvement, and repair of buildings, approaches, and grounds; and purchase of services for restoration and repair of works of art for the National Gallery of Art by contracts made, without advertising, with individuals, firms, or organizations at such rates or prices and under such terms and conditions as the Gallery may deem proper, $61,538,000, of which not to exceed $3,026,000 for the special exhibition program shall remain available until expended.

REPAIR, RESTORATION AND RENOVATION OF BUILDINGS

For necessary expenses of repair, restoration and renovation of buildings, grounds and facilities owned or occupied by the National Gallery of Art, by contract or otherwise, as authorized, $6,311,000, to remain available until expended: *Provided,* That contracts awarded for environmental systems, protection systems, and exterior repair or renovation of buildings of the National Gallery of Art may be negotiated with selected contractors and awarded on the basis of contractor qualifications as well as price.

JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS

OPERATIONS AND MAINTENANCE

For necessary expenses for the operation, maintenance and security of the John F. Kennedy Center for the Performing Arts, $12,441,000.

CONSTRUCTION

For necessary expenses for capital repair and rehabilitation of the existing features of the building and site of the John F. Kennedy Center for the Performing Arts, $20,000,000, to remain available until expended.

WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS

SALARIES AND EXPENSES

For expenses necessary in carrying out the provisions of the Woodrow Wilson Memorial Act of 1968 (82 Stat. 1356) including hire of passenger vehicles and services as authorized by 5 U.S.C. 3109, $7,040,000.

NATIONAL FOUNDATION ON THE ARTS AND THE HUMANITIES

NATIONAL ENDOWMENT FOR THE ARTS

GRANTS AND ADMINISTRATION

For necessary expenses to carry out the National Foundation on the Arts and the Humanities Act of 1965, as amended, $83,500,000 shall be available to the National Endowment for the Arts for the support of projects and productions in the arts through assistance to organizations and individuals pursuant to sections 5(c) and 5(g) of the Act, for program support, and for administering the functions of the Act, to remain available until expended.

AMENDMENT NO. 17 OFFERED BY MR. STEARNS

Mr. STEARNS. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 17 offered by Mr. STEARNS:

Page 87, line 19, insert ''(reduced by $2,087,500)'' after the dollar figure.

Mr. STEARNS. Mr. Chairman, my amendment would reduce the NEA funding by about $2 million, and, Mr. Chairman, this is about 2½ percent of the budget. And I noticed earlier that a

lot of Members coming down to the well and my good colleague, the gentlewoman from New York (Ms. SLAUGHTER), who indicated that we need to increase the funding. I think it is appropriate that I come forward also. So there are many of us do not think we need to increase the funding for NEA; and in fact over the years I have been in the House, the funding for the NEA has always been in question.

There was a colleague of ours, Tim Penny from Minnesota. I think a lot of Members on that side will remember him, a Democrat who was an outstanding distinguished Member. He used to come on the House floor and always have an amendment to reduce funding of every appropriation bill by about 2½ percent. Sometimes it would be 5 percent. I think we remember that.

Mr. Chairman, his thinking was to get the budget under control, we could take a modest reduction in every government program, and so the huge amount of savings that comes from across-the-board cut of 2½ percent or 5 percent is enormous. It is just this little small trim, modest amount, has a major impact on the budget.

So I think this particular agency is obviously one of the agencies that I think that we could trim. So my amendment takes a very modest step in beginning a process of reduction; and of course, budget reduction requires discipline, and I think it is important that we look at the NEA. This is an agency that many of us question whether it should be in existence; but, as my colleagues know, the sentiment today, a lot of the pro NEA folks have won out, and when Congressman Sid Yates was here we used to debate, he and I, all the time. But it appears that a lot of sentiment is on my side to increase the funding for the NEA. I am still one of those who think that we can do a modest across-the-board cut of 2½ percent.

I am not here to argue the merits of the NEA; we have had that discussion together with the gentleman from Washington (Mr. DICKS) and I and the gentleman from Ohio (Mr. REGULA) and the gentlewoman from New York (Ms. SLAUGHTER). We have taken that question of merit of the NEA and pounded it into the ground, and I am not necessarily hoping that the folks are going to get up and argue the merits of the NEA. But I am here to say that I think even though we have a surplus, it would not hurt to have a little fiscal responsibility here; and so I think on this side of the aisle there are many people who say, yes, we can reduce the Federal agency, no matter what agency in question. We can reduce it by 2 percent or 2½ percent.

The NEA is not necessarily an agency that is absolutely mandatory. It does not shield us from economic hardship. It is not there to defend us against invasions. It does not guarantee Medicare. It does not guarantee Social Security. It does none of the things that one would say, well, the government programs should do this. This is simply a program that provides government funding for the arts.

But I say to my colleagues, the Federal Government currently supports over 200 programs for the arts and humanities. Let me just give my colleagues a couple of examples so when my colleagues think, well, the NEA is the only agency that does it, there is over 200 of these programs. These programs just sort of fan out like minnows: the Commission on Fine Arts, the JFK Center for the Performing Arts, the National Gallery of Arts, the Indian Arts and Crafts Board, just to name a few.

So my colleagues here tonight get very sensitive about the NEA, but, I mean, there are over 200 of these programs. It is not the sole source of art funding in America i.e. the NEA. If we decrease the NEA funding, the art community is not going to fall apart. So I do not think we have to throw up our hands and say this is an emergency, a dire crisis.

It only accounts for only less than 1 percent, 1 percent of the approximately $10 billion we spend in this country for art work, and there is going to be a new charitable revolution in America as a result of the stock market and the good economics times we have today. This revolution is going to come about because of private investment and not because of the United States Government. And that is why I am really puzzled to see this side of the aisle and a few Members on that side say we have got to increase the funding for the NEA.

As my colleagues know, I would like to conclude by just putting this in perspective for some of my colleagues. Let us go back in history now to the framers of our Constitution in 1787. During the Constitutional Convention, Charles Pinckney of South Carolina offered a motion to authorize and ''establish seminaries for the promotion of literature and the arts and sciences.''

The motion was overwhelmingly defeated because the framers of our Constitution did not want the Federal Government to promote the arts with Federal funds. It did not want to tax Americans and say we are going to take your money, send it to Washington D.C. and then we are going to hand out all this money to the artists, the elite groups that the government thinks are the talented artists of the day.

So from that point on, we never had the Federal Government involved with supporting the arts. We let the private sector do it. But around 1967, as my colleagues know, that all changed with President Lyndon Johnson.

I am reminded of a remark by the noted American artist, John Sloan.

The CHAIRMAN. The time of the gentleman from Florida (Mr. STEARNS) has expired.

(By unanimous consent, Mr. STEARNS was allowed to proceed for 2 additional minutes.)

Mr. STEARNS. Mr. Chairman, the American artist John Sloan, this is what he said:

''It would be fine to have a ministry of fine arts. Then we would know where the enemy is.''

So, I mean, this is an American artist talking about the government taking over the arts program. Even artists today recognize that the government bureaucracy today cannot create art. As my colleagues know, when we put this in perspective, we are spending $10 billion in the private sector for art. Surely we have to question the value of this little program. But I will grant that the program is getting more support in Congress, and I accept that fact.

So we have a modest cut of 2½ percent, and if the amendment earlier that all of my colleagues supported, i.e. increasing $10 million, goes forward, then this reduction will even be less. It will probably be about a 1 percent reduction in the NEA budget.

So I say to my colleagues, and they have been kind enough to give me 2 additional minutes, that they have many on their side advocating more spending on the NEA. As my colleagues can see, I am pretty much defending the leak of more spending in the wall here with my thumb. So I am glad to have this additional 2 minutes.

As my colleagues know, I think the NEA is a luxury. Let us face it, it is a luxury; and my colleagues want to continue this luxury, and I think at this point there is lots of us who say we can cut this program by 2½. If it is increased by $10 million, like my colleagues wanted to do earlier, then my amendment will eventually provide a cut of only 1 percent. Let's keep Congress on budget.

So in honor of Tim Penny, who used to come on the House floor and try and cut 2½ percent, I think we should pass the Stearns amendment. I think the bottom line is simple. We need to eliminate excess. We need to trim all Federal programs across the board, because this surplus is not going to go on forever. I mean, the President is projecting surpluses for the next 10 to 15 years, but all of us know this is not going to happen. We have never seen a country go forward with its economy without any recession in 10 to 15 years.

So ultimately this surplus is going to be gone, and we are going to have to start reducing Federal spending, I think this is one program, if we are serious about reducing government, I think this is a good place to start; and I thank my colleagues for the 2 additional minutes.

Mr. DICKS. Mr. Chairman I rise in strong opposition to the amendment offered by the gentleman from Florida (Mr. STEARNS).

Mr. Chairman, the gentleman will remember in fiscal year 1995 there was $170 million in funding for the National Endowment for the Arts. Today, it is $98 million. The National Endowment for the Arts has been cut back dramatically by this Congress, by previous

Congresses. I think that was a terrible mistake.

The gentleman is right. There are many of us on this side who strongly support the National Endowment for the Arts, and we have today heard many more than just one on the other side who stood in this well and supported the National Endowment for the Arts and Humanities.

Now we are faced with the prospect of a cutting amendment, of .49 percent, which would mean a cut here of $470,000. So there is another chance if people feel compelled, and I will be opposing that amendment to make some modest cuts, but I also would say to the gentleman, since the revolution of 1994 this budget has been on hold, and inflation has already cut it by at least 8 or 9 percent over that 4-year period; and I think the gentleman understands how that works. Inflation, as my colleagues know, and then we keep it at a fixed level, and so the purchasing power of the money has eroded by at least 8 to 10 percent since 1994.

So I think what we have heard today I think in this House is that there is strong support for the Endowment because it is doing a fine job, and it is helping bring the arts all over this country and there may have been a day when the arts were focused in New York and Chicago and some of the large cities. That is not true today.

Get the list of the National Endowment grants in all of the communities of this country and my colleagues will see that the arts have proliferated. We have literally hundreds of ballets, hundreds of symphonies, hundreds of orchestras. I mean, there has been a revolution, and I would argue that that revolution was moved forward dramatically in 1965 when this Congress created the National Endowment for the Arts and the National Endowment for the Humanities.

□ 1430

I think those were incredibly bold acts, and the private sector growth in funding has paralleled the creation of the endowments. The private sector looks at the National Endowment for the Arts as kind of the Good Housekeeping Seal of Approval.

We do not pick these things, by the way. The government does not pick. We have panels that review all the applications. The panel system has worked brilliantly, I think, to help in supporting the arts around the country.

Mr. Chairman, I stand here today and tell the Members that I think this is a mistake. Let us have a vote on the Slaughter amendment. Let us try to do the right thing, which is to increase funding for the arts, not decrease it. I think that there is a strong consensus in the House that because we have had no increase in 4 years, that the Slaughter-Horn $10 million increase is the appropriate direction. Let us not confuse this with the Stearns amendment.

Mrs. MALONEY of New York. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in opposition to the amendment of my good friend and colleague, the gentleman from Florida (Mr. STEARNS). First, I would like to speak in support of the underlying bill.

The gentleman from Ohio (Chairman REGULA) and the ranking member, the gentleman from Washington (Mr. DICKS), have put forward a very balanced and thoughtful bill. I commend them for keeping the horrible anti-environmental riders and many other commercial riders that were attached to the Senate version off, and I commend them on putting forward this product.

I would like very much to be associated with many of the comments of my colleague and friend, the gentleman from Washington (Mr. DICKS), who pointed out that the National Endowment for the Arts and the National Endowment for the Humanities has been cut dramatically since 1994 and is now at a mere $98 million for the National Endowment for the Arts, and that I strongly support my colleague, the gentlewoman from New York (Ms. SLAUGHTER), who has come forward with a thoughtful amendment, a very modest one, to increase the funding to the NEA and NEH by $10 million each.

Right now, Mr. Chairman, we spend more on the Marine Corps Band than we do on the NEA and NEH. In fact, we give less to the arts than any other Western country. Even during the Middle Ages, the arts were something to be protected. The humanities were supported and preserved. Their importance was understood.

Mr. Chairman, we have heard many testimonies from my good friend, the gentleman from California (Mr. HORN) on the other side of the aisle that the arts are good for the public. He is a former professor, and he cited study after study that shows that children who are exposed to the arts and humanities do better in school and have higher self-esteem.

Mr. Chairman, the money for the National Endowment for the Arts and the National Endowment for the Humanities touches the lives of millions of Americans. In my own home district, the Metropolitan Museum of Art, thousands and thousands of people flood in and out of their doors each day. The American Ballet Company travels around the country bringing the grace of ballet to every area of our country.

Before the NEA was created in 1965, there were only 58 orchestras in the country. Today there are more than 1,000, and I am building on the comments of the gentleman from Washington (Mr. DICKS) on how the seed money from the NEA spurs the arts in communities clear across the country.

Before the NEA, there were 37 professional dance companies in America. Now there are over 300. Before the NEA, only 1 million people attended the theater each year. Today over 55 million attend regional theaters. Mr. Chairman, many of these institutions that have grown are there because of the support from the NEA, which then attracts private dollars.

I would like to mention that the new director of the NEA, Mr. Ivey, has come forward with an innovative program that my colleague, the gentlewoman from Connecticut (Mrs. JOHNSON) spoke on called Challenge America, which reaches out to neighborhoods across America through community-driven grants.

I would like to be associated, really, with the fine analysis that my colleague and friend, the gentlewoman from New York (Ms. SLAUGHTER) gave about the economic benefits of the arts to communities, and how the investment grows to more dollars in our economy, more tax dollars coming back to the Federal treasury.

She also pointed out very forcefully that all of the additional monies that she included in her amendment are direct grant monies. None of it will be used for administration in either the NEA or the NEH, but will be going to community groups through the challenge grant across America.

In closing, in addition to the economic benefits, the impact the arts have on our culture and the development of our children and our society is priceless. It is a small part of our budget. I fully support the Slaughter amendment, I support the underlying bill, and I am opposed to the amendment offered by my good friend, the gentleman from Florida (Mr. STEARNS).

Mr. OBERSTAR. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, President John F. Kennedy said of the arts, a nation without the arts has nothing to look backward to with pride nor look forward to with hope.

In the Middle Ages it was the archdukes, the doges, the princes, who selected out of their treasures the arts to be supported; who set the tone, who set the quality, and decided what was art.

We do not have doges or princes or kings in our pluralistic society today, but we do have the public trust, a public that understands that it is the arts, that it is the neighborhood theaters, that it is the small community concerts that express the conscience of a Nation, the spirit of a people.

These small amounts of public funds that have stimulated neighborhood theater, that have encouraged social commentary, that have lifted the spirit of a people have come out of the National Endowment for the Arts and National Endowment for the Humanities.

To say that the arts and this small amount of funding are a luxury is to misunderstand the spirit of a Nation. I think it is unreasonable to propose such a petty amount of cut in a program that has such a broad social appeal and that serves to lift the spirit of a people, a community, such as Moose Lake in my district, which put on a

marvelous performance, written locally, produced locally, with local participants, about the ethnic history of that area, about the devastating fire at the turn of the century that destroyed communities but which were rebuilt, and the story was told through this neighborhood community theater.

These are the kinds of things that the National Endowment for the Arts can and does and should continue to support. The small amount, as portrayed, of cut is big for those small communities. We should be generous enough to support the arts through the public means, through the public support that we offer the National Endowment for the Humanities. I urge a ''no'' vote.

Mr. PETERSON of Pennsylvania. Mr. Chairman, I move to strike the requisite number of words.

Mr. STEARNS. Mr. Chairman, will the gentleman yield?

Mr. PETERSON of Pennsylvania. I yield to the gentleman from Florida.

Mr. STEARNS. Mr. Chairman, I am sorry that the gentleman from Minnesota (Mr. OBERSTAR) just left the Chamber. I wish he was here. He was quoting President Kennedy. I think this quote by President Kennedy is more appropriate. He stated his opposition to government involvement in the arts.

Let me repeat that, President Kennedy, a Democrat president, voiced his opposition to the government's involvement in the arts with this quote: ''I do not believe public funds should support symphonies, orchestras, or opera companies, period.''

Now, the gentlewoman from New York (Mrs. MALONEY) talked about the increased attendance at all these different functions, arts festivals and operas and ballets. The NEA provides less than 1 percent of the overall amount that is spent in the arts, $10 billion in the private sector and under $100 million in the government. So surely all this attendance is not because of the NEA. It is because of the increased funding in the private sector.

I would point out to my colleagues that before 1967 there was not an NEA, so for 200 years in this country we functioned without the government involved. Surely we had priceless artwork, we had activities available for our constituents without government funding. As I pointed out earlier, the Framers never intended that the government should get involved with supporting the arts.

The last point I would make, Mr. Chairman, I would say to the gentleman from Washington (Mr. DICKS), 166 congressional districts get no money, and mine is included. So when the gentleman talks about fairness, the fairness is that the large cities get the money, but there are 166 congressional districts that get zero.

Mr. DICKS. Mr. Chairman, will the gentleman yield?

Mr. PETERSON of Pennsylvania. I yield to the gentleman from Washington.

Mr. DICKS. Mr. Chairman, the numbers are very good, though, because that means that 269 districts do get money. And I do not believe those numbers are correct, and we will check on them for the gentleman from Florida. But even under the gentleman's math, a vast majority of these districts do get funding and support.

Remember this, if we have the ballet in Seattle but it tours all over the State of Washington, it is benefited by that. So I would just suggest to the gentleman that there are some positive implications of this.

Mr. STEARNS. Mr. Chairman, if the gentleman will yield further, statistics are clear, the education and labor provided those statistics that 166 congressional districts get no funding. So it is not something I made up. I think if the gentleman is talking about real democracy, then every Member of Congress should benefit from a government-funded program by taxpayers, and it is not happening. There is an elite group it goes to. It does not go to a lot of congressional districts. That is just a point.

Mr. PETERSON of Pennsylvania. Mr. Chairman, I might just add to that. I represent 20 percent of Pennsylvania, which includes State College, a fast-growing suburban type area. My district has historically received no NEA funding.

Ms. SLAUGHTER. Mr. Chairman, will the gentleman yield?

Mr. PETERSON of Pennsylvania. I yield to the gentlewoman from New York.

Ms. SLAUGHTER. Mr. Chairman, Bushnell, in Florida, I believe in the gentleman's district, I would say to the gentleman from Florida (Mr. STEARNS), is a participating school. Ocala, Florida, does the gentleman represent Ocala? Orange Park, the Orange Park High School. Those three had NEA grants last year.

Mr. STEARNS. If the gentleman will continue to yield, Mr. Chairman, what happens is that money is given to the State and then the State gives it to them, but it is not given from the Federal government to these agencies.

Ms. SLAUGHTER. If the gentleman from Pennsylvania will yield further, Mr. Chairman, I would say, this is NEA money.

Mr. NADLER. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, as I was sitting and waiting my turn to speak, I happened to glance straight over the Chairman's head at that quote there from one of the great members of the other body, Daniel Webster.

The quote says, ''Let us develop the resources of our land, call forth its powers, build up its institutions, promote all its great interests, and see whether we also in our day and generation may not perform something worthy to be remembered.''

What do we remember nations for? What do we remember 16th century Italy for? Can we name her kings? Can we name her doges? Can we name her wars, her conquests? No, but we can name her artworks. We can name da Vinci. We remember Leonardo da Vinci. We still treasure the Mona Lisa. We remember Erasmus and his contributions to the humanities.

What do we remember of ancient Greece? Can we name her generals? Can we name the dictators of Sparta, the leaders of Athens? Very few of them, but we remember the Iliad and Odyssey. We remember her philosophers, we profit from them. We remember the humanities and the arts. This is ultimately much of what a nation is remembered for, and what gives us much of our value and our humanity.

The Federal budget this year is about $1.7 trillion, $1.7 trillion. The budget for the arts is about one ten thousandths of 1 percent, if I have my decimal places right, about $100 million, and we are debating whether to increase that by one one hundred thousandths of 1 percent, $10 million, or to decrease it by two-tenths of one one hundred thousandths of 1 percent of the budget, $2 million.

Of course, the gentleman from Florida (Mr. Stearns) does not really care about the $2 million. What he really objects to, as he said himself, is we should not be funding the arts in the first place. That is what this really is. It is a symbolic amendment against funding for the arts.

□ 1445

But the fact is before the NEA. Yes, the NEA is only $100 million. It ought to be $150 or $160 million. And it is only a small part of all the arts funding in the country. But we have heard the speakers say before, we know the facts, that for every NEA dollar that an institution gets it leverages a lot of private money, that it brings forth private money into the arts.

We have heard people speak about the economic value, that it is worth billions and billions of dollars for the economy of this country. We have also heard some bogus arguments against it. We have heard that 166 districts get no funding, no funding directly. But the fact of the matter is that, first of all, it is not even true, because the money is given to the State Arts Council which is going to those districts. But, second of all, there are plenty of institutions in New York, in Los Angeles, and many other places which may be headquartered in those places but which have traveling arts shows, traveling dance troupes which go to all of these other places around the country.

One of the real worths of the NEA is that it has spread the arts and made it available. Before the NEA 30 years ago, citizens could be exposed to the arts if they lived in New York or Los Angeles or Chicago. But if citizens lived in a small town in rural America, there were no symphonies, no plays, no traveling arts troupes to go to. The NEA provides the funding for that to spread

the arts all through this great Nation of ours. That is really what it is. That is really what it does.

And then we hear again the same bogus argument: Too few places get too much of the money. That is absurd. Do we ever hear representatives from New York complain that the district of the gentleman from Florida (Mr. STEARNS) or districts in Indiana get too much of the wheat subsidy, too much of the agricultural subsidy? Manhattan does not get a dime in agricultural subsidies.

Mr. Chairman, it would be ridiculous to say that. We do not have agriculture in Manhattan. We give the subsidies and the aid where the industry we are aiding or subsidizing is. And if agriculture is in Indiana and Illinois and wherever, that is where the money should go. And if the arts and arts institutions are headquartered in New York or L.A. or wherever, that is where more of the money should go, especially if they spread their benefits all through the breadth of this land as they do.

Mr. Chairman, it has been said the Framers never intended subsidy of the arts. The Framers never intended Social Security or Medicare either. The Framers never intended a lot of things that most people in this country support. We advance. Times change. The people of this country decide through their representative institutions what the Federal Government should be doing. It is not simply limited to what an 18th century people thought it should be doing at that time.

Mr. STEARNS. Mr. Chairman, will the gentleman yield?

Mr. NADLER. I yield to the gentleman from Florida.

Mr. STEARNS. Mr. Chairman, I would ask the gentleman from New York if he thinks the Federal Government should discriminate based on who they give their artwork to?

The CHAIRMAN. The time of the gentleman from New York (Mr. NADLER) has expired.

(On request of Mr. DICKS, and by unanimous consent, Mr. NADLER was allowed to proceed for 1 additional minute.)

Mr. NADLER. Mr. Chairman, I did not understand the question.

Mr. STEARNS. Mr. Chairman, if the gentleman would continue to yield, in his speech here he has indicated that the government should have the right to decide what cities it is going to put the art in, which indicates they are deciding, which means they are discriminating against people who are not getting the art. So would the gentleman allow the Federal Government to discriminate?

Mr. NADLER. Mr. Chairman, reclaiming my time, I do believe that in any grant program we have provisions to make sure that it is broadly spread and should not all go to a few places. But, obviously, it cannot be exactly evenly spread.

Mr. DICKS. Mr. Chairman, will the gentleman yield?

Mr. NADLER. I yield to the gentleman from Washington.

Mr. DICKS. Mr. Chairman, as the gentleman well knows, we have a panel system and all the people send in their applications and a group of distinguished panelists review those applications and pick those of the highest quality. That is about the best way to do it.

Mr. NADLER. Mr. Chairman, reclaiming my time, I would simply add we do it the same way in medical research. Maryland gets a disproportionate share of our medical research dollars because the National Institutes of Health is there. Is that unfair? No, it is simply the way the world operates. We have a good research institution. We subsidize research. We have wheat fields. We subsidize wheat. And we have arts institutions, and we subsidize art.

Ms. MCCARTHY of Missouri. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise today in strong opposition to the amendment offered by the gentleman from Florida (Mr. STEARNS) to reduce funding for the National Endowment for the Arts. NEA has not had a funding increase since 1992 when their budget was almost $176 million. In fact, in the 104th Congress when I arrived, efforts were made to eliminate the NEA. The funding level in this bill, $98 million, is inadequate; and another cut of $2 million is unacceptable.

Mr. Chairman, as I said in my remarks during general debate yesterday, we need additional funds to support grants for arts education which we know is key to reducing youth violence and enhancing youth development. If we are serious about curtailing youth violence, cutting funds to an agency that is getting positive results with its youth arts project is counterproductive.

Three years ago, the NEA and the U.S. Department of Justice took the lead in jointly funding this national project so that local arts agencies and cultural institutions across the Nation would be able to design smarter arts programs to reach at-risk youth in their local communities.

One of the primary goals of this project is to ascertain the measurable outcomes of preventing youth violence, preventing them from getting involved in delinquent behavior by engaging them in community-based arts programs. This program has had a dramatic impact across the Nation, and we must preserve adequate funding for NEA to continue it and to expand it.

We should also be requesting additional funds to expand NEA's summer seminar sessions to provide professional development opportunities to our Nation's teachers who are on the front lines in our efforts to reach out to our children. Mr. Chairman, arts education programs extend back to the Greeks who taught math with music centuries ago. And current studies reaffirm that when music such as jazz is introduced by math teachers into the classrooms, those half notes and quarter notes become real live examples for students to use to learn.

In my district, NEA is currently funding the 1999 Ailey Camp of the Kansas City Friends of Alvin Ailey, which is a national dance troupe. This 6-week dance camp has a 10-year history and has provided opportunities for more than 1,000 children. This camp provides a vehicle, through art, for children to grow and enjoy the experience of success. Beyond the dancing, they also have creative writing, personal development, antiviolence and drug abuse programs.

The Second Company of the Alvin Ailey dance troupe will be doing outreach this fall to children who will ultimately perform in the Gem Theater in Kansas City. The statistics confirm the success of this program on behavior and learning of these at-risk children.

Mr. Chairman, I urge my colleagues to reject the Stearns amendment and send a message that art and music in the classroom increase academic achievement and decrease delinquent behavior and that it is a critical component in reducing youth violence.

Mr. DAVIS of Illinois. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in opposition to the Stearns amendment and in support of the Slaughter-Horn amendment to add $10 million to the National Endowment for the Arts and $10 million for the National Endowment for the Humanities.

Mr. Chairman, these are small sums of money in actuality, but the reality is that the arts and humanities are such important components of American life that in ways that oftentimes it is difficult to see they perform invaluable services, bringing people together who otherwise would never interact with each other, giving people an opportunity to share history and culture, bringing people from different sectors of communities and walks of life into the same setting.

I could imagine what it would be like without the arts and humanities bridging some of the gaps that exist in our society. I know very minor sounding programs like Imagine Chicago, which brings people from all over the city into groups, are programs that are so simple but yet so complex, yet so effective and yet so cost-conscious.

I would urge us to recognize the tremendous value of the arts and humanities, recognize the value of a Peace Museum, the value of just a little bit going a long way. I urge support for the Slaughter-Horn amendment and urge that we reject the Stearns amendment to cut funding for these invaluable programs.

Ms. SCHAKOWSKY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I stand here as the follower to Representative Sidney Yates who was our Nation's most articulate,

passionate, and outspoken advocate for the arts and humanities. He was in this body for nearly half a century and never gave up on the fight to protect the arts.

As his successor I feel a particular obligation to stand here today in opposition to an amendment that would reduce what I think is a too-small budget of the National Endowment for the Arts by $2 million, an amount that may mean little in other agencies and other aspects of government but means so such to the National Endowment for the Arts.

I hope that my colleagues will honor Sidney Yates's long tradition of advocacy by voting against this amendment and in support of the amendment offered by the gentlewoman from New York (Ms. SLAUGHTER) which promotes a larger role for the arts and humanities in our community.

Budgets are about priorities, and if any of us were to talk to ordinary people in our districts and ask them what was important in their life they would begin to talk about things that they may not classify so much as the arts but really are.

In Chicago, particularly in the summer, it is just pulsing with different kinds of events and festivals that allow us to celebrate our diversity together in song and in dance and in cultural performances. This is all art. And in fact, in our city, more people are engaged in arts and cultural events and more money is generated by those than all of our sports franchises put together, and that includes even the days when Michael Jordan was playing for the Chicago Bulls.

When we look at what the gentlewoman's amendment would do by adding $10 million to the NEA and $10 million to the NEH, who can say that these are not valuable and important things that we as a Nation should be spending money on? For example, the NEA would use its money for a program called Challenge America; and that new funding would help improve arts education. Educators now understand that the key to learning for many children, particularly at-risk children, is through the arts, through music, through performance, through dance, through the visual arts. That is how we can reach so many of our children that cannot learn any other way.

It helps increase access to the arts for all communities, not just a select few. We are talking about an estimated 1,000 communities nationwide that would receive small- to medium-sized art project grants. It would fund cultural and heritage preservation, establish community arts partnerships.

In my State, the Illinois Arts Council has proposed an initiative that could be financed through Challenge America. They could collaborate with arts and education organizations to develop programs that encourage parents to attend and discuss arts events with their children, Parents and Children Together. That is what we have all been talking about as a solution for learning problems and for violence and for the culture of violence.

The program would include event-specific material to assist parents and children in sharing their arts experiences. They would also include ticket subsidies to assist parents. The initiative would specifically target generations of parents who receive little or no arts education themselves in the schools.

And the NEH's additional money would fund Teaching with Technology programs. One part of the program has already begun to research and highlight the best humanities sites on the web.

Right now in my community someone who learned about hate through the web killed a person and shot six Jews on their way to synagogue.

□ 1500

What we need to do is to be encouraging our children how to seek out Web sites that provide them with positive inspiration. That is what this money would do. It would fund schools, with the consortia of community organizations, local colleges, parents, or businesses to design and implement professional development activities for teachers throughout the school around a given humanities team.

Using technology will also be a focal point. Some examples of the program being developed include the Navaho Heritage and Culture, Steinbeck's California, the Immigrant Experience, and Shakespeare. This is where we should be directing kids on the Web, and that is what this money is about.

How can we even think about cutting programs that are going to be doing so much for all of us? I urge a no vote on this amendment and a ''yes'' vote on the amendment of the gentlewoman from New York (Ms. SLAUGHTER).

Mr. RILEY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise to enter into a brief colloquy with the gentleman from Ohio (Mr. REGULA), the chairman of the Subcommittee on Interior.

Mr. Chairman, as the gentleman from Ohio (Mr. REGULA) knows, I planned to offer an amendment today to the Interior appropriations bill that would have allocated funding and directed the United States Geological Survey to install and continue to operate new water gauges on the Alabama, Coosa, Tallapoosa, and Apalachicola, Chattahoochee, Flint River Basins. This is an issue of high priority for me and the people impacted by the water allocation on the ACT and ACF River Basins.

In 1997, Congress enacted the Water Compacts between Alabama, Georgia, and Florida. Currently, we are in the process of negotiating water allocation formulas for the ACT and the ACF River Basins. The States only have until the end of the year to reach an agreement and obtain the Federal Government's concurrence to the allocation formulas.

It is my strong belief that, in order to ensure both water quantity and quality compliance for the allocation formulas entered into by the States, those gauges must be installed and made operational as soon as possible.

I would appreciate the commitment of the gentleman from Ohio (Mr. REGULA) to work with me to ensure the funding of these water gauges and that it is made a top priority.

Mr. Chairman, I yield to the gentleman from Ohio (Mr. REGULA).

Mr. REGULA. Mr. Chairman, I thank the gentleman from Alabama for yielding to me.

I want to commend the gentleman for his efforts and note that the committee is equally committed to ensuring that additional and much-needed water monitoring gauges are installed on the ACT and the ACF River Basins.

I also want to thank the gentleman from Alabama for his leadership on this issue and assure him that I will continue to work with him to address the need for the installation and continuous operation of the water gauges.

Mr. REGULA. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I would like to inform our colleagues who are watching in their offices that, after we have completed the next Stearns amendment, we will have two votes. One will be on the amendment from the gentlewoman from New York (Ms. SLAUGHTER) raising the amount of funding for the arts and the humanities, and then a vote on the amendment by the gentleman from Florida (Mr. STEARNS) cutting the arts and humanities.

I would say to my colleagues I will vote no on both of those. I say that because I think we have a balance that we have achieved here. Our bill is slightly under last year's number overall, and yet we kept both the arts and the humanities at last year's level. I think it recognizes a balance that we hope would be acceptable to all the Members. Therefore, I urge Members to vote no on both of the amendments.

I am particularly concerned that the amendment to raise the arts and humanities by $10 million each would come out of SPR. We have already taken $13 million out of SPR. I believe that would be a mistake in terms of our energy security.

I would say to the supporters that the opponents did not raise the point of order, which they would be entitled to do without a waiver, and they are giving us an opportunity to add to or take away. But in the final analysis, I would urge the Members to vote no on both.

I would also say that both Mr. Ivey and Mr. Ferris have made a real effort to reach out. We had the issue of congressional districts not getting any programs. Part of the reason is they do not apply. I would hope that in their newsletters, and however else, the Members would say to the small schools, the small communities around this Nation, that they should apply for

these programs. I know Mr. Ferris at the National Endowment for Humanities and Mr. Ivey at the National Endowment for the Arts would like to spread the programs across a broader spectrum.

The language that is in the bill urges this result that we put in a couple of years ago. So here is an opportunity for Members to provide assistance to their constituents by letting them know that these grants are available.

Again, I appreciate the very good way we have handled this. I have been here when it has not been quite as easy or as amicable in terms of the debate. I think parties on both sides of this issue have been very positive in the way they have presented their cases. But I do hope we can maintain the amount in the committee. I think it is a fair resolution of these programs.

Ms. SLAUGHTER. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I want to echo what the gentleman from Ohio (Chairman REGULA) said. This has been an enormously wonderful debate this afternoon, but it would not be complete without the gentleman from Florida (Mr. STEARNS) and I having our little do over the NEA. Despite that, I consider him a friend.

I point out with the gentleman from Florida (Mr. STEARNS) he has NEA in three projects in his district. I would like to tell the gentleman from Pennsylvania (Mr. PETERSON), who spoke previously, that he got no NEA money, if the gentleman from Pennsylvania (Mr. PETERSON) would pay attention a moment, that he got money at St. Marys, Russellton, Franklin, Lewisburg, Lock Haven and Philipsburg, again, and State College. The State College band was in the national finalist competition with NEA money.

This NEA money, Mr. Chairman, is exclusive of what their State gets. So many Members simply do not know, Mr. Chairman, whether or not they get the NEA money or not.

One of the things that the gentleman from Florida (Mr. STEARNS) had said was that this money goes out of here like little minnows skittering around. That is what I like best about it. If we get the $10 million, if we are lucky enough to add that to both of these agencies this afternoon, more money will be going skittering into places that have not had that advantage before.

The best part about it is it leverages local money and makes it possible for people to see and do and be exposed to things that they might never have seen before.

Once again, we have used these two agencies as whipping boys for the past 5 years, taking out some kind of anger on them that was totally unjustified for the kind of work that they do. I hope that all of my colleagues in their offices now will recognize that the National Endowment for the Arts is important to us.

There has to be a reason why the Conference of Mayors, why the National League of Cities, why the Governors Association, why the State legislatures, all 50 of them, why all of them say that, at every level of government, Federal, State, and local, we must increase the money that we are putting in the arts.

We get nothing bad from good. In addition to the good that we get back, $3.5 billion to the Treasury is not bad.

Mr. Chairman, I yield to the gentleman from Washington (Mr. DICKS).

Mr. DICKS. Mr. Chairman, I want to say to all of our colleagues who are back in their offices watching us on television that the first vote is going to be on the Slaughter-Horn amendment, and I very strongly urge them to support that.

The second vote would be on the Stearns amendment, and I urge them to oppose that.

I want to commend the gentlewoman from New York (Ms. SLAUGHTER) for her leadership of the Arts Caucus and her tremendous advocacy for the arts. I hope today we can turn around a tradition here that has been anti-art for several years and show the people of this country that Congress supports the National Endowment for the Arts and Humanities.

Ms. SLAUGHTER. Let me close, Mr. Chairman, with just saying that the Founding Fathers, whatever they felt about art, we are certainly blessed they gave us a work of art to work in. Again, I urge a ''yes'' vote on the Slaughter amendment and a ''no'' vote on the Stearns amendment.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Florida (Mr. STEARNS).

The question was taken; and the Chairman announced that the noes appeared to have it.

Mr. STEARNS. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to House Resolution 243, further proceedings on the amendment offered by the gentleman from Florida (Mr. STEARNS) will be postponed.

AMENDMENT NO. 18 OFFERED BY MR. STEARNS

Mr. STEARNS. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 18 offered by Mr. STEARNS: Page 87, line 25, insert the following before the period:

, except that 95 percent of such amount shall be allocated among the States on the basis of population for grants under section 5(g) notwithstanding sections 5(g)(3) and 11(a)(1)(A)(ii) of the Act

Mr. REGULA. Mr. Chairman, I reserve a point of order.

The CHAIRMAN. The gentleman from Ohio reserves a point of order.

Mr. DICKS. Mr. Chairman, I reserve a point of order.

The CHAIRMAN. The gentleman from Washington reserves a point of order.

Mr. STEARNS. Mr. Chairman, I appreciate the gentleman from Ohio (Mr. REGULA) reserving a point of order so that I could at least have an opportunity to present my amendment to my colleagues.

This amendment is an enlightening new idea for us in this debate dealing with the NEA. I think my amendment would take a questionable, controversial program and place it in the hands of the States.

The gentlewoman from New York (Ms. SLAUGHTER) indicated that the States are providing money, and somehow this dribbles on down to congressional districts. My amendment would simply say that 95 percent of the funding of the NEA would go directly to the States. We just block grant it, bingo, it would all go to the States. That way, we would ensure that the State of Florida, the State of Ohio, the State of California, the State of Wyoming, and all the States in the union would get funding proportional to the population of their State. So we would not have a Federal bureaucracy deciding where this money is going to go.

As I mentioned earlier, 166 districts, including mine, never see this NEA funding. These are not my statistics. This information came from the Education and Labor Committee.

I also point out to my colleagues, one in every three direct NEA dollars went to just six cities, only six cities: New York City, Baltimore, Boston, Minneapolis, Saint Paul, the District of Columbia, and of course San Francisco.

That is nearly over $30 million of this roughly $99 million that is only going to six cities. It is not going to Ocala, Florida, Leesburg, Jacksonville, Paluka, and some of the cities in any district.

In 1996, the number one recipient of NEA funding was the Metropolitan Opera of New York. The NEA is a government subsidy for many cultural elite groups. I suggest and I hope my colleagues will, maybe perhaps not this time, but at a later time, help me with this idea of block granting 95 percent of the funding of NEA to the States. We will leave about 5 percent up here just to have the U.S. government able to have an opportunity to direct the money to the States.

In this way, the States would have freedom to distribute this money throughout their State, and we would not see this large amount of money going to six major cities.

I also want to bring up something just lightly here, and I think we have talked about this before. There was an audit of the NEA. These audits occurred from 1991 to 1996 by the inspector general of the NEA. These are statistics that were provided during the hearing of the NEA at the Subcommittee on Education, and Labor.

During this audit, they audited 79 percent of the projects, in 63 percent of the cases, the books did not even add up; 53 percent of the grant recipients failed to seek help from outside auditors; and 21 percent of the grants had

absolutely, absolutely no accounting whatsoever. Those are not my figures. Those basically came from the inspector general at the NEA.

Again, these figures would show that we have a Federal bureaucracy that does not have a good accounting on their own programs. So why do we not just block grant this whole program to the States?

As a side note in 1951, a poll of the American Symphony League found that 91 percent of the members disapproved of Federal subsidies.

As was pointed out, we both agree, it was not until the 1970s that this whole NEA agency came into being. So I suggest to my colleagues, did we not have good art before the 1960s in fact for 200 years of history of this Republic we had great artistic works.

I am not going to give graphic examples from the NEA, which we would all disapprove of, that are antithetical to our cultural values, to the tradition of this country. We have had that debate.

But I would suggest that the amendment that I have, by block granting, actually increases to the States more money for the arts program than the present situation. So if my colleagues supported my amendment, they would be actually supporting more money for the States.

In fact, this amendment would increase by approximately 55 percent the money given to the States. We should not have the District of Columbia receiving enormous amounts of money relative to some of the other cities and States. The awards should all be proportional in terms of population.

So I suggest to my colleagues that the debate on this amendment is for another day. Obviously, my colleagues have been kind enough to reserve a point of order so I can make my point, and I will not belabor the point out of courtesy to them.

□ 1515

I suggest somewhere down the line that this body should block grant 95% of the NEA funds because more money will go to the States. It is a fairer way to do it and, in the end, it eliminates the Federal bureaucracy.

The CHAIRMAN. Does the gentleman from Ohio (Mr. REGULA) insist on his point of order?

Mr. REGULA. Yes, Mr. Chairman.

Mr. STEARNS. Mr. Chairman, I ask unanimous consent that the amendment be withdrawn.

The CHAIRMAN. Is there objection to the request of the gentleman from Florida?

There was no objection.

The CHAIRMAN. The gentleman's amendment is withdrawn.

The Clerk will read.

The Clerk read as follows:

MATCHING GRANTS

To carry out the provisions of section 10(a)(2) of the National Foundation on the Arts and the Humanities Act of 1965, as amended, $14,500,000, to remain available until expended, to the National Endowment for the Arts: *Provided,* That this appropriation shall be available for obligation only in such amounts as may be equal to the total amounts of gifts, bequests, and devises of money, and other property accepted by the chairman or by grantees of the Endowment under the provisions of section 10(a)(2), subsections 11(a)(2)(A) and 11(a)(3)(A) during the current and preceding fiscal years for which equal amounts have not previously been appropriated.

NATIONAL ENDOWMENT FOR THE HUMANITIES

GRANTS AND ADMINISTRATION

For necessary expenses to carry out the National Foundation on the Arts and the Humanities Act of 1965, as amended, $96,800,000, shall be available to the National Endowment for the Humanities for support of activities in the humanities, pursuant to section 7(c) of the Act, and for administering the functions of the Act, to remain available until expended.

MATCHING GRANTS

To carry out the provisions of section 10(a)(2) of the National Foundation on the Arts and the Humanities Act of 1965, as amended, $13,900,000, to remain available until expended, of which $9,900,000 shall be available to the National Endowment for the Humanities for the purposes of section 7(h): *Provided,* That this appropriation shall be available for obligation only in such amounts as may be equal to the total amounts of gifts, bequests, and devises of money, and other property accepted by the chairman or by grantees of the Endowment under the provisions of subsections 11(a)(2)(B) and 11(a)(3)(B) during the current and preceding fiscal years for which equal amounts have not previously been appropriated.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM SERVICES:

GRANTS AND ADMINISTRATION

For carrying out subtitle C of the Museum and Library Services Act of 1996, as amended, $24,400,000, to remain available until expended.

ADMINISTRATIVE PROVISIONS

None of the funds appropriated to the National Foundation on the Arts and the Humanities may be used to process any grant or contract documents which do not include the text of 18 U.S.C. 1913: *Provided,* That none of the funds appropriated to the National Foundation on the Arts and the Humanities may be used for official reception and representation expenses: *Provided further,* That funds from nonappropriated sources may be used as necessary for official reception and representation expenses.

COMMISSION OF FINE ARTS

SALARIES AND EXPENSES

For expenses made necessary by the Act establishing a Commission of Fine Arts (40 U.S.C. 104), $935,000: *Provided,* That the Commission is authorized to charge fees to cover the full costs of its publications, and such fees shall be credited to this account as an offsetting collection, to remain available until expended without further appropriation.

NATIONAL CAPITAL ARTS AND CULTURAL AFFAIRS

For necessary expenses as authorized by Public Law 99–190 (20 U.S.C. 956(a)), as amended, $7,000,000.

ADVISORY COUNCIL ON HISTORIC PRESERVATION

SALARIES AND EXPENSES

For necessary expenses of the Advisory Council on Historic Preservation (Public Law 89–665, as amended), $3,000,000: *Provided,* That none of these funds shall be available for compensation of level V of the Executive Schedule or higher positions.

NATIONAL CAPITAL PLANNING COMMISSION

SALARIES AND EXPENSES

For necessary expenses, as authorized by the National Capital Planning Act of 1952 (40 U.S.C. 71–71i), including services as authorized by 5 U.S.C. 3109, $6,312,000: *Provided,* That hereafter all appointed members of the Commission will be compensated at the daily equivalent of the annual rate of basic pay for positions at level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day such member is engaged in the actual performance of duties.

UNITED STATES HOLOCAUST MEMORIAL COUNCIL

HOLOCAUST MEMORIAL COUNCIL

For expenses of the Holocaust Memorial Council, as authorized by Public Law 96–388 (36 U.S.C. 1401), as amended, $33,286,000, of which $1,575,000 for the museum's repair and rehabilitation program and $1,264,000 for the museum's exhibitions program shall remain available until expended.

PRESIDIO TRUST

PRESIDIO TRUST FUND

For necessary expenses to carry out title I of the Omnibus Parks and Public Lands Management Act of 1996, $24,400,000 shall be available to the Presidio Trust, to remain available until expended, of which up to $1,040,000 may be for the cost of guaranteed loans, as authorized by section 104(d) of the Act: *Provided,* That such costs, including the cost of modifying such loans, shall be as defined in section 502 of the Congressional Budget Act of 1974: *Provided further,* That these funds are available to subsidize total loan principal, any part of which is to be guaranteed, not to exceed $200,000,000. The Trust is authorized to issue obligations to the Secretary of the Treasury pursuant to section 104(d)(3) of the Act, in an amount not to exceed $20,000,000.

TITLE III—GENERAL PROVISIONS

SEQUENTIAL VOTES POSTPONED IN COMMITTEE OF THE WHOLE

The CHAIRMAN. Pursuant to House Resolution 243, proceedings will now resume on those amendments on which further proceedings were postponed, in the following order: Amendment No. 16 offered by the gentlewoman from New York (Ms. SLAUGHTER), and amendment No. 17 offered by the gentleman from Florida (Mr. STEARNS).

The Chair will reduce to 5 minutes the time for the second electronic vote in this series.

AMENDMENT NO. 16 OFFERED BY MS. SLAUGHTER

The CHAIRMAN. The pending business is the demand for a recorded vote on the amendment No. 16 offered by the gentlewoman from New York (Ms. SLAUGHTER) on which further proceedings were postponed and on which the ayes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 207, noes 217, not voting 10, as follows:

[Roll No. 286]

AYES—207

Abercrombie
Ackerman
Allen
Andrews
Baird
Baldacci
Barcia
Barrett (WI)
Becerra
Bentsen
Berkley
Berman
Biggert
Bilbray
Bishop
Blagojevich
Blumenauer
Boehlert
Bonior
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Capps
Capuano
Cardin
Carson
Castle
Clay
Clayton
Clement
Clyburn
Conyers
Cook
Costello
Coyne
Crowley
Cummings
Danner
Davis (IL)
Davis (VA)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Dixon
Doggett
Doyle
Ehlers
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Foley
Forbes
Ford
Fossella
Fowler
Frank (MA)
Franks (NJ)
Frelinghuysen
Frost
Gejdenson
Gephardt
Gilman
Greenwood
Gutierrez
Hall (OH)
Hastings (FL)
Hilliard
Hinchey
Hinojosa
Hoeffel
Holt
Hooley
Horn
Houghton
Hoyer
Inslee
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (CT)
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
Kleczka
Klink
Kucinich
Kuykendall
LaFalce
LaHood
Lampson
Lantos
Larson
Lazio
Leach
Lee
Levin
Lewis (GA)
Lipinski
LoBiondo
Lofgren
Lowey
Luther
Maloney (CT)
Maloney (NY)
Markey
Martinez
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McGovern
McHugh
McKinney
Meehan
Meek (FL)
Meeks (NY)
Menendez
Mica
Millender-McDonald
Miller, George
Minge
Mink
Moakley
Moore
Moran (VA)
Morella
Nadler
Napolitano
Neal
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Peterson (MN)
Porter
Price (NC)
Rahall
Ramstad
Rangel
Reyes
Rodriguez
Roemer
Rothman
Roukema
Roybal-Allard
Rush
Sabo
Sanchez
Sanders
Sawyer
Schakowsky
Scott
Serrano
Shays
Sherman
Slaughter
Smith (WA)
Snyder
Spratt
Stabenow
Stark
Strickland
Stupak
Tauscher
Thompson (CA)
Thompson (MS)
Tierney
Towns
Udall (CO)
Udall (NM)
Velazquez
Vento
Visclosky
Waters
Watt (NC)
Waxman
Weiner
Wexler
Weygand
Wise
Woolsey
Wu

NOES—217

Aderholt
Archer
Armey
Bachus
Baker
Ballenger
Barr
Barrett (NE)
Bartlett
Barton
Bass
Bateman
Bereuter
Berry
Bilirakis
Bliley
Blunt
Boehner
Bonilla
Bono
Brady (TX)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Chabot
Chambliss
Chenoweth
Coble
Coburn
Collins
Combest
Condit
Cooksey
Cox
Cramer
Crane
Cubin
Cunningham
Deal
DeLay
DeMint
Diaz-Balart
Dickey
Dooley
Doolittle
Dreier
Duncan
Dunn
Edwards
Emerson
English
Everett
Ewing
Fletcher
Gallegly
Ganske
Gekas
Gibbons
Gilchrest
Gillmor
Gonzalez
Goode
Goodlatte
Goodling
Gordon
Goss
Graham
Granger
Green (TX)
Green (WI)
Gutknecht
Hall (TX)
Hansen
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (IN)
Hill (MT)
Hilleary
Hobson
Hoekstra
Holden
Hostettler
Hulshof
Hunter
Hutchinson
Hyde
Isakson
Istook
Jenkins
John
Johnson, Sam
Jones (NC)
King (NY)
Kingston
Knollenberg
Kolbe
Largent
Latham
LaTourette
Lewis (CA)
Lewis (KY)
Linder
Lucas (KY)
Lucas (OK)
Manzullo
McCrery
McInnis
McIntosh
McIntyre
McKeon
Metcalf
Miller (FL)
Miller, Gary
Mollohan
Moran (KS)
Murtha
Myrick
Nethercutt
Ney
Northup
Norwood
Nussle
Ose
Oxley
Packard
Paul
Pease
Peterson (PA)
Petri
Phelps
Pickering
Pickett
Pitts
Pombo
Pomeroy
Portman
Pryce (OH)
Quinn
Radanovich
Regula
Reynolds
Riley
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Royce
Ryan (WI)
Ryun (KS)
Salmon
Sandlin
Sanford
Saxton
Scarborough
Schaffer
Sensenbrenner
Sessions
Shadegg
Shaw
Sherwood
Shimkus
Shows
Shuster
Simpson
Sisisky
Skeen
Skelton
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Spence
Stearns
Stenholm
Stump
Sununu
Sweeney
Talent
Tancredo
Tanner
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thornberry
Thune
Tiahrt
Toomey
Traficant
Turner
Upton
Vitter
Walden
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson
Wolf
Young (AK)
Young (FL)

NOT VOTING—10

Baldwin
Brown (CA)
Davis (FL)
Ehrlich
Kasich
McDermott
McNulty
Rivers
Thurman
Wynn

☐ 1540

Mr. GILCHREST and Mr. LEWIS of California changed their vote from ''aye'' to ''no.''

So the amendment was rejected.

The result of the vote was announced as above recorded.

ANNOUNCEMENT BY THE CHAIRMAN

The CHAIRMAN. Pursuant to House Resolution 243, the Chair announces that he will reduce to a minimum of 5 minutes the period within which a vote by electronic device will be taken on the additional amendment on which the Chair has postponed further proceedings.

AMENDMENT NO. 17 OFFERED BY MR. STEARNS

The CHAIRMAN. The pending business is the demand for a recorded vote on amendment No. 17 offered by the gentleman from Florida (Mr. STEARNS) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 124, noes 300, not voting 10, as follows:

[Roll No. 287]

AYES—124

Aderholt
Armey
Bachus
Barr
Barrett (NE)
Bartlett
Barton
Bateman
Boehner
Brady (TX)
Bryant
Burton
Buyer
Callahan
Campbell
Canady
Cannon
Chabot
Chambliss
Chenoweth
Coble
Coburn
Collins
Combest
Condit
Cooksey
Cox
Crane
Cubin
Cunningham
Deal
DeLay
DeMint
Dickey
Doolittle
Dreier
Duncan
Dunn
Emerson
Everett
Fletcher
Fossella
Gibbons
Goodlatte
Goodling
Graham
Green (WI)
Hall (TX)
Hansen
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (MT)
Hilleary
Hostettler
Hulshof
Hyde
Istook
Jenkins
Johnson, Sam
Jones (NC)
King (NY)
Kingston
Largent
Latham
Lewis (KY)
Linder
Lucas (KY)
Lucas (OK)
Manzullo
McInnis
McIntosh
Metcalf
Miller, Gary
Myrick
Nethercutt
Ney
Norwood
Nussle
Packard
Paul
Peterson (PA)
Petri
Pickering
Pitts
Pombo
Portman
Riley
Rogan
Rohrabacher
Royce
Ryan (WI)
Ryun (KS)
Salmon
Sanford
Schaffer
Sensenbrenner
Sessions
Shadegg
Shows
Skelton
Smith (NJ)
Smith (TX)
Stearns
Stump
Sununu
Talent
Tancredo
Taylor (MS)
Taylor (NC)
Terry
Thornberry
Tiahrt
Toomey
Vitter
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weller
Wicker
Wolf

NOES—300

Abercrombie
Ackerman
Allen
Andrews
Archer
Baird
Baker
Baldacci
Ballenger
Barcia
Barrett (WI)
Bass
Becerra
Bentsen
Bereuter
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop
Blagojevich
Bliley
Blumenauer
Blunt
Boehlert
Bonilla
Bonior
Bono
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Burr
Calvert
Camp
Capps
Capuano
Cardin
Carson
Castle
Clay
Clayton
Clement
Clyburn
Conyers
Cook
Costello
Coyne
Cramer
Crowley
Cummings
Danner
Davis (FL)
Davis (IL)
Davis (VA)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Diaz-Balart
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Edwards
Ehlers
Engel
English
Eshoo
Etheridge
Evans
Ewing
Farr
Fattah
Filner
Foley
Forbes
Ford
Fowler
Frank (MA)
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gejdenson
Gekas
Gephardt
Gilchrest
Gillmor
Gilman
Gonzalez
Goode
Gordon
Goss
Green (TX)
Greenwood
Gutierrez
Gutknecht
Hall (OH)
Hastings (FL)
Hill (IN)
Hilliard
Hinchey
Hinojosa
Hobson
Hoeffel
Hoekstra
Holden
Holt
Hooley
Horn
Houghton
Hoyer
Hunter
Hutchinson
Inslee
Isakson
Jackson (IL)
Jackson-Lee (TX)
Jefferson
John
Johnson (CT)
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
Kleczka
Klink
Knollenberg
Kolbe
Kucinich
Kuykendall
LaFalce
LaHood
Lampson
Lantos
Larson
LaTourette
Lazio
Leach
Lee

Levin	Ose	Sisisky
Lewis (CA)	Owens	Skeen
Lewis (GA)	Oxley	Slaughter
Lipinski	Pallone	Smith (MI)
LoBiondo	Pascrell	Smith (WA)
Lofgren	Pastor	Snyder
Lowey	Payne	Souder
Luther	Pease	Spence
Maloney (CT)	Pelosi	Spratt
Maloney (NY)	Peterson (MN)	Stabenow
Markey	Phelps	Stark
Martinez	Pickett	Stenholm
Mascara	Pomeroy	Strickland
Matsui	Porter	Stupak
McCarthy (MO)	Price (NC)	Sweeney
McCarthy (NY)	Pryce (OH)	Tanner
McCollum	Quinn	Tauscher
McCrery	Radanovich	Tauzin
McGovern	Rahall	Thomas
McHugh	Ramstad	Thompson (CA)
McIntyre	Rangel	Thompson (MS)
McKeon	Regula	Thune
McKinney	Reyes	Tierney
Meehan	Reynolds	Towns
Meek (FL)	Rodriguez	Traficant
Meeks (NY)	Roemer	Turner
Menendez	Rogers	Udall (CO)
Mica	Ros-Lehtinen	Udall (NM)
Millender-McDonald	Rothman	Upton
	Roukema	Velazquez
Miller (FL)	Roybal-Allard	Vento
Miller, George	Rush	Visclosky
Minge	Sabo	Walden
Mink	Sanchez	Walsh
Moakley	Sanders	Waters
Mollohan	Sandlin	Watt (NC)
Moore	Sawyer	Waxman
Moran (KS)	Saxton	Weiner
Moran (VA)	Scarborough	Weldon (PA)
Morella	Schakowsky	Wexler
Murtha	Scott	Weygand
Nadler	Serrano	Whitfield
Napolitano	Shaw	Wilson
Neal	Shays	Wise
Northup	Sherman	Woolsey
Oberstar	Sherwood	Wu
Obey	Shimkus	Young (AK)
Olver	Shuster	Young (FL)
Ortiz	Simpson	

NOT VOTING—10

Baldwin	Kasich	Thurman
Brown (CA)	McDermott	Wynn
Ehrlich	McNulty	
Granger	Rivers	

□ 1551

Mr. DEUTSCH changed his vote from ''aye'' to ''no.''

So the amendment was rejected.

The result of the vote was announced as above recorded.

Stated against:

Ms. GRANGER. Mr. Chairman, on rollcall No. 287, I pushed the "no" button but it did not register. I would have voted "no."

AMENDMENT OFFERED BY MR. YOUNG OF FLORIDA

Mr. YOUNG of Florida. Mr. Chairman, I offer an amendment made in order by the rule.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment printed in House Report 106–228 offered by Mr. YOUNG of Florida:

On page 6, line 13, strike ''$20,000,000'' and insert in lieu thereof ''$15,000,000''.

On page 68, line 20, strike ''$190,000,000'' and insert in lieu thereof ''$256,000,000''.

And at the end of the bill insert the following:

''Sec. . Each amount of budget authority for the fiscal year ending September 30, 2000, provided in this Act for payments not required by law, is hereby reduced by 0.48 percent: *Provided,* That such reductions shall be applied ratably to each account, program, activity, and project provided for in this Act.''

Mr. YOUNG of Florida. Mr. Chairman, before I begin on the amendment, I want to say a strong congratulations to the chairman of the subcommittee, the gentleman from Ohio (Mr. REGULA) and the ranking member on the subcommittee, the gentleman from Washington (Mr. DICKS), and all of the members of the subcommittee and the staff for having produced an outstanding appropriations bill, especially outstanding considering all of the budgetary restraints and all of the changes that had to be put in place during the consideration of the bill in the markups. They have done an outstanding job as usual. I would hope that all Members would be supportive of this bill.

The amendment that I offer is the manager's amendment that most of us have been accustomed to so far on appropriations bills this year. The amendment has three parts:

First, the amendment decreases land acquisition in the Bureau of Land Management by $5 million. This will eliminate the acquisition at the Upper Missouri National Wild and Scenic River in Montana. It is our understanding and the committee understands that there is local opposition to the acquisition at this time. We believe this amendment is compatible with the wishes of the people of that region.

Second, the amendment increases the deferral of clean coal funding in the Department of Energy by $66 million, for a total clean coal deferral of $256 million. This, Mr. Chairman, conforms to the administration's budget request which proposed a $256 million deferral of clean coal funding.

Third, Mr. Chairman, in order to get to the number, the bottom line, that we have all been determined to arrive at on this bill, maybe I should not say all of us but some of us, the amendment provides for something that I really am uncomfortable with but I am not sure of any other way to get where we have to be, and, that is, a 0.48 percent across-the-board reduction to domestic discretionary programs in this bill. The result of this will be a reduction of approximately $69 million, which will be assessed on a pro-rata basis against each account and each individual project in the bill.

In total, the amendment will reduce the bill by approximately $140 million. In combination with the amendments that have already been adopted thus far, this amendment will result in a final total for the bill which is approximately $100 million below the freeze level as identified by the Congressional Budget Office for domestic discretionary programs in this bill.

In a year of very tight budget restraints with the 1997 budget agreement that placed our budget cap at $17 billion below last year's spending, there are things that we might have to do that we do not like to do in order to get where we have to be. This amendment is part of that process.

And so I offer this amendment, Mr. Chairman, for the Members of this House to work their will to determine if they want to bring this bill down below the freeze level which is where we would ask them to come.

Mr. Chairman, I ask for support of the amendment.

Mr. DICKS. Mr. Chairman, I rise in opposition to the amendment.

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

Mr. DICKS. Mr. Chairman, it sounds nice, just 0.48 percent across the board. But let me just give my colleagues an idea of some of the things that this does to our bill.

If the across-the-board reduction is taken from the uncontrollable cost increase requested in the President's budget, there is a 24 percent reduction. The budget request was $139 million. This would eliminate a significant amount of funding needed for mandatory pay and benefit increases and other uncontrollable costs which will otherwise be funded by reductions in program levels.

Funding will be below the 1999 enacted level for the Solicitor and the Office of the Secretary, impacting the ability of the Solicitor to support programs including habitat conservation plan implementation, trust management improvement.

□ 1600

Funding available to the Office of Insular Affairs will be reduced by $226,000 impacting the capability of the Department to support its responsibilities in four U.S. territories and three affiliated autonomous nations. Funding for the Office of the Special Trustee will be reduced by almost $.5 million, slowing efforts in trust management reform. Funding increases for BIA elementary and secondary school operation provided by the House are cut by almost one half. The across-the-board reduction to school operations is $2.4 million. This reduces the $5 million increase provided by the House for school operations despite anticipated increases in enrollment and needed improvements to education programs. This reduces tribal priority allocations by $3.6 million. This reduces the increase provided by the House by over one-half. The House provided an increase of $5 million over 1999 enacted levels to fund basic necessities in programs critical to improving the quality of life and economic potential on reservations.

Park operations. The chairman of the committee has made a major effort to add $99 million to improve park operations. This amendment will reduce that by $7 million, eliminating $7 million of the $99.4 million increase provided in the House mark. This will reduce the capability of the parks to handle increased visitation and cultural and natural resource conservation needs.

Seven million would fund the annual operation costs for the Big Cypress National Preserve and the Biscayne National Park in Florida. This reduces funding for the National Wildlife Refuge by $1.3 million. This reduces the

amount the House provided for refuge operation below the President's budget request and eliminates 7 percent of the $18.1 million increase provided by the House for refuge operations.

Endangered species funding will be reduced by half a million dollars below the House level. This increases the cut the House made to the President's budget request for candidate conservation listing consultation and recovery activities to $10.5 million.

Mr. Chairman, I will put the rest of these in, but I think one here is very important. Funding for abandoned mine land reclamation will be reduced by $1.3 million. This is a 12 percent reduction to the $11 million provided by the House to increase environmental restoration of abandoned mine lands.

Efforts by the Minerals Management Service in royalty reengineering will be slowed as a result of the $.5 million reduction, and I am particularly disturbed by this cut in the Upper Missouri National Wildlife and Scenic River. The Upper Missouri River retains the historical character of the Lewis and Clark expedition of 1805 and 1806 and offers a diversity of natural and cultural resources including timber and fish species habitat and riparian and recreational resources.

It supports a wide variety of wildlife: raptors, songbirds and waterfowl, sports fish and the endangered pallid sturgeon, a wide variety of predators and prey and big-game animals. The acquisition includes several historic sites as well as large inholdings of the Judith River, one of the last free-flowing rivers along the Missouri and a fully functioning riparian ecosystem.

There are a lot of people who have been supporting this: Pheasants Forever, the Conservation Fund, the River Network and the Trust for Public Lands, and the most important thing is this is done by a voluntary seller and is very, very unusual for us to on the floor of the House overrule a decision of the committee on a subject of this importance.

And then of course the whole idea here is that somehow by making this across-the-board cut that we will comply with the budget caps of 1997 and that somehow this will move us down the road to enacting all 13 appropriations bills and under these caps.

And I would just say with all due respect that this cut is so infinitesimal, so small, that it will have very little, if anything, to do with dealing with the size of the budget gap that exists when we look at the important bills on HUD, VA, Health and Human Services and State, Justice, and Commerce which are coming down the road.

The CHAIRMAN. The time of the gentleman from Washington (Mr. DICKS) has expired.

(By unanimous consent, Mr. DICKS was allowed to proceed for 1 additional minute.)

Mr. DICKS. Mr. Chairman, I would like to indulge the chairman, who is my friend and who I admire and was a former chairman of the Subcommittee on Defense, one of the finest Members of this body. I know he did not want to do this, but he had to do it, and he is doing his duty.

Mr. Chairman, I yield to the gentleman from Florida (Mr. YOUNG).

Mr. YOUNG of Florida. Mr. Chairman, I thank the gentleman for yielding, and I would just like to ask the gentleman a question.

If this cut is so small and so infinitesimal, how does it do so much damage as the gentleman spelled out in the earlier part of his comments?

Mr. DICKS. It is small and infinitesimal in terms of solving the overall problem. That is why it is kind of like, as my colleagues know, in the sea; and I would just say to the gentleman that it does hurt a number of specific programs, and it overturns the committee's work. But it does not help solve the big problem. It is just a very small step, and I think the gentleman from Wisconsin (Mr. OBEY) is going to give further explanation to the committee about that fact.

Mr. YOUNG of Florida. Mr. Chairman, if the gentleman would yield further, I want to say to the gentleman that he and I have worked together for so many years on the Subcommittee on Defense, as he has so ably pointed out. The gentleman from Washington is one of the most outstanding Members of this House, and he is totally dedicated to the principle of a strong national defense, totally honest, while sometimes a little abrasive, but totally honest and sincere; and I look forward to continuing our great relationship.

Mr. DICKS. Mr. Chairman, I appreciate that, and the chairman and I also appreciate the gentleman's kind remarks about our work on this bill. I just wish that we could have left our work alone.

UPPER MISSOURI NATIONAL WILD AND SCENIC RIVER

The upper Missouri River retains the historical character of the Lewis and Clark expedition of 1805–1806 and offers a diversity of natural and cultural resources, including T&E species habitat and riparian and recreational resources. It supports a wide variety of wildlife: raptors, songbirds and waterfowl; sports fish and the endangered pallid sturgeon; a wide variety of predators and prey; and big game animals. The acquisitions include several historic sites, as well as a large inholding of the Judith River, one of the last free-flowing rivers along the Missouri and a fully functioning riparian ecosystem.

BUREAU OF LAND MANAGEMENT—NARRATIVE

Upper Missouri National Wild and Scenic River

	Montana (to date)	Chauteau and Fergus Counties		Congressional District	
		FY 2000	Acquisition total	Estimated out year costs/yr (development, O&M, etc.)	Total (over 10 yrs)
Cost	$2,694,000	$5,000,000	$15,000,000	$80,000	$15,800,000
Acres	6,096	12,848	32,850	N/A	32,850

Location: Central Montana, on the Missouri River, 65 miles northeast of Great Falls.

Purpose: Inholding acquisitions within the Upper Missouri National Wild and Scenic River (UMNWSR) corridor, offers T&E species habitat, opportunities for historic interpretation and a variety of recreational opportunities.

Acquisition Opportunities: Five historic ranches within the UMNWSR corridor threatened with conversion from agricultural use to rural residential subdivision.

Other Cooperators: Pheasants Forever, The Conservation Fund, The River Network, and the Trust for Public Land.

Project Description: The major means of transportation for Lewis and Clark's Corps of Discovery, the Wild and Scenic portion of the Missouri River remains largely unchanged since their time, with the exception of some abandoned homesteads and working ranches along its banks. With the enormous popularity of Stephen Ambrose's book ''Undaunted Courage'', interest in the explorations of the Lewis and Clark Expedition is at an all time high.

The 149 miles of free-flowing UMNWSR offer a diversity of resources: T&E species habitat; scenic, ecological, historical, cultural, riparian and recreational resources, as well as key access points. It supports a wide variety of wildlife: birds, including raptors, songbirds and waterfowl; fish, including sports fish and the endangered pallid sturgeon; mammals, from predators to prey. These acquisitions would support both BLM's Recreation and Fish & Wildlife 2000 initiatives.

These acquisitions contain the last seven miles of the Judith River, as well as it's confluence with the Missouri, allowing the Judith River to become eligible for Wild and Scenic River status. One of the last free-flowing rivers on the Great Plains, the Judith contains a fully functioning riparian ecosystem described by the Montana Riparian Association as a ''gem''. A subsequent land exchange with the Montana Department of Natural Resources and Conservation would remove all state-owned land within the UMNWSR corridor in exchange for agricultural wheat fields. These acquisitions would acquire historic sites such as the ruins of Camp Cooke, Montana's first military post, Fort Clagett, the original townsite of Judith Landing (with several intact original buildings) and the PN Ranch Headquarters. These sites are extremely important to Native Americans as many village sites, buffalo jumps and burial grounds are found here. A Lewis and Clark campsite and the 1851 Stevens Treaty Site, which was attended by every major tribe in the northern Great Plains, lie across the river. These acquisitions would also bring the Fortress Rock

landmark under public ownership, would provide additional bighorn sheep, elk and mule deer habitat in the White Cliffs portion of the river corridor and eliminate threats of resource development within the UMNWSR landscape.

Mr. OBEY. Mr. Chairman, I move to strike the last word.

Mr. Chairman, there are some actions in this House that should be taken seriously, and there are others that should not, and with all due respect to my good friend from Florida this is one of those actions that should not be taken seriously.

Mr. Chairman, the leadership of this House has two choices in trying to run the House this year, especially when it comes to finishing our appropriations bills. The first choice is to try to pass our legislation with a great bipartisan coalition of the middle, with the majority of members of both parties finding nonpartisan or bipartisan solutions to our budget problems. That is the choice I profoundly would prefer.

But the leadership seems to have chosen a different path. They have decided that because they have a hardcore of right-wing Members in their caucus who are largely term limited, who detest government and who want to have one last swing before they walk out the door, and evidently the Republican party leadership in the House has decided that to satisfy that group they need a budget strategy and an appropriation strategy which will pass all of these bills only on the Republican side of the aisle, or at least with 90 percent of their votes and 10 percent of ours.

That is too bad because that polarizes the House, and it also causes a lot of what I call political as opposed to substantive actions, and this amendment is a perfect example; and it is the fifth time that this has happened.

If my colleagues take a look at the history of appropriation bills so far this year, what do they see? They see that my good friend, the gentleman from Florida (Mr. YOUNG), produced on the Republican side of the aisle earlier in the year a decision in the committee to go forward on a bipartisan basis. And he produced a supplemental appropriation bill which had great bipartisan support. And then instructions came from on high from their leadership in his party that the bill had to be changed. And so that bill was changed. It was made into a much more partisan document; they walked away from the bipartisan agreement we had. That was Episode One.

Then on the agriculture appropriation bill, again the same thing. Because of the demands from that small cadre of Members, a bipartisan bill was turned into a partisan slugfest because the majority party unilaterally decided to change that bill. The same was true on the legislative appropriations bill; the same thing happened on Treasury Post Office; and now we have it happening on the Interior bill today.

What is this all about? What it is about is simply this: the allocations that the majority party has provided to the committee to pass our bills this year are about $35 to $40 billion short to where they need to be if we are to have passable bills in the end which are signed by the President. So we have a $40 billion gap. We have got to find some way to close that $40 billion gap between the budget caps and the amount of demand that we have for appropriations.

So what we have here is a series of amendments on the cheap. They give the impression of trying to reach the $40 billion goal when, in fact, they are simply token mini-cuts, and if we take them altogether out of a total $40 billion gap, including this amendment, we have less than $600 million to fill up the fund-raising cookie jar or the fund-raising thermometer, to put it in a different vernacular.

So I would simply say to that side of the aisle if they are satisfied with political tokenism, if it helps them to cover their ''fizaga'' to go ahead, but the fact is we all know this is not real when all they have done is saved enough money to fill this small amount of the gap between promise and performance.

They are not doing anything real. They are taking up the House's time, they are going through the motions, they are perhaps fooling some of the Members in their own caucus. I would say it is bad enough to fool the taxpayers; that should never happen. But an even more amazing thing is when they fool themselves.

So, go ahead, pass it; but they should not think that they fooled anybody on this side of the aisle.

Mr. COBURN. Mr. Chairman, I move to strike the requisite number of words.

I appreciate very much the hard work through the years the gentleman from Wisconsin (Mr. OBEY) has done in terms of the appropriation process, but I would remind the gentleman that we are going to work hard towards that goal and that he voted for a motion to recommit not to spend $1 of Social Security money; and if in fact we do not save that money, what he is saying is that it is okay to spend the Social Security money.

And as my colleagues know, one of the things about Washington, and I want to give our chairman of our Committee on Appropriations his full due, they have worked hard. For the first time in a long time we will have passed five bills that are essentially at a hard freeze out of the House, and the appropriators have done that, and to accuse them of playing a game; it is not a game.

$150 million is not a game to anybody in this country, and if we can make it 700 million after this bill, and we can make it 2 billion after the next two or three bills, then we are well on our way of meeting and living up to the commitment that every Member of this body made to the seniors of this country and their children who are going to pay for Social Security.

So although his position may be that it is a facade and that we are trying to fool people, the fact is it is hard not to spend money in Washington. That has been proven by the last 50 years of the Congresses up here, and our appropriation leadership and our leadership has said we are going to try to do the best we can to keep the commitment to the American public.

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The CHAIRMAN. The question is on the amendment offered by the gentleman from Florida (Mr. YOUNG).

The question was taken; and the Chairman announced that the ayes appeared to have it.

Mr. DICKS. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to House Resolution 243, further proceedings on the amendment offered by the gentleman from Florida (Mr. YOUNG) will be postponed.

The Clerk will read.

The Clerk read as follows:

SEC. 301. The expenditure of any appropriation under this Act for any consulting service through procurement contract, pursuant to 5 U.S.C. 3109, shall be limited to those contracts where such expenditures are a matter of public record and available for public inspection, expect where otherwise provided under existing law, or under existing Executive Order issued pursuant to existing law.

Mr. REGULA. Mr. Chairman, I ask unanimous consent that remainder of the bill through page 108, line 14 be considered as read, printed in the RECORD, and open to amendment at any point.

The CHAIRMAN. Is there objection to the request of the gentleman from Ohio?

There was no objection.

The text of the remainder of the bill through page 108, line 14 is as follows:

SEC. 302. No part of any appropriation contained in this Act shall be available for any activity or the publication or distribution of literature that in any way tends to promote public support or opposition to any legislative proposal on which congressional action is not complete.

SEC. 303. No part of any appropriation contained in this Act shall remain available for obligation beyond the current fiscal year unless expressly so provided herein.

SEC. 304. None of the funds provided in this Act to any department or agency shall be obligated or expended to provide a personal cook, chauffeur, or other personal servants to any officer or employee of such department or agency except as otherwise provided by law.

SEC. 305. No assessments may be levied against any program, budget activity, subactivity, or project funded by this Act unless advance notice of such assessments and the basis therefor are presented to the Committees on Appropriations and are approved by such Committees.

SEC. 306. (a) COMPLIANCE WITH BUY AMERICAN ACT.—None of the funds made available in this Act may be expended by an entity unless the entity agrees that in expending the funds the entity will comply with sections 2 through 4 of the Act of March 3, 1933 (41 U.S.C. 10a–10c; popularly known as the ''Buy American Act'').

(b) SENSE OF CONGRESS; REQUIREMENT REGARDING NOTICE.—

(1) PURCHASE OF AMERICAN-MADE EQUIPMENT AND PRODUCTS.—In the case of any equipment or product that may be authorized to be purchased with financial assistance provided using funds made available in this Act, it is the sense of the Congress that entities receiving the assistance should, in expending the assistance, purchase only American-made equipment and products.

(2) NOTICE TO RECIPIENTS OF ASSISTANCE.—In providing financial assistance using funds made available in this Act, the head of each Federal agency shall provide to each recipient of the assistance a notice describing the statement made in paragraph (1) by the Congress.

(c) PROHIBITION OF CONTRACTS WITH PERSONS FALSELY LABELING PRODUCTS AS MADE IN AMERICA.—If it has been finally determined by a court or Federal agency that any person intentionally affixed a label bearing a ''Made in America'' inscription, or any inscription with the same meaning, to any product sold in or shipped to the United States that is not made in the United States, the person shall be ineligible to receive any contract or subcontract made with funds made available in this Act, pursuant to the debarment, suspension, and ineligibility procedures described in sections 9.400 through 9.409 of title 48, Code of Federal Regulations.

(d) The provisions of this section are applicable in fiscal year 2000 and thereafter.

SEC. 307. None of the funds in this Act may be used to plan, prepare, or offer for sale timber from trees classified as giant sequoia (Sequoiadendron giganteum) which are located on National Forest System or Bureau of Land Management lands in a manner different than such sales were conducted in fiscal year 1999.

SEC. 308. None of the funds made available by this Act may be obligated or expended by the National Park Service to enter into or implement a concession contract which permits or requires the removal of the underground lunchroom at the Carlsbad Caverns National Park.

SEC. 309. None of the funds appropriated or otherwise made available by this Act may be used for the AmeriCorps program, unless the relevant agencies of the Department of the Interior and/or Agriculture follow appropriate reprogramming guidelines: *Provided,* That if no funds are provided for the AmeriCorps program by the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 2000, then none of the funds appropriated or otherwise made available by this Act may be used for the AmeriCorps programs.

SEC. 310. None of the funds made available in this Act may be used: (1) to demolish the bridge between Jersey City, New Jersey, and Ellis Island; or (2) to prevent pedestrian use of such bridge, when it is made known to the Federal official having authority to obligate or expend such funds that such pedestrian use is consistent with generally accepted safety standards.

SEC. 311. (a) LIMITATION OF FUNDS.—None of the funds appropriated or otherwise made available pursuant to this Act shall be obligated or expended to accept or process applications for a patent for any mining or mill site claim located under the general mining laws.

(b) EXCEPTIONS.—The provisions of subsection (a) shall not apply if the Secretary of the Interior determines that, for the claim concerned: (1) a patent application was filed with the Secretary on or before September 30, 1994; and (2) all requirements established under sections 2325 and 2326 of the Revised Statutes (30 U.S.C. 29 and 30) for vein or lode claims and sections 2329, 2330, 2331, and 2333 of the Revised Statutes (30 U.S.C. 35, 36, and 37) for placer claims, and section 2337 of the Revised Statutes (30 U.S.C. 42) for mill site claims, as the case may be, were fully complied with by the applicant by that date.

(c) REPORT.—On September 30, 2000, the Secretary of the Interior shall file with the House and Senate Committees on Appropriations and the Committee on Resources of the House of Representatives and the Committee on Energy and Natural Resources of the Senate a report on actions taken by the Department under the plan submitted pursuant to section 314(c) of the Department of the Interior and Related Agencies Appropriations Act, 1997 (Public Law 104–208).

(d) MINERAL EXAMINATIONS.—In order to process patent applications in a timely and responsible manner, upon the request of a patent applicant, the Secretary of the Interior shall allow the applicant to fund a qualified third-party contractor to be selected by the Bureau of Land Management to conduct a mineral examination of the mining claims or mill sites contained in a patent application as set forth in subsection (b). The Bureau of Land Management shall have the sole responsibility to choose and pay the third-party contractor in accordance with the standard procedures employed by the Bureau of Land Management in the retention of third-party contractors.

SEC. 312. Notwithstanding any other provision of law, amounts appropriated to or earmarked in committee reports for the Bureau of Indian Affairs and the Indian Health Service by Public Laws 103–138, 103–332, 104–134, 104–208, 105–83, and 105–277 for payments to tribes and tribal organizations for contract support costs associated with self-determination or self-governance contracts, grants, compacts, or annual funding agreements with the Bureau of Indian Affairs or the Indian Health Service as funded by such Acts, are the total amounts available for fiscal years 1994 through 1999 for such purposes, except that, for the Bureau of Indian Affairs, tribes and tribal organizations may use their tribal priority allocations for unmet indirect costs of ongoing contracts, grants, self-governance compacts or annual funding agreements.

SEC. 313. Notwithstanding any other provision of law, for fiscal year 2000 the Secretaries of Agriculture and the Interior are authorized to limit competition for watershed restoration project contracts as part of the ''Jobs in the Woods'' component of the President's Forest Plan for the Pacific Northwest to individuals and entities in historically timber-dependent areas in the States of Washington, Oregon, and northern California that have been affected by reduced timber harvesting on Federal lands.

SEC. 314. None of the funds collected under the Recreational Fee Demonstration program may be used to plan, design, or construct a visitor center or any other permanent structure without prior approval of the House and the Senate Committees on Appropriations if the estimated total cost of the facility exceeds $500,000.

SEC. 315. (a) None of the funds made available in this Act or any other Act providing appropriations for the Department of the Interior, the Forest Service or the Smithsonian Institution may be used to submit nominations for the designation of Biosphere Reserves pursuant to the Man and Biosphere program administered by the United Nations Educational, Scientific, and Cultural Organization.

(b) The provisions of this section shall be repealed upon enactment of subsequent legislation specifically authorizing United States participation in the Man and Biosphere program.

SEC. 316. None of the funds made available in this or any other Act for any fiscal year may be used to designate, or to post any sign designating, any portion of Canaveral National Seashore in Brevard County, Florida, as a clothing-optional area or as an area in which public nudity is permitted, if such designation would be contrary to county ordinance.

SEC. 317. Of the funds provided to the National Endowment for the Arts—

(1) The Chairperson shall only award a grant to an individual if such grant is awarded to such individual for a literature fellowship, National Heritage Fellowship, or American Jazz Masters Fellowship.

(2) The Chairperson shall establish procedures to ensure that no funding provided through a grant, except a grant made to a State or local arts agency, or regional group, may be used to make a grant to any other organization or individual to conduct activity independent of the direct grant recipient. Nothing in this subsection shall prohibit payments made in exchange for goods and services.

(3) No grant shall be used for seasonal support to a group, unless the application is specific to the contents of the season, including identified programs and/or projects.

SEC. 318. The National Endowment for the Arts and the National Endowment for the Humanities are authorized to solicit, accept, receive, and invest in the name of the United States, gifts, bequests, or devises of money and other property or services and to use such in furtherance of the functions of the National Endowment for the Arts and the National Endowment for the Humanities. Any proceeds from such gifts, bequests, or devises, after acceptance by the National Endowment for the Arts or the National Endowment for the Humanities, shall be paid by the donor or the representative of the donor to the Chairman. The Chairman shall enter the proceeds in a special interest-bearing account to the credit of the appropriate endowment for the purposes specified in each case.

SEC. 319. No part of any appropriation contained in this Act shall be expended or obligated to fund new revisions of national forest land management plans until new final or interim final rules for forest land management planning are published in the Federal Register. Those national forests which are currently in a revision process, having formally published a Notice of Intent to revise prior to October 1, 1997; those national forests having been court-ordered to revise; those national forests where plans reach the fifteen year legally mandated date to revise before or during calendar year 2000; national forests within the Interior Columbia Basin Ecosystem study area; and the White Mountain National Forest are exempt from this section and may use funds in this Act and proceed to complete the forest plan revision in accordance with current forest planning regulations.

SEC. 320. (a) In providing services or awarding financial assistance under the National Foundation on the Arts and the Humanities Act of 1965 from funds appropriated under this Act, the Chairperson of the National Endowment for the Arts shall ensure that priority is given to providing services or awarding financial assistance for projects, productions, workshops, or programs that serve underserved populations.

(b) In this section:

(1) The term ''underserved population'' means a population of individuals who have historically been outside the purview of arts and humanities programs due to factors such as a high incidence of income below the poverty line or to geographic isolation.

(2) The term ''poverty line'' means the poverty line (as defined by the Office of Management and Budget, and revised annually in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)) applicable to a family of the size involved.

(c) In providing services and awarding financial assistance under the National Foundation on the Arts and Humanities Act of 1965 with funds appropriated by this Act, the Chairperson of the National Endowment for the Arts shall ensure that priority is given to providing services or awarding financial assistance for projects, productions, workshops, or programs that will encourage public knowledge, education, understanding, and appreciation of the arts.

(d) With funds appropriated by this Act to carry out section 5 of the National Foundation on the Arts and Humanities Act of 1965—

(1) the Chairperson shall establish a grant category for projects, productions, workshops, or programs that are of national impact or availability or are able to tour several States;

(2) the Chairperson shall not make grants exceeding 15 percent, in the aggregate, of such funds to any single State, excluding grants made under the authority of paragraph (1);

(3) the Chairperson shall report to the Congress annually and by State, on grants awarded by the Chairperson in each grant category under section 5 of such Act; and

(4) the Chairperson shall encourage the use of grants to improve and support community-based music performance and education.

SEC. 321. None of the funds in this Act may be used to support government-wide administrative functions unless such functions are justified in the budget process and funding is approved by the House and Senate Committees on Appropriations.

SEC. 322. Notwithstanding any other provision of law, none of the funds in this Act may be used for the National Telecommunications and Information Administration (Spectrum), GSA Telecommunication Centers, or the President's Council on Sustainable Development.

SEC. 323. None of the funds in this Act may be used for planning, design or construction of improvements to Pennsylvania Avenue in front of the White House without the advance approval of the House and Senate Committees on Appropriations.

SEC. 324. Amounts deposited during fiscal year 1999 in the roads and trails fund provided for in the fourteenth paragraph under the heading ''FOREST SERVICE'' of the Act of March 4, 1913 (37 Stat. 843; 16 U.S.C. 501), shall be used by the Secretary of Agriculture, without regard to the State in which the amounts were derived, to repair or reconstruct roads, bridges, and trails on National Forest System lands or to carry out and administer projects to improve forest health conditions, which may include the repair or reconstruction of roads, bridges, and trails on National Forest System lands in the wildland-community interface where there is an abnormally high risk of fire. The projects shall emphasize reducing risks to human safety and public health and property and enhancing ecological functions, long-term forest productivity, and biological integrity. The Secretary shall commence the projects during fiscal year 2000, but the projects may be completed in a subsequent fiscal year. Funds shall not be expended under this section to replace funds which would otherwise appropriately be expended from the timber salvage sale fund. Nothing in this section shall be construed to exempt any project from any environmental law.

SEC. 325. None of the funds made available in this Act may be used to establish a national wildlife refuge in the Kankakee River watershed in northwestern Indiana and northeastern Illinois.

SEC. 326. None of the funds provided in this or previous Appropriations Acts or provided from any accounts in the Treasury of the United States derived by the collection of fees available to the agencies funded by this Act, shall be transferred to or used to support the Council on Environmental Quality or other offices in the Executive Office of the President, or be expended for any headquarters or departmental office functions of the agencies, bureaus and departments covered by this Act, for purposes related to the American Heritage Rivers program.

SEC. 327. None of the funds in this Act may be used to operate telephone answering machines during core business hours except in emergency situations.

SEC. 328. (a) ENHANCING FOREST SERVICE ADMINISTRATION OF RIGHTS-OF-WAY AND LAND USES.—During fiscal year 2000 and each fiscal year thereafter, the Secretary of Agriculture shall deposit into a special account established in the Treasury all administrative fees collected by the Secretary pursuant to section 28(l) of the Mineral Leasing Act (30 U.S.C. 185(l)), section 504(g) of the Federal Land Policy and Management Act of 1976 (43 U.S.C. 1764(g)), and any other law that grants the Secretary the authority to authorize the use and occupancy of National Forest System lands, improvements, and resources, as described in section 251.53 of title 36, Code of Federal Regulations.

(b) USE OF RETAINED AMOUNTS.—Amounts deposited pursuant to subsection (a) shall be available, without further appropriation, for expenditure by the Secretary of Agriculture to cover costs incurred by the Forest Service for the processing of applications for special use authorizations and for inspection and monitoring activities undertaken in connection with such special use authorizations. Amounts in the special account shall remain available for such purposes until expended.

(c) REPORTING REQUIREMENT.—In the budget justification documents submitted by the Secretary of Agriculture in support of the President's budget for a fiscal year under section 1105 of title 31, United States Code, the Secretary shall include a description of the purposes for which amounts were expended from the special account during the preceding fiscal year, including the amounts expended for each purpose, and a description of the purposes for which amounts are proposed to be expended from the special account during the next fiscal year, including the amounts proposed to be expended for each purpose.

(d) EFFECTIVE DATE.—This section shall take effect October 1, 2000 and remain in effect through September 30, 2005.

SEC. 329. The Secretary of Agriculture and the Secretary of the Interior shall:

(1) prepare the report required of them by section 323(a) of the Fiscal Year 1998 Interior and Related Agencies Appropriations Act (Public Law 105–83; 111 Stat. 1543, 1596–7);

(2) distribute the report and make such report available for public comment for a minimum of 120 days; and

(3) include detailed responses to the public comment in any final environmental impact statement associated with the Interior Columbia Basin Ecosystem Management Project.

SEC. 330. Hereafter, and notwithstanding any other provision of law, a woman may breastfeed her child at any location in a building or on property that is part of the National Park System, the Smithsonian Institution, the John F. Kennedy Center for the Performing Arts, the United States Holocaust Memorial Museum, or the National Gallery of Art, if the woman and her child are otherwise permitted to be present at the location.

SEC. 331. None of the funds appropriated by this Act shall be used to propose or issue rules, regulations, decrees, or orders for the purpose of implementation, or in preparation for implementation, of the Kyoto Protocol which was adopted on December 11, 1997, in Kyoto, Japan at the Third Conference of the Parties to the United Nations Framework Convention on Climate Change, which has not been submitted to the Senate for advice and consent to ratification pursuant to article II, section 2, clause 2, of the United States Constitution, and which has not entered into force pursuant to article 25 of the Protocol.

The CHAIRMAN. Are there amendments to the remainder of the bill?

AMENDMENT OFFERED BY MR. RAHALL

Mr. RAHALL. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. RAHALL:

On page 108, after line 14, insert the following new section:

''SEC. 332. None of the funds appropriated by this Act shall be used to process applications for approval of patents, plans or operations, or amendments to plans of operations in contravention of the opinion dated November 7, 1997, by the Solicitor of the Department of the Interior.''.

Mr. RAHALL. Mr. Chairman, I offer this amendment on behalf of myself, the gentleman from Connecticut (Mr. SHAYS), and the gentleman from Washington (Mr. INSLEE).

Mr. Chairman, enough is enough. The greatest giveaway this Nation has ever experienced should end right now. Here today, on this floor of the House of Representatives, we should join in a resounding voice in saying that enough is enough.

The Mining Law of 1872, enacted with Ulysses S. Grant as the President of the United States while Union troops still occupied the South, and when the invention of the telephone and Custer's stand at the Little Bighorn were still 4 years away, that Mining Law of 1872 still stands. Did it serve to help settle the West, as it was intended? Yes, it sure did. Has it worked to produce valuable minerals for our economy? Indeed it has. But today, I submit, it stands as the Jurassic Park of all Federal laws.

Today, in this day and age, the Mining Law of 1872 still allows valuable minerals found on Western public lands to be mined for free: No royalty, no return to the American taxpayer. It is our names that are on the deed to these lands. Today, in this day and age, this law allows mining claimholders, for the most part multinational conglomerates, to actually obtain title to these public lands for as little as $2.50 an acre.

I know some of my colleagues may find this hard to believe, but it is true. I looked to see if the Mining Law of 1872 was listed in Ripley's Believe It or Not. It was not, but it should be.

Mr. Chairman, I would say to my colleagues that we have tried, we have

tried long and hard to reform this law. The chairman of the subcommittee, the gentleman from Ohio (Mr. REGULA) has been one of our friends along this way in trying to make these reforms. We have tried to comport the law with the values of our modern society as they exist today. We will still continue to try in this endeavor.

But today we are seeking to address a single issue in this whole debate. That single issue is this: When one stakes a mining claim, the law says that one can obtain up to five acres of additional public lands, non-mineralized in character, for the purpose of dumping the mining waste. These lands are known as millsites. Indeed, the claimholder can also obtain a title to those lands for that $2.50 an acre price I spoke of earlier.

Not content with this arrangement, some in the hardrock mining industry are seeking to gobble up unlimited quantities of public lands in association with their mining claims for waste dumps. The amendment we are offering today simply says no, they cannot do this. The existing law's ratio of mining claims to millsites will stand.

The public domain is a public trust. There is an effort under foot to subvert that public trust. It is a land grab at the American taxpayers' expense, a pure land grab. Can they mine, can they mine ore under the existing arrangement? Of course they can. Will the industry continue to profit under the Mining Law of 1872? Certainly it will. But we are here to say that enough is enough.

Mr. Chairman, I urge the adoption of the amendment.

Mr. REGULA. Mr. Chairman, I move to strike the last word.

Mr. Chairman, as the gentleman from West Virginia knows, he and I have seen eye to eye on a number of the proposed mining law changes, and recognize that this is a matter that should be addressed by this body and the other body.

My concern with this amendment is that we are letting one person in effect make law for the United States. I have always been of the opinion that the Constitution says that legislation should be passed by both houses and signed by the President. I think that is the proper way to do it. I do not believe that the Solicitor of the Department of the Interior should be given the privilege of making law, taking our responsibility. That to me would be a derogation of power that I think would be totally wrong.

I would point out that the BLM manual, and the BLM has been under the control of the Democrat party and the presidency as part of the executive branch, says, ''A millsite cannot exceed 5 acres in size,'' which is what the attempt to do here is.

It also goes on to say, ''There is no limit to the number of millsites that can be held by a single claimant.'' Further the United States Forest Service Manual provides, ''The number of millsites that may be legally located is based specifically on the need for mining or milling purposes, irrespective of the types or numbers of mining claims involved.''

These are policies. I think the public is entitled to conform with what is the policy of this Administration as set forth in the BLM manual and the United States Forest Service Manual.

I agree with the gentleman from West Virginia. There ought to be changes. We have joined in legislation in the past to do so. That is the proper way to do it, because these are policies that require a legislative solution and not a decision by the Solicitor that this should be the policy of the United States. That the Solicitor of the Department of the Interior should be making laws and not the Members of this Chamber and the other Chamber is not acceptable.

For these reasons, I oppose this amendment. I would hope that the gentleman from West Virginia would offer this as a legislative bill to be heard in the authorizing committees and achieve the changes. In some of those I would join him. But I just think it is the wrong policy to let one person in our government decide what the policies should be that are the responsibility of this legislative body.

Mr. RAHALL. Mr. Chairman, will the gentleman yield?

Mr. REGULA. I yield to the gentleman from West Virginia.

Mr. RAHALL. Mr. Chairman, I appreciate the distinguished subcommittee chairman for yielding to me. The points he makes about the legislation, I would note, there was no point of order made against the amendment.

In addition, while the Bureau of Land Management manual may have erroneously stated as the gentleman has accurately described it stated, the law and the regulations I believe do have this 5-acre limit.

The statute, section 42, title 30, U.S. Code, imposes a limitation that no location for land for use as millsites shall exceed 5 acres in connection with each mining claim. So the manual from which the gentleman quotes accurately is in error, and the law and the statutes are correct.

Mr. REGULA. Reclaiming my time, Mr. Chairman, I think the issue is whether there is a multiplicity of 5-acre sites by one claimant. The gentleman's proposal is a limitation so it is not subject to a point of order, but I believe the gentleman's proposal would limit a claimant to one 5-acre site, and the BLM standard does not do that. That is where there is a difference in what the BLM requires versus what the gentleman would require in his amendment of limitation.

Mrs. CUBIN. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I would like to make the record straight on part of the testimony that has been given on hardrock mining.

First of all, I have to say that I have very, very little hardrock mining in my State, but I do know the history of what has gone on with the hardrock mining law.

In my opinion, the Interior Department Solicitor and Vice President GORE are attempting to rewrite our mining laws without the benefit of congressional sanction nor public input. Why? Perhaps it is because the 104th Congress passed significant amendments to the mining law.

Let me say what some of those amendments were, the very things that my colleague, the gentleman from West Virginia, complained about.

The law that we passed in the 104th Congress imposed a 5 percent royalty on all the minerals that were extracted. It required fair market value payment for lands, including the millsites. Also it established an abandoned hardrock mine land fund which would reclaim, which would clean up and restore any of the mining lands that had been deserted, that anyone who currently is mining could be forced to clean up and to reclaim.

However, the President vetoed it. Why did he do that? He did that because the Congress refused to give the Secretary of Interior unbridled authority to just say no to mining. This Solicitor has been wrong before when it comes to hardrock mining. As a matter of fact, there is a Supreme Court decision seven to one against the Solicitor on the way he has interpreted some of the regulations for hardrock mining.

So Mr. Chairman, let me get to the specific issue. On the issue of millsites, he recently concluded that our mining laws contain a limit on the ownership of such millsites, despite the fact that no previous Solicitor ever nor any court ever has interpreted the law to limit the number of millsites, the number of 5-acre millsites that are available.

The law is very, very clear. A mining claimant may only utilize non-mineral-bearing lands as millsites, and only as much as is necessary in the conduct of one's mining and milling operation. If more than 5 acres is necessary, then they have to get another site.

That is exactly what the Solicitor and the Vice President are trying to stop, which will basically truly impede hardrock mining, and in some cases, stop it. In no way is the miner limited to only as many millsites as he holds mining claims. No one ever has made that ruling except the current Solicitor. I challenge anyone to show me in the United States Code, title 30, section 42, where a mining claimant is so limited. It is not there, and the Solicitor knows it.

He argues in his opinion that a 1960 amendment makes clear that Congress intended to limit ownership of millsites to one for one, but this law references placer mining, not lode claims.

So in truth, Congress has had the opportunity not only in the 104th Congress, where they took the opportunity

to reform the mining law, but in 1960 to legislate the very rule that this amendment would impose, and in 1960 they affirmatively chose not to do it.

Mr. Chairman, the Rahall-Shays-Inslee amendment is an attempt to cede legislative branch authority to an unelected lawyer who is working for the Interior Department, and he is and has continued to work feverishly to impose his unorthodox views about mining before he and the Vice President leave office.

But the property clause of the Constitution is very, very clear. I quote: ''The power to dispose of and make all needful rules and regulations respecting the territories and public property lies with the Congress.''

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So I implore the Members of the House to not abandon our power, not abandon our responsibility. It is up to us. Yes, I believe that we need mining law reform. I believe that we need royalty. I believe that we need an abandoned mines fund. I believe that we need to get fair market value. Had the President not vetoed that, we would have that in place today.

Mr. NETHERCUTT. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I am rising today to oppose this amendment offered by the gentleman from West Virginia (Mr. RAHALL), the gentleman from Washington (Mr. INSLEE), and the gentleman from Connecticut (Mr. SHAYS) because it seeks to ratify a decision by the Solicitor of the Department of the Interior which restricts the acreage available for mining under the existing mining law and the existing interpretation of the metals mining law.

This, pure and simple, is politics at its worst; and it is legislation being fomented by one person in the Department of Interior who seeks to manipulate the process of approval of mining claims and the conduct of mining in this country.

Goodness knows that mining is under assault in any event. But the worst kind of assault is by one person in the Solicitor's Office who claims intellectual superiority over the Congress or anybody else in the country by his sole interpretation of the mining law relative to mining claims and millsites.

Make no mistake about mining law in America today. It requires extensive environmental protection, analysis, review and approval both by Federal statute and by State statute. So what our friend down at the Department of Interior seems to want to do today is force this issue on this House and force the issue of his opinion on the mining interests and the mining jobs that are created all over this country but that are fast dwindling.

In February of this year, the Solicitor issued an opinion, an opinion that would virtually overturn the 1872 mining law by allowing a miner one 5-acre millsite claim per mining claim plan to be developed. This is an unprecedented decision by the Solicitor and in over 100 years of analysis and interpretation of mining law the law has never been interpreted this way. In fact, our friend, the Solicitor, is expressing an opinion, and again it is an opinion, contrary to the long-standing Bureau of Land Management and U.S. Forest Service policy, which is directly contrary in the regulations of the Bureau of Land Management to the Solicitor's interpretation.

So it is a nice try, but no sale because it is a misinterpretation and it is an aberration and it should be rejected by the House, by every one of us in the West who respect the mining interests that have been a tradition in the West for years. We ought to be offended by this. We are offended by it, and we ought to resist it. And the rest of the House should not be, shall I say, persuaded by the opinion, the opinion of one person downtown who wants to be dramatic in terms of affecting mining policy in this country.

It is not an environmental issue, Mr. Chairman. Companies that are petitioning to operate mines and millsites must still go through, as I said a moment ago, strict environmental law. Stricter than they have ever been. Stricter today than ever in history. And goodness knows also that there needed to be some changes made in mining practices. But the sins of the past should not be presented here today in the present, because mining companies and the mining industry is an honorable business, and the mining companies and the small and large employees and employers who are affected by mining law comply to the strictest environmental requirements in history today. So what happened then is not now.

But this Solicitor is living in the past. He has a bone to pick. He has a point of view. He has a particular persuasion relative to the goodness or badness of mining, and he is trying to persuade the rest of the country by one opinion, by an ill-advised opinion I must say, and persuade the House that he is right. Well, he is wrong, and the Solicitor is wrong, and the Department of the Interior is wrong, and it is outrageous that the Department would allow this to stand.

So, Mr. Chairman, I would say to my colleagues all of us in the West and all of us across the country ought to be very concerned about one opinion trying to affect the industry of this country that has been an honest and honorable one and is currently a respectable environmental practice that is undertaken by companies across this country who are trying to mine the minerals and the resources of this country in a responsible way. We should reject this amendment.

Mr. INSLEE. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in support of this amendment. This amendment is not a giant leap forward for mankind, it is simply a step to make sure that we do not take a giant leap backward for the American taxpayers.

Taxpayers actually have one and only one protection in the 1872 mining law, and that protection says if someone is going to open a mine and pay nothing for it on public land, they cannot dump their mine waste on more than 5 acres of the public's land. This is common sense, existing, on the books, black and white law in the country.

Now, to make sure, I have this blowup; and if my colleagues can see the blowup, what it says is simple. I think we as Members of Congress ought to take a look at it. It says miners can use offsite land for millsites, but no location made on and after May 10, 1872, of such nonadjacent land shall exceed 5 acres. Five acres.

So why are we here? We are here because in the other Chamber's bill they order agencies to ignore the clear protection of this law. They argue that miners can have 5 acres here, 5 acres there, 5 acres over there, until maybe they get a thousand acres. That is no limitation. That is a nothing law. That is not a law. That would be a bad joke on the American taxpayers.

Mr. Chairman, their argument reminds me of my son. One of my sons likes ice cream, so we imposed a two big-scoop limit on him for dessert. And after he finished he came back and said, ''I am done with those two scoops. Now I want my second dessert for the second two scoops.'' He thinks just like the mining industry, and he was wrong and that argument did not wash. He gets two scoops of ice cream and they get 5 acres to pile up their tailings on American taxpayers' land without paying a dime for it.

Why is this important? It is important because there is no justice to the America taxpayers if we take their lands, give it to privately held corporations and give them nothing but 20, 50, 100, 1,000 acres of crumbled stone and cyanide. That is why the Taxpayers for Common Sense support this amendment.

In 1872, Congress said 5 acres was the limit. In 1960, Congress passed a bill that would have given unlimited acreage but recognized the need for the 5-acre limitation and struck that language. And now in 1999 we ought to put our foot down and say the same thing.

In this case, the Solicitor General has rendered a opinion that agrees with our amendment, happens to agree with our position. But I really do not give a fig what the Solicitor General thinks about this. What matters is what the law of the country says and what Congress thinks and what Congress says and what the American public deserves. The worst thing Congress could do is take one provision of the 1872 mining law protecting the public and then gut it, which will happen if we do not pass this amendment.

Some say everything is hunky-dory in our mining industry, all the problems taken care of, miners can put their 5 acres or hundred acres anywhere they want. But that did not help the gold mine in Montana that closed in 1997 and now has ended up with cyanide in residents' drinking water. This law is a clear antiquity. It is broken. We need mining reform, not mining deform. We need to go forward on mining law, not backward.

Pass this law and follow the law of 1872 to the extent that it gives Americans at least one protection.

Mr. HILL of Montana. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in opposition to the Rahall amendment; and the reason for that is it overturns what is, in essence, a hundred years of practices in public land management. The issue here is whether or not a mine can use more than one 5-acre parcel for a millsite. And, as a matter of fact, both the BLM and Forest Service manuals say yes.

The BLM manual says, quote, ''A millsite cannot exceed 5 acres in size. There is no limit to the number of millsites that can be held by a single claimant.''

The BLM Handbook for Mineral Examiners says, quote, ''Each millsite is limited to a maximum of 5 acres in size and must be located on non-mineral land. Millsites may be located by legal subdivision or by metes and bounds. Any number of millsites may be located, but each must be used in connection with the mining or milling operation.''

And the U.S. Forest Service Manual says, quote, ''The number of millsites that may legally be located is based specifically on the need for mining or milling purposes, irrespective of the types or numbers of mining claims involved.''

Mr. Chairman, this has been the practice for well over a hundred years. Basically, this issue is that the Clinton administration has decided it wants to wage war on mining on the public lands. The average hard rock mine employs about 300 people, more or less. In Seattle, Washington, or Bridgeport, Connecticut, or here in Washington, D.C., 300 jobs is not a big deal. More than that number of people work in one floor of any of our office buildings. But in rural Montana it is a big deal. We need those jobs. And often they are the only jobs in those communities.

The President just toured rural America and talked about the high poverty rate and the high unemployment rate that is out there. We need these jobs. Our communities need these jobs. Our families need these jobs. Our schools need these jobs. I think the 1872 mining law needs to be updated. It has been four or five dozen times, and I would support an effort to try to do that. But that reform is the responsibility of Congress. It is not the responsibility of one lawyer in the administration, and it should not be done by executive fiat.

The Clinton-Gore new interpretation of this provision is done without any court oversight. It has been done without any public input. It has been done without any hearings. There has been no consultation with the Congress. This is the wrong way to reform the 1872 mining law. It is a disaster for rural Montana, and I would urge the defeat of this amendment.

Mr. GEORGE MILLER of California. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in support of this amendment. Those who oppose this amendment would suggest that somehow one day the Solicitor in the Department of the Interior woke up and redefined the law. The fact is that the law is clear on its face and no location of a millsite shall exceed 5 acres. That is what it said in 1872, and that is what it says today.

The history is, in 1872, a month later the General Land Office issued the regulations expressly limiting millsite locations to 5 acres.

In 1891, the Secretary of the Interior rules that it limits it to 5 acres.

In 1903, the Acting Secretary of Interior rules in the Alaska Copper Company, the area of such additional tracts is by the terms of the statute restricted to 5 acres.

In 1914, ''Lindley on Mines'' says it is restricted to 5 acres.

And it goes on through this in 1960, when Congress looks at it and goes back and says, ''A millsite may, if necessary for the Claimant's mining or milling purposes, consist of more than one tract of land, provided it does not exceed 5 acres in the aggregate.''

In 1968, the American Mining Congress says that it is 5 acres. They do not like it, but it is 5 acres.

This is not about that. What this is about is the mining industry that has done everything they can to keep us from having a reform of the mining law. And the gentlewoman from Wyoming (Mrs. Cubin) recited the pale effort of the other side to pass mining law reform with royalties that turned out to be phantom royalties that meant nothing. It was 5 percent of nothing is nothing when they got done, and the environmental protections and all the rest. And the President is absolutely right to protect the environment and to protect the taxpayers of this country by not going along with that legislation.

But this is the law as it is today. And what the mining law companies have decided is they want to go out onto public land and dump their waste onto public land, to build their cyanide heap leaching pads out on public land, and when they are done extracting the ore, they will leave, and the public would be the steward of these waste sites.

Well, they have already done that. We have seen this movie. This mining industry has left us with 12,000 miles of streams that suffer from toxic metals and wastes that dribble into those steams; 180,000 acres of lakes where toxic metals are there loaded with lead, cadmium and arsenic.

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There are more than 500,000 abandoned mines. Yes, this is a boom and bust industry. Right now it is not looking so good. Gold is down below $300. When they leave these facilities, yes, they leave us with the waste; they leave us with the toxics.

Right now we expect that the government is going to have to pay between some $32 to $72 billion to try and reclaim these mines, to try to get rid of the toxics, to try to get the materials out of our streams, out of our lakes so that people in the West can enjoy the land that has been spoiled by these mining operations.

To have them now come along and dump their waste on public lands in violation of law, the Solicitor was absolutely correct in his opinion. He was restating the law as it is today.

The mining companies do not want to come into the authorizing committee and have a mining law reform and change this to make it 10 acres or 20 acres or whatever they think it should be, under whatever conditions. No. They want to come into an appropriations bill like they did when we were worried about funding the war in Kosovo. They thought that would be a good vehicle to allow them to dump their waste onto public lands, and they got away with it.

It turned out to be such a good deal in the Kosovo appropriations that here they are now back in the appropriations process in the Senate.

These people do their best work in the middle of the night. They do their best work in the middle of the night. They do not want a debate on policy, about where the waste should be, and the size of these tracks for waste. They do not want a debate on royalties. They do not want a debate on rents. Why? Because since 1872, they have been fleecing the taxpayer. They have taken billions off of the lands that are owned by the people of the United States and paid nothing.

Now, if they take it off of the land of a rancher next door, they pay him 7, 8 percent gross royalties. If they take it off State lands, they pay them a percent of royalties. It is just Uncle Sam that does not get paid.

No wonder they are in here with a single shot amendment in the Senate bill to try to overturn the Solicitor's opinion, because they do not want this debate. They do not want the debate.

So what are we left to? We are left to, on the appropriations bill, trying to stop them from continuing to fleece the taxpayer and take over these public lands for the purposes of dumping their waste.

For those of my colleagues who were not familiar with this process, these leach pads are hundreds of feet high. They are huge. They are constantly

sprinkled with cyanide to leach out the gold. We move hundreds of tons of dirt and rock and ore and waste to get an ounce of gold. That is this process.

Technology has changed the nature of gold mining. Why do we not have a debate on modernizing the gold mining industry? Why do we not have a debate about this industry that now can go into such low grade ore to make this kind of profit? Can they not pay the people of the United States something for the use of the land? No. Their alternative is to come here in the middle of the night and try to strike another rider on the appropriations bill so that they will not have to have that debate.

We ought to support the Rahall-Shays-Inslee amendment.

Mr. GIBBONS. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in opposition to the Rahall amendment. I want to bring it back into a little bit of focus, if I can. It has been a long time since I was in the third grade and when I learned basic volumetric analysis about what we can do and what we cannot do.

One thing my parents always told me is, one cannot put 10 pounds in a 5-pound bag. Here we have got a 20-acre load claim, 20-acre site, and now we are restricting it to 5 acres, attempting to take most of the material off of a 20-acre area and put it into a 5-acre parcel. That is an impossibility. It is physically impossible. It has to be understood.

But other than that, let me say that I rise to oppose this amendment for several reasons, one of which, it is going to allow a Solicitor, it is going to put law behind an opinion that was not a final judicial opinion. There has been no debate on this. It did not come through the committees. There was no debate on the merits of this issue. There was no hearing on this. It suddenly appeared from the dark of night, as the gentleman from California (Mr. GEORGE MILLER) has said, and now it is before us. There has been no public input on this measure, all for the purpose of destroying a mining industry.

I want to say that, in March of this year, the Solicitor at the Department of Interior reinterpreted a long-standing provision of the law, then relied on his new interpretation to stop a proposed gold mine in the State of Washington.

Well, this proposed gold mine has gone through a comprehensive environmental review by Federal and State regulators which was upheld by a Federal district court.

They had met every, and I repeat, every environmental standard required and secured over 50 permits to operate. The mine qualified for their permits after spending $80 million of their money and waiting 7 years to get into operation.

The local Bureau of Land Management and Forest Service officials informed this mine and their sponsors that they, in fact, had qualified for the permit, and they should come to their office to receive it. It was then noted that the Solicitor in Washington who intervened used his novel interpretation of the law to reject the permit.

The Rahall amendment is cleverly designed to codify this administrative reinterpretation. This interpretation has been implemented without any congressional oversight, as I have said, or rulemaking, which would be open for public review and input and comment on this proposal.

This was a calculated effort to give broad discretion to the Solicitor to stop mining projects that met all environmental standards; and yet we are opposed by environmental extremists and special interest groups.

This amendment should be defeated, and the Solicitor should be required to seek out a congressional change in the law or either a formal rulemaking, giving the impacted parties an opportunity to comment on the change.

If allowed to stand, this Interior Department ruling will render the mining law virtually meaningless and shut down all hard-rock mining operations and projects, representing thousands of jobs and billions of dollars of investments throughout the West.

This amendment will destroy the domestic mining industry, and with the price of gold at $257, not near $300, $257, which is a new 30-year low, the second largest industry in my State will cease to exist.

I think Congress must pay attention if it is intending to put industries, valid industries, legal industries out of business. If the Secretary or his Solicitor has problems with the United States mining law, then they should take these problems to Congress to be debated in the light of day before the American public.

Laws are not made by unelected bureaucrats. Bureaucrats administer those laws that we enact here in Congress. Congress has to approve whether or not they agree with the laws.

It is the duty of the government in a democracy to deal honestly with its citizens, not cheat them.

As the Wall Street Journal stated recently, and I quote: ''If the Solicitor's millsite opinion is allowed to stand, investment in the United States will be as risky as Third World Nations.''

The International Union of Operating Engineers oppose the Rahall amendment on the basis that, if it passed, it will force the continued loss of high-paying jobs in the U.S. that are directly or indirectly related to the industry. These are many blue collar jobs in every congressional district we have in the United States.

Furthermore, Mr. Chairman, the Constitution gives the people control over the laws that govern them by requiring that statutes be affirmed personally by legislators and the President elected by the people. Majorities in the House and the Senate must enact laws, and constituents can refuse to reelect legislators who have voted for a bad law. Many Americans no longer believe that they have government by and for the people.

Mr. Chairman, I oppose this amendment very strongly.

Mr. BOEHLERT. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in strong support of this amendment. It is important that the House take a stand on this mining issue in this bill because the Interior bill in the other body already contains a rider on this matter.

Let me start with an assertion that probably would receive broad agreement across the ideological spectrum: the current state of American mining law is a travesty. Mining is governed by an outmoded law passed over a century ago, and Congress has not significantly modified it since 1960. One result is that taxpayers have been denied billions of dollars as mining rights are given away at rates that were probably even a cause for celebration back in 1872, when the law was originally written.

So we have an outmoded law that cheats taxpayers, and what do some want to do? They want to override the one provision of the 1872 law that actually provides the taxpayers some protection. That is the effect of the language that was in the supplemental appropriation and the language that has been proposed in the other body. That language would, in effect, repeal the clear language of the 1872 act that prevents mining companies from despoiling unlimited amounts of Federal land, land they get at a bargain rate, destroying that land with hazardous waste.

This amendment would put the House on record against efforts to give away more Federal land so that mining companies can use it as a waste site. It would block those efforts, not by doing anything radical, but simply by reaffirming long-standing Federal law. That is environmentally responsible and fiscally responsible.

If we are going to revisit the 1872 mining law, we need to do it comprehensively. What we should not do is attack the 1872 act piecemeal as part of the appropriations process in ways that remove the few provisions that protect taxpayers and the environment.

I urge support of this amendment which reaffirms current law and protects taxpayers.

Mr. RAHALL. Mr. Chairman, will the gentleman yield?

Mr. BOEHLERT. I yield to the gentleman from West Virginia.

Mr. RAHALL. Mr. Chairman, I thank the gentleman from New York for yielding to me, and I appreciate very much his support. He has always been one that speaks with an even hand and wants to balance our environmental needs along with the needs to provide jobs in industry.

Several comments were made by the gentleman from Nevada (Mr. GIBBONS) in regard to trying to stuff a 20-pound

waste into a 5-pound bag, something to that effect, alluding to the fact that this particular provision needs to be changed, this 5-acre limitation that has existed even prior to 1872 actually when we consider the load claims and the Placer Act that were combined in the passage of the mining law of 1872.

I am not adverse to looking at changes. That is what I have been trying to do since I have been in this body for 20 some years now is make amendments and make reform of this mining law of 1872 so that we can have jobs in the industry and have protection of the environment at the same time.

So I say to the gentleman, I will be glad to look at the comprehensive reform of the mining law. We have tried that in this body. Unfortunately, it has not passed the other body. So I think, if we can have that type of reform, we can probably address some of these needs.

I would say also to industry, many of whom when we have tried to reform in the mining law have been moderate and responsible and wanting to sit down at the table and work with us, including the gentleman from Ohio (Mr. REGULA), the subcommittee chairman.

There is always, of course, as there is in any facet of society, that fringe out there that does not want to sit down at the table and wants to torpedo any effort at reform.

So we have tried to reform this law. We have even passed a bill out of this House of Representatives in a bipartisan passion only to see it move nowhere in the other body.

So what we are doing here in this particular amendment, while we cannot look at the entire reform in the mining law, and we are not doing that in this amendment, we are looking at that 5-acre limitation that has been current law that the Interior Department has decided of late to try to enforce, and that is what we are trying to do here with this 5-acre limitation.

So I say to the gentleman from Nevada (Mr. GIBBONS), if that is not sufficient, I am willing to look at it in the context of overall reform.

Mr. GIBBONS. Mr. Chairman, will the gentleman from New York (Mr. BOEHLERT) yield?

Mr. BOEHLERT. I am glad to yield to the gentleman from Nevada.

Mr. GIBBONS. Mr. Chairman, I really appreciate the comment of the gentleman from West Virginia (Mr. RAHALL), only because, if one looks at the law and one interprets it from a reasonable person's standard, it says a single 5-acre millsite. But it does not limit the number. Five acres was there because they did not want to have more property used than was necessary. One can go out and get a number of 5-acre millsites if it needs more than one. That is the purpose and that is what the practice has been.

To restrict it to a single 5-acre millsite, as the gentleman is attempting to do with his amendment, would say to them that they can no longer have the room to put the excess waste from a 20-acre claim on more than one 5-acre parcel, which then has the effect of shutting down every mine, because it is retroactive according to the language the gentleman has got. It will go back, and it will destroy an industry that has long been one that has produced the quality of life that we have today.

Mr. MARKEY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in strong support of the Rahall-Shays-Inslee amendment. The Senate Committee on Appropriations has included an anti-environmental, anti-taxpayer rider offered by Senator LARRY CRAIG in its version of the Interior appropriations bill that would allow all hard-rock mines operating on public lands, retroactively and prospectively, to claim as much public land as a mining company deems necessary to store mining waste. The mining company decides how much land it needs, public land.

Now, why do they call it a rider? Where does that come from? An anti-environmental rider. What that means is that this is a vehicle, a horse, something that is moving.

□ 1700

And the rider jumps on board something that is legitimate, and it holds on. It is a rider on something it does not belong on. They should not be legislating, putting a rider on an appropriations bill, changing the 1872 Mining Law. That is a big legislative debate out here on the floor.

God knows, the mining industry has known how to kill all mining reform in my 24 years in Congress. It must come as a shock to them that they are forced now, once there is one favorable interpretation of the mining law that helps the environment, that they are out here on the floor, not even going through the regular legislative process, but rather trying to put a rider on a bill that does not even belong on.

So what we are trying to do here today is knock that anti-environmental rider, knock that anti-taxpayer rider out of the appropriations process. It does not belong on this bill. We should not be debating such a fundamental change.

What we are talking about here today is something called the Crown Jewel Mine at Buckhorn Mountain in eastern Washington State. We are talking about the Crown Jewel Mine as a rider, as something that does not belong on an appropriations bill. Something as central as that. And what will it allow to happen? It will allow tons of rock from the mountain, which would be placed on huge uncovered leach pads where cyanide would percolate down through the soil to remove the gold from the rock. Cyanide. That is what we are talking about.

When the mining industry finally decides that it wants to legislate, since 1872, it picks one great subject to put the rider on, cyanide leaching into the land of our country.

So, my colleagues, that is what the Craig rider is all about. The rider was attached to the Senate version of the bill after the Departments of Interior and Agriculture released a joint decision earlier this year denying the large open-pit cyanide-leach gold mine in Washington State. The government told the mining industry that it could not steal the public's crown jewels, its public lands and its public resources in order to dig the mining industry's Crown Jewel cyanide leach Pit Mine.

The government has been able to lock up, to block the Crown Jewel Mine only because of the millsite waste dumping limitation, which is the only provision of the 1872 Mining Law which protects the environment. It is the only provision in the whole law which protects the environment. And, of course, it is the only provision over the last 20 or 30 years that the mining industry wants to see any legislation considered here on the floor.

In addition, the amendment would also effectively limit taxpayer liability for cleaning up the waste when and if mining companies go bankrupt, a not-too-infrequent occurrence, by the way, in the United States. There are 500,000 plus abandoned mines around the country, and the taxpayers' cleanup bill for these mines is $30 to $70 billion, $30 to $70 billion to clean up these mines. The Rahall amendment protects against it.

My colleagues, let us reject the mining industry's attempts to attach these anti-environmental riders to the Interior appropriations bill. Let us prevent our Nation's public lands from being turned into toxic waste dumps. Let us vote for the Rahall-Shays-Inslee amendment.

Mr. REGULA. Mr. Chairman, I ask unanimous consent that all debate on this amendment and all amendments thereto be limited to 10 minutes to be equally divided. And let me say that I am just trying to expedite things here. We want to finish this bill tonight, and we have a number of amendments yet to go.

The CHAIRMAN. Is there objection to the request of the gentleman from Ohio?

Mr. VENTO. Mr. Chairman, reserving the right to object, I do not know how many Members there are.

Mr. REGULA. We have one more on our side.

Mr. VENTO. We have two or three over here. So I think if the gentleman would consider, and I do not know if we need to proceed or if I am going to use all 5 minutes.

Mr. REGULA. How about 20 minutes?

Mr. RAHALL. Each side?

Mr. REGULA. No, total.

The CHAIRMAN. Is there objection to the request of the gentleman from Ohio?

Mr. RAHALL. Reserving the right to object, Mr. Chairman. I think we have several more speakers on our side; and I would ask that that time be expanded, please.

Mr. DICKS. What about 30 minutes?

Mr. REGULA. Well, obviously, the gentleman has the right to object, so he can call it. I was hoping we could get it for 20 minutes, but if 30 is all I can get agreement on, then it has to be 30.

The CHAIRMAN. The gentleman's unanimous consent request is that debate on this amendment and all amendments thereto conclude in 30 minutes equally divided 15 minutes to each side.

Is there objection to the request of the gentleman from Ohio?

Mr. SHAYS. Reserving the right to object, there are a number of speakers who support this amendment who would like to speak, and the gentleman from Ohio (Mr. REGULA) is basically saying there is only 15 minutes, and the gentleman also says he has one gentleman who wants to speak in opposition. So I am just having a little bit of trouble with that.

The CHAIRMAN. Does the gentleman choose to object?

Mr. DICKS. I think we should just proceed, Mr. Chairman.

The CHAIRMAN. The gentleman withdraws his request.

Mr. HASTINGS of Washington. Mr. Chairman, I move to strike the requisite number of words.

I rise in opposition to this amendment, Mr. Chairman, and I do so following my friend from Massachusetts, who is always a joy to hear on the floor, although sometimes what he says is not entirely all the facts. So let me point out what the facts are in this particular case and why we are addressing this issue today.

First of all, this gold mine that started all this process is indeed in my district. The plan of operation started in 1992. They went through the draft environmental process and the record decision was let after 5 years, in January of 1997. Nearly 2 years later, after going through a number of appeals, the Federal Court upheld the EIS that was arrived at going through that process.

I might add going through this process the Crown Jewel Mine project secured over 50 permits to comply with State and national environmental laws. In fact, the director of the Washington State Department of Ecology said, and I quote, ''The most rigorous environmental analysis the State has ever conducted on a project of this type,'' referring to the Crown Jewel Mine. ''No other proposal has received this level of environmental scrutiny.''

Now, the reason that I bring this up is because what caused the amendment to be brought forth on the supplemental budget that we passed earlier this year is that in December of 1998 the Federal District Court upheld the EIS and the record decision. In other words, Battle Mountain Gold project could proceed forward. They were advised in January of 1999 by the BLM, the United States Forest Service, that the final formal approvals of the project were imminent and ready to go. Specifically, on February 4, the U.S. Forest Service advised Battle Mountain Gold to come in the next day, on February 5, for approval of the plan of operations.

On February 5, a day later, they went in to talk to the Forest Service; and the Forest Service advised them that this decision was kicked up to Washington, D.C.

And we heard a number of Members mention about the solicitor. That caused, then, the rider to be put on the supplemental bill to protect this project. Because they played by the rules, as was laid out when they went through this whole process.

That is exactly what they did, is played by the rules. They have invested $80 million in this project. From the standpoint of employment in an area where unemployment is high in my district, this would provide somewhere between 150 and 250 jobs over the life of the project.

So the response here is not something that deals, I think, as the debate has been going on, because in the short time I have been here, when I served on the Committee on Resources, there has been a lot of talk about reforming the 1872 Mining Law, and I think everybody wants to sit down and probably arrive at a reasonable accommodation. But the specific reason, I want to point out again, was because this company acted in good faith under existing rules and applications to go through with this project, and all of a sudden it was pulled out.

Now, we do not always react positively in terms of how the Senate reacts. We have to do what we think is the right thing to do. I believe the Rahall amendment really is a step back from where we were when we passed that rider on the supplemental bill. As a matter of fact, as I mentioned, that rider was specifically for the Battle Mountain Gold Company. But if the Rahall amendment were to pass and there were further permits that were required of the Battle Mountain Gold it could, therefore, end that project again. And again, to reiterate, that project proceeded under existing rules.

So I oppose the Rahall amendment, and I would certainly encourage Members of the respective authorization committee to work on the 1872 Mining Law, because it has certainly been talked about enough. And perhaps this debate may be the emphasis to continue forward. I do not know. But I believe the Rahall amendment is ill-advised here, and I urge Members to vote against it.

Mr. DICKS. Mr. Chairman, will the gentleman yield?

Mr. HASTINGS of Washington. I yield to the gentleman from Washington.

Mr. DICKS. Mr. Chairman, I would like to ask the other side here, because here we have a memorandum from the Office of the Solicitor of the Bureau of Land Management, I guess it is the Solicitor of the Department of the Interior, I would like to hear if anybody here disputes this. The Mining Law of 1872 provides that only one millsite of no more than 5 acres may be patented in association with each mining claim. Does anybody disagree with that?

The CHAIRMAN. The time of the gentleman from Washington (Mr. HASTINGS) has expired.

(On request of Mr. DICKS, and by unanimous consent, Mr. HASTINGS of Washington was allowed to proceed for 2 additional minutes.)

Mr. DICKS. Mr. Chairman, if the gentleman will continue to yield, I would like to hear somebody address the law here. What we have heard is a lot of rhetoric, but I would like to hear somebody address the statute and tell us, and is there a difference in language here? Because when I read this statute, it looks as if it does have this limitation.

Mr. HASTINGS of Washington. Reclaiming my time, Mr. Chairman, my understanding is that that is an opinion and not specifically in law, but the gentleman from Nevada (Mr. GIBBONS), who is on the committee and whose State has a great deal of mining law, may have a more elaborate response for the gentleman.

Mr. GIBBONS. Mr. Chairman, will the gentleman yield?

Mr. HASTINGS of Washington. I yield to the gentleman from Nevada.

Mr. GIBBONS. Mr. Chairman, I thank the gentleman for yielding to me and the gentleman from Washington (Mr. DICKS) as well.

It is true, if we look at the statute that was proposed by the gentleman from Washington up there, it is specific as to the size of it, but it does not restrict it to only a single claim. It allows for a millsite to be attached to and contiguous to a mining claim, but the millsite is only 5 acres.

Mr. DICKS. Mr. Chairman, will the gentleman yield?

Mr. HASTINGS of Washington. I yield to the gentleman from Washington.

Mr. DICKS. But as I understand it, if there are multiple claims, then there could be multiple millsites on each of 5 acres. Is that the understanding of the gentleman?

Mr. GIBBONS. If the gentleman from Washington (Mr. HASTINGS) will continue to yield, that is not the understanding, not according to the law. And I will read to the gentleman from the BLM manual.

Mr. DICKS. Wait a minute, not the manual.

Mr. GIBBONS. Well, the manual interprets the law.

Mr. DICKS. The statute here. Maybe this is where we hit the rut. Maybe the manual was wrong, but we have to go back to the statute. And I am asking the gentleman about the statute. As I read the statute, it appears to limit each millsite to 5 acres per claim. And that is the law.

Mr. GIBBONS. What the gentleman is reading from is the opinion of the solicitor which limits it, versus the statute which is on the board. There is no limitation as to the number.

The CHAIRMAN. The time of the gentleman from Washington (Mr. HASTINGS) has expired.

Mr. DICKS. Mr. Chairman, I move to strike the requisite number of words.

I would like the gentleman from Washington (Mr. INSLEE) to put up his chart for me, and then I would like to enter into a colloquy. We can just go through this section.

Mr. INSLEE. Mr. Chairman, will the gentleman yield?

Mr. DICKS. I yield to the gentleman from Washington.

Mr. INSLEE. First off, this is the law. This is the statute from the United States Annotated Code. This is the law.

□ 1715

What the executive branch says in some manual or letter or memorandum or written on the back of an envelope, or they can say it every day until doom's day, but it does not make a difference. This is the law passed by the United States Congress, signed by the President in 1872. Anything else is quite meaningless, frankly.

What it says, very clearly: ''Where nonmineral land not contiguous to the vein or lode is used or occupied by the proprietor of such vein or lode for mining or milling purposes, such nonadjacent surface ground may be embraced and included in an application for a patent for such vein or lode, and the same may be patented therewith, subject to the same preliminary requirements as to survey and notices as are applicable to the veins or loads; but no location made on and after May 10, 1872, of such nonadjacent land shall exceed five acres.''

Now, I understand that the argument is, well, they could have 5 acres here, and they can have 5 acres right next to it, and they could have another 5 acres right next to that; they could have 5 acres until they go all the way from Canada to Oregon and the State of Washington.

Let me suggest to my colleagues, if the Congress in 1872, and we have some very articulate members, Daniel Webster, I cannot remember when he was around in 1872, these are intelligent people. But if they were intending to give the mine everything they wanted, they did not need any limitation.

Mr. DICKS. Mr. Chairman, reclaiming my time, I want to also quote from Section 2 from (30 U.S.C. 41) subsection (b) where it says again: ''Where nonmineral land is needed by proprietor of a placer claim for mining, milling, processing, benefication, or other operations in connection with such claim,'' and then I will insert at the right time the rest of this. But when we get down to the bottom line it says: ''No location made of such nonmineral land shall exceed five acres and payment for the same shall be made at the rate applicable to placer claims which do not include a vein or lode.''

So when we get to these two different types of claims, I understand what happened here. In the old days, they would go into the earth to get the minerals and would only need a small area, like 5 acres on top, in order to have a place to bring the minerals out and deal with them. But now with these open-pit mines, all of a sudden they have tremendous amounts of earth that have to be moved and they cannot possibly do it on 5 acres.

So this limitation is a very serious one for this type of mining. But as I read the law, the law does limit them to 5 acres.

Mr. GIBBONS. Mr. Chairman, will the gentleman yield?

Mr. DICKS. I yield to the gentleman from Nevada.

Mr. GIBBONS. Mr. Chairman, it says here clearly, ''each location.'' Every millsite is a location. It is not the totality of it. Every mining claim is a location. So they can have five locations.

Mr. DICKS. Mr. Chairman, reclaiming my time, they could have five claims; and for each claim, they could have a 5-acre millsite.

Mr. GIBBONS. It does not restrict it.

Mr. DICKS. But they have to have separate claims. They cannot have one claim and a 500-acre millsite unless this special legislation is enacted. That is the only way we can do this.

Mr. HASTINGS of Washington. Mr. Chairman, will the gentleman yield?

Mr. DICKS. I yield to the gentleman from Washington.

Mr. HASTINGS of Washington. Mr. Chairman, I thank the gentleman for yielding.

I am just going back to what has prompted all of this, and that was the Battle of Mountain Gold. The fact is they had multiple millsites within their claim. That is the distinction and the interpretation.

Mr. DICKS. Mr. Chairman, reclaiming my time, but they can only have one claim, 5 acres for a millsite for dumping the waste. That is what the law says.

Mr. HASTINGS of Washington. Mr. Chairman, if the gentleman will continue to yield, that is the gray area that we are talking about here and that is why probably this issue should probably be taken up in the proper committee.

Again, I want to reiterate, the reason what prompted all of this was because of one company in my district that had multiple sites and were playing by the rules, as had always been applied, had always been applied, not with an exception, had always been applied; and then the Solicitor General came up with that one opinion, which, of course, changed the whole thing.

Mr. DICKS. Mr. Chairman, I think that the constituent of my colleague may have a great claim in equity, but I am not sure that he has got much of a leg to stand on when we look at the actual underlying statute. It appears that the Department, for many years, had misinterpreted the statute.

Now, I am still willing to listen to other points of view, but I think we have got to deal with this statute.

The CHAIRMAN. The time of the gentleman from Washington (Mr. DICKS) has expired.

(By unanimous consent, Mr. DICKS was allowed to proceed for 2 additional minutes.)

Mr. DICKS. Mr. Chairman, I think we have to look at this underlying statute. I would love to hear from somebody on the side of my colleagues or have somebody show us where they think the statute says something different than I have just read on the placer claims or on this law under this particular provision.

We have to have some basis for saying that somewhere it says they can have more than 5 acres of a millsite per claim. And that is what I do not see here in the law.

Mr. INSLEE. Mr. Chairman, will the gentleman yield?

Mr. DICKS. I yield to the gentleman from Washington.

Mr. INSLEE. Mr. Chairman, I point out to make sure people understand, the problem my friend from Washington has alluded to, the Crown Jewel Mine, has been solved, if we look at it that way, by the previous rider. That is a red herring. That problem has been solved. We are talking about the future, the year 2000 on.

Just one closing point: if the interpretation placed on this by the industry is correct, there is no reason on this green Earth that the Congress in 1872 would have imposed any language as to any limitation as to any acreage. Because if the Congress wanted to give the industry all it wanted for free, it could have just said so, they can have all they want for free.

There is no reason for this 5-acre limitation if we mean they can have 5 acres here, 5 acres there, 5 acres everywhere. This ought to be enforced.

Mr. HASTINGS of Washington. Mr. Chairman, will the gentleman yield?

Mr. DICKS. I yield to the gentleman from Washington.

Mr. HASTINGS of Washington. Mr. Chairman, one final point. The millsite law, and this has been conceded, it does limit acreage to 5 acres per millsite. But there is no limit on the number of millsites in a claim. That is the distinction.

Mr. DICKS. Mr. Chairman, reclaiming my time, I think the distinction is, for every claim they get a millsite with 5 acres. That is how I read this. So if they have multiple claims, they get multiple millsites, each of which is 5 acres.

The problem here I think is that we have got a fewer number of claims than the size of the needed millsite to deal with the waste. So I just think we need to get this clarified.

I appreciate what the gentleman is suggesting that the Committee on Resources might help us all out by taking this matter up.

Mr. SHAYS. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, this is a big deal. This is an important issue. And this land is

your land, and it is my land. It is Government land that has been extraordinarily abused by a law we all know needs to be reformed. We all know it needs to be reformed. But instead of reforming the law, we are ignoring the law.

The Lode Act of 1860 which dealt with veins and it contained the 20-acre and the 5-acre millsite limits. The Placer Act of 1866 dealt with mineralized earth. It had 20 acre mining site and 5 acre millsite limits. And it was codified in 1872. We are not objecting to the law. If a mining claim has 100 acres, then a mining claimant has 25 acres they may use as a millsite. That is not our objection.

In the case of Crown Jewel Mine, Battle Mountain Gold Company, has four patents approved and 11 unpatented claims. They have a total of 15 mining claims, for a total of 300 acres. But they want 117 millsites. They want 585 acres when they are entitled under law to only 75 acres.

We are seeing mining interests trying to ignore the law, and then we blame the Solicitor General, whose job it is to make sure the law is enforced. That is the law. The Soliciter General is going to make sure it is enforced. It was ignored. The other side may argue we have to amend the law and deal with some legitimate concerns. But we do not ignore the law. And that is what I believe is the attempt of these riders in the Senate Interior Appropriations bill.

I have a gigantic problem with the fact that this is our land. Mining companies do not pay a dime for it unless they are extracting oil or gas and then they pay a minimal royalty. But hard rock miners do not pay anything for the minerals they extract. They can destroy the land and leave it behind, and we are left to deal with an environmental disaster.

Some can say, well, why should we care in New England? Because it is our land, it is our country, and we care about it and we want something to happen to deal with this outrage.

So I wish the committee of jurisdiction would deal with this law, and I wish we would abide by the law that exists today. And that is 20 acres and 5; and if a claimant wants 40, then the claimant gets 10. And if the claimant wants 100, the claimant gets 25. That is the law.

We can criticize the Solicitor General all we want, but he is saying the law needs to be abided by. I'd like to add that if mining interests do not like the law as it is being interpreted by the Solicitor General, then they can go to court.

I just hope we can pass this amendment, and then I hope the committee of jurisdiction can deal with this issue as it needs to be dealt with. It is a law that goes back to 1872. It is a law that needs changing. I hope we change it but not ignore it.

Mr. VENTO. Mr. Chairman, I rise in support of the Rahall-Shays amendment.

Mr. Chairman, I want to first of all start by commending the subcommittee of the Committee on Appropriations for maintaining the 1994 moratorium on the 1872 mining patents.

I know we have got quite a few that proceeded that date, I think that their efforts here are helpful, I think, in trying to force the Senate, frankly, which has been the problem in terms of reforming the 1872 mining law, to in fact face up to reality and try to deal with the problems that exist concerning this 1872 law, which is badly in need of modification and modernization.

The fact is that the issue that we have before us today is because of actions on the part of the other body, the Senate, trying to circumvent the clear meaning of what this law is.

The fact of the matter is that the Department of the Interior and those that are responsible for administrating this law have found a way to try to mitigate some of the damage that is being done by these mining claims and by the millsites that have propped up around them.

It is not just the millsites. It is the access points, the roads that go in. There is a whole host of environmental problems and concerns that are affecting us with regards to public land. These are public lands, part of the public domain, often being located in maybe a national forest, maybe in terms of range lands which are being used for a variety of other purposes and become very important for recreation, and, of course, for maintenance of various types of wildlife, flora and fauna.

But the major point I think that needs to be brought out here is that, obviously, mining practices have changed. And the American Mining Congress, the predecessor organization, pointed to this in some of the testimony we have from the Committee on National Resources, and they point out that instead of the 5 acres that typically would have been used for a tailing site near a 20-acre claim or patented claim, today the amount of land is 200 acres typically. It is 10 times the amount of land that is outlined from the configuration of the claim. Today it is 10 times that amount of land that is used because of an industrial site, basically, that is being built alongside of the mine.

And very often, as we looked at the hard-rock minerals, the cyanide leaching for gold and other types of valuable hard-rock minerals, in fact, are what are causing these serious problems. Now, besides which, of course, I think we could point out that, while we would like to think all of these entities that are making the patented claims and using these mill tailing sites responsibly, it has been estimated that anywhere from 30 to $70 billion's worth of damage in terms of restoration because of the toxic and other problems associated with cleanup have been abandoned on the Federal lands, on these lands.

So not only does the taxpayer lose the initial impact, and when my friend said that they do not get a dime for these lands, he is almost right. I think we get about $2.50 to $5 an acre for these lands. But of course, the minerals that are extracted from them may actually be minerals that are into the hundreds of millions or even billions of dollars of value.

So I would urge my colleagues to support this amendment. It does not go far enough. Frankly, on the appropriations bill we cannot reform and modify greatly the 1872 law. But what we can do is to send a signal and to arm our appropriators with an amendment that will in fact try to stop the type of raid that is going, on the type of riders, as it were, that are being put on often in the Senate and sometimes in the House when there is not consensus, where this is, in essence, trying to undo and unglue the existing precepts of the actual 1872 law, a weak law, a law that needs to be modified, that needs to be modernized, that the Senate refused to deal with. When we repeatedly sent language on various bills to them to deal with this, they have refused to do so.

☐ 1730

I commend the subcommittee for maintaining the 1994 moratorium, but we have to deal with this issue because we are being challenged to do so by the actions of the body and by the work of the administration. They have done good work on this. We should leave the tool in their hand to limit the millsites. We ought to force the Senate to deal with modernizing this law, support the Rahall-Shays amendment, and I think we will have done a good deed both for the taxpayers and for the natural resources that are the legacy of all Americans, not just to benefit the special interests.

Mr. DEFAZIO. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I had intended to stay out of this debate but it has dragged on and I feel it merits some additional points be made.

I serve on the authorizing committee. I authored a number of amendments the last time we tried to modernize and amend the 1872 mining law. This is an antiquated law which begs for change. In fact I think the committee, even though they are attempting to basically erode some provisions of the law here, recognizes that by continuing the moratorium on patents.

Let us just understand what is ultimately at stake here. It is the ability of someone operating a mine for which if they have patented it they pay the government, and the taxpayers, $2.50 an acre. No royalties, no other fees are involved. $2.50 an acre. Many times these mines can return tens if not hundreds of millions of dollars on a relatively small number of acres. It is a very, very lucrative enterprise.

Now, enter heap leach mining. It requires a lot more Federal land, a lot greater number of acres to extract a

small amount of gold through the process of heaping up the land and dosing it with cyanide.

Now, they say because we are having to extract from many, many more acres of land, which we paid $2.50 an acre for and make bigger and bigger piles, we need more places to process the ore and more acres of public land, for which they will pay $2.50 an acre if they patent it.

Now, I just want to relate this to the debate we are going to have in a few moments over the issue of recreation fees and since the gentleman from Massachusetts did not bring Grandma, who he often brings up in these issues, into this, I want to bring Grandma in. He always talk about Grandma and the kids going out to the forest and doing this and doing that.

Let us just envision Grandma today. She drives up to the national forest, she drives her car to the end of the road and wants to take the grandkids for a little hike to see the wildflowers. Guess what? There is a little metal box there that says you have got to pay $3 to park your car. And she does. Her car occupies maybe 200 square feet. She has got to pay three bucks to park the car. The mining company wants to park wastes forever for $2.50 an acre.

Now, Grannie would be better off if she filed a claim and got a patent and paid $2.50 for an acre, she could open a parking lot and other people could park there, she could charge them a buck and a half, they would save a buck and a half, and everybody would come out ahead.

This is absurd. Because we are not asking people to pay their fair share, we are now sticking it to the little guy, and the fair share is an industry that makes hundreds of millions, billions of dollars a year, many of them foreign-owned and operated, operating on lands in the western United States, paying not a penny in royalties to the Federal Government and getting the land for $2.50 an acre.

This law must be reformed. If by adopting this amendment we squeeze a little bit and it hurts a little bit and we get a rational debate in the committee of jurisdiction on which I serve and we then finally, finally bring this law into the 20th century and finally begin to protect the taxpayers and the environmental interests, this will be a very meritorious and historic moment.

Mr. REGULA. Mr. Chairman, will the gentleman yield?

Mr. DEFAZIO. I yield to the gentleman from Ohio.

(On request of Mr. REGULA, and by unanimous consent, Mr. DEFAZIO was allowed to proceed for 1 additional minute.)

Mr. REGULA. Mr. Chairman, I just wanted to advise the gentleman that there has been a moratorium on patenting mining claims since fiscal year 1995. So Grannie has not been able to get a patent because of the appropriations riders. Please tell Grannie there are no more patents.

Mr. DEFAZIO. I thank the gentleman for that. I hope it becomes permanent or we extract a royalty in the future. I thank the gentleman for his clarification.

Mr. DELAY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise to express my very strong opposition to the Rahall amendment.

This amendment to me is nothing more than a cheap attempt to impose on the Congress the anti-mining political agenda of unelected bureaucrats at the Department of the Interior, an agency with a proven track record of hostility towards mining and the industries upon which they depend.

In November of 1997, the Solicitor of the Department issued an opinion which concluded that our mining laws contain a limit upon the patenting of millsites, despite the fact that no previous solicitor has ever interpreted the law to do so, nor has any court of law and nor has Congress.

This opinion reinterprets a long-standing provision of law that would require mines to drastically reduce the size of their millsites connected to mining claims. The opinion was not based in reality and neither is this amendment.

Like many in this body, I seek to reform the mining laws of this country. But the 104th Congress passed significant amendments to our mining laws, including the imposition of a 5 percent royalty, payment of fair market value for lands and establishment of abandoned hardrock mined land fund.

But President Clinton vetoed that bill because Congress refused to give the Secretary of Interior unbridled authority to ''just say no'' to mining.

Do not be fooled by its proponents. This amendment is not mining reform. The Rahall-Shays-Inslee amendment is an attempt to cede legislative branch authority to a small group of unelected bureaucrats and lawyers working feverishly to impose their unorthodox views on mining before they pack up and leave office. It is just that simple.

Reject this amendment.

Mr. UDALL of New Mexico. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, first of all I would like to thank the gentleman from Ohio (Mr. REGULA) and the gentleman from Washington (Mr. DICKS) for the bipartisanship they have shown in crafting this piece of legislation. All of our committees and subcommittees, I think, would be a lot better off if we worked in the bipartisan way that they have demonstrated in their subcommittee. I applaud them also on maintaining the moratorium on the patents.

But I rise here today, one, to disagree with the gentleman from Texas, because the law is clear and the law should be interpreted the way it is. And so I rise in strong support of the Rahall-Shays-Inslee amendment, because I think it sends a strong message to the Senate to stop loading up appropriations bills with antienvironmental riders.

Why is the Senate attempting to legislate in this way? Why do we here in this body attempt substantive legislation in appropriations bills? The simple answer is, these kinds of proposals could not survive in the normal legislative process. They could not survive in the light of day. This, plain and simple, is a giveaway. If we want to reform the 1872 mining law, let us do it in our committees.

This body in 1993 passed with a large bipartisan majority an 1872 mining law reform bill. There were hearings. We heard from all interested parties. We addressed this issue in a thoughtful and substantive way. The other body is doing just the opposite with this antienvironmental rider. There is no bill. Interested parties have not been given an opportunity to testify. This issue has not been considered in a thoughtful, substantive way. Plain and simple, this is a special interest provision to help one mining company.

Now, an amendment I think is always known for its supporters and this amendment is supported by over 70 taxpayer and environmental organizations, including the Taxpayers for Common Sense, the League of Conservation Voters and the Sierra Club.

A vote for this amendment is a vote for responsible legislating. A vote for this amendment is a vote for protecting the environment. A vote for this amendment is a vote to leave future generations with a cleaner, better world.

Vote ''yes'' on Rahall-Shays-Inslee.

Mr. GIBBONS. Mr. Chairman, I rise to oppose the Rahall amendment to the FY 2000 Interior Appropriations Act. This amendment will allow the Solicitor of the Department of the Interior to amend the existing mining law without congressional authorization.

In March of this year, the Solicitor at the Department of the Interior reinterpreted a long-standing provision of law and then relied on his new interpretation to stop a proposed gold mine in Washington State.

This proposed mine (Crown Jewel) had gone through a comprehensive environmental review by federal and state regulators, which was upheld by a federal district court.

They had met every environmental standard required and secured over fifty permits. The mine qualified for their federal permit after spending $80 million and waiting over seven years.

The local Bureau of Land Management and Forest Service officials informed the mine sponsors that they qualified for the permit and they should come to their office to receive it.

It was then that the Solicitor in Washington D.C. intervened and used his novel interpretation of the law to reject the project. The Rahall amendment is cleverly designed to codify this administrative reinterpretation.

This interpretation has been implemented without any Congressional oversight or rulemaking which would be open to public review and comment.

This was a calculated effort to give broad discretion to the Solicitor to stop mining

projects that met all environmental standards yet were still opposed by special interest groups.

This amendment should be defeated and the Solicitor should be required to seek a congressional change to the law or enter a formal rulemaking giving the impacted parties an opportunity to comment on the change.

If allowed to stand, the Interior Department's ruling will render the Mining Law virtually meaningless and shut down all hard rock mining operations and projects representing thousands of jobs and billions of dollars of investment throughout the West.

This amendment will destroy the domestic mining industry and with the price of gold at a new 30 year low, the second largest industry in Nevada will cease to exist. Pay attention Congress, mining will no longer exist in Nevada!

If the Secretary or his solicitor has problems with the United States mining law then he should take these problems to Congress, to be debated in the light of day, before the American public.

Laws are not made by unelected bureaucrats. Bureaucrats administer the laws Congress approves whether or not they agree with those laws.

It is the duty of Government in a democracy to deal honestly with its citizens and not to cheat them.

As the Wall Street Journal stated, ''if the Solicitor's millsite opinion is allowed to stand, investment in the U.S. will be as risky as third world nations''.

The International Union of Operating Engineers opposes the Rahall Amendment on the basis that if passed it will force the continued loss of high paying U.S. direct and indirect blue-collar jobs in every Congressional district.

The Constitution gives the people control over the laws that govern them by requiring that statutes be affirmed personally by legislators and a president elected by the people.

Majorities in the House and Senate must enact laws and constituents can refuse to reelect a legislator who has voted for a bad law.

Many Americans no longer believe that they have a government by and for the people.

They see government unresponsive to their concerns, beyond their control and view regulators as a class apart, serving themselves in the complete guise of serving the public.

When regulators take it upon themselves to legislate through the regulatory process the people lose control over the laws that govern them.

No defensible claim can be made that regulators possess superior knowledge of what constitutes the public good. Nor to take it upon themselves to create laws they want because of Congressional gridlock—the value laden word for a decision not to make law.

The so-called gridlock that the policy elites view as so unconscionable was and is no problem for people who believe in the separation of powers doctrine contained in the Constitution which holds that laws indeed should not be made unless the broad support exists to get those laws through the Article I process of the Constitution, i.e. ''All legislative powers herein granted shall be vested in Congress.''

Let us debate the merits of the proposal, do not destroy the lives of hundreds of thousands of miners just to appease special interest groups whose entire agenda is to rid our public lands of mining.

If you have problems with mining on our public lands come and see me, together we can make positive changes but do not destroy the lives of my constituents today by supporting the Rahall amendment.

Without mining none of us would have been able to get to work today, we would not have a house over our heads—because without mining we have nothing.

Give our mining families a chance to earn a living, to work to provide the very necessities that you require. Oppose the Rahall amendment and support common sense on our public lands.

The CHAIRMAN. The question is on the amendment offered by the gentleman from West Virginia (Mr. RAHALL).

The question was taken; and the Chairman announced that the noes appeared to have it.

Mr. RAHALL. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to House Resolution 243, further proceedings on the amendment offered by the gentleman from West Virginia (Mr. RAHALL) will be postponed.

Mr. KNOLLENBERG. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I direct the attention of the gentleman from Ohio (Mr. REGULA) to the energy conservation budget in the Department of Energy. Energy conservation promotes reductions in energy use, reductions in waste of raw materials, and reductions of effluent discharge. It thus promotes cleaner water, cleaner air and cleaner soil.

Specifically, Mr. Chairman, the Department of Energy has admirably focused on energy-intensive and waste-intensive processes.

The U.S. Department of Energy has identified steel forging processes as an area that is ripe for improvement in energy conservation. Additionally, the U.S. Department of Defense has identified forging as a significant industry in the Department of Defense national security assessment.

The National Center for Manufacturing Sciences' Precision Forging Consortium, better known as NCMS, has outlined Phase II of a specific, comprehensive, collaborative R&D project to establish new U.S. domestic precision forging capabilities. For a modest investment of $1.2 million this year, with well over 50 percent of the cost being borne by private partners, this second phase will complete the successful Phase I exploratory project.

Phase II of this project will achieve very real and substantial returns in 18 months, and they are, namely, a tenfold improvement in tool-life; decreased die system cost; reductions in raw material consumption; reductions in effluent discharge; less scrap; reduced secondary machining requirements and billet design; lower forging temperatures; an overall 20 percent reduction in input energy.

And importantly I wanted to note, too, Mr. Chairman, that this project has the support of the administration's Department of Energy Office of Industrial Technologies.

Finally, Mr. Chairman, I just want to tell the gentleman from Ohio how I appreciate his kindness and courtesy in allowing me this time for the colloquy. I would urge obviously his consideration and support for this project in conference.

Mr. REGULA. Mr. Chairman, will the gentleman yield?

Mr. KNOLLENBERG. I yield to the gentleman from Ohio.

Mr. REGULA. I thank the gentleman from Michigan for bringing this proposal to my attention. This energy conservation project sounds very interesting, and it appears as though its continuation would fit appropriately with the work of the Department of Energy. I will be happy to work with him and with the Department of Energy to explore continuation of this effort as we move to conference on the Interior bill.

Mr. KNOLLENBERG. I thank the gentleman. I look forward to working with him in that regard.

Ms. WATERS. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I rise to speak in opposition to the Young amendment which would cut the funding for all the discretionary programs in this bill. I am particularly concerned about the effect this amendment would have on Native Americans. I am deeply disappointed by the amount of funding provided in this bill for the programs of the Bureau of Indian Affairs and the Indian Health Service. This bill provides $114 million less than the administration requested for the Bureau of Indian Affairs and $15 million less than the administration requested for the Indian Health Service program.

The cuts in Indian school construction programs will be particularly devastating for Native Americans. The administration had proposed a new initiative to provide $30 million in bonds for school construction by Indian tribes in addition to an increase of $22 million in the funding for new school construction by the Bureau of Indian Affairs.

□ 1745

The Committee on Appropriations did not provide any funding for the bond initiative, and the funding in this bill for school construction is virtually the same as last year.

I realize the Committee on Appropriations has limited funds to work with in providing for programs in this bill; however, new school construction is desperately needed by many Indian tribes. Without new schools, Indian children will be unable to receive the education they so desperately need to succeed in our society.

The Young amendment would make further cuts in school construction, health care, and other programs that serve Native Americans. This draconian amendment is unwise and unfair. The funding in this bill for programs serving Indians should be increased, not cut. The economy in the United States today is extraordinarily

healthy. Nevertheless, the people who live on Indian reservations are some of the poorest people in our Nation. They desperately need funding for new schools and other infrastructure, health care and economic development. We cannot allow them to be left behind.

Let me remind my colleagues that the President just took a tour of the poorest areas in our country to talk about new initiatives to help bring these communities on line with the new possibilities that are being created with this well-performing economy. I had a long conversation with the President when he finally reached California.

He had been on an Indian reservation. The President of the United States, President Clinton, said he had never ever seen poverty like he saw on this Indian reservation. He said it was beyond comprehension. He said if someone thinks what they have seen in any inner-city in America is bad, they need but go on some of these Indian reservations and see the abject poverty that they are experiencing.

So, to have this kind of an amendment that would further exacerbate this kind of poverty is unconscionable, and I will ask my colleagues to reject the Young amendment and do not support this kind of cut in our discretionary spending.

AMENDMENT OFFERED BY MR. WELDON OF FLORIDA

Mr. WELDON of Florida. Mr. Chairman, I offer an amendment on behalf of myself and the gentleman from Georgia (Mr. BARR).

The Clerk read as follows:

Amendment offered by Mr. WELDON of Florida:

Page 108, after line 14, insert the following new section:

SEC. 332. No funds made available under this Act may be expended to approve class III gaming on Indian lands by any means other than a Tribal-State compact entered into between a State and a tribe, as those terms are defined in the Indian Gaming Regulatory Act (25 U.S.C. 2701 et seq.).

Mr. WELDON of Florida. Mr. Chairman, this amendment is very simple. It ensures that the integrity of a law that the U.S. Congress passed, the Indian Gaming Regulatory Act, is preserved. I have here in my hand letters of endorsement of my amendment by both the National Governors' Association and the National Association of Attorney Generals, two bipartisan groups.

Why have they endorsed this amendment? Because it protects the rights of States that this Congress granted them under the Indian Gaming Regulatory Act or the IGRA. Under IGRA, in order for Indian tribes to engage in Class III gambling, otherwise known as casino gambling, tribes must have an approved tribal-State compact.

However, recent actions by the Department of Interior would enable Indian tribes to circumvent State governments when negotiating these compacts. Regulations issued by the Secretary of Interior on April 12, 1999, established a process by which a tribe can essentially bypass the State and open a casino in the absence of a tribal-State compact.

This severely weakens the rights of States to determine gambling activities in their own communities. These regulations are inconsistent with IGRA. The Department of Interior has exceeded the authority granted under IGRA by issuing a regulatory remedy on a matter that both Congress and the Supreme Court have stated should be determined by the States. My amendment prohibits the Secretary from allowing a tribe to open a casino in a State where the tribe has not negotiated a compact with the State.

Allow me to review for the Members what my amendment does and does not do.

What the Weldon-Barr amendment does: My amendment maintains the status quo of the Indian Gaming Regulatory Act. It ensures that tribes can still use the current IGRA process to engage in Class III casino-style gaming. It preserves the right of Congress to pass laws and make majority policy changes. It continues incentives for tribes and States to pursue legislative changes to IGRA. It prevents the Secretary of Interior from bypassing Congress and allowing tribes to establish Class III gaming in the absence of a tribal-State compact. It protects State rights without harming Indian tribes.

What my amendment does not do: This amendment does not amend the Indian Gaming Regulatory Act. The Weldon amendment does not affect existing tribal-State compacts. The amendment does not limit the ability of tribes to attain Class III gaming as long as valid compacts are entered into by the tribes and the States pursuant to existing law.

I encourage my colleagues to vote to protect the rights granted by this Congress to the States. Vote to protect the rights of our local communities to have a voice in whether or not casinos will be opened in their communities. Vote to support our Governors and State attorneys general. I encourage my colleagues to vote yes on this amendment, and I again point out that this amendment has been endorsed by the National Governors' Association and the National Association of States Attorneys General.

Mr. KILDEE. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I rise in strong opposition to the Weldon-Barr amendment. This amendment would keep the Secretary of Interior from fulfilling a congressionally mandated obligation that requires him to develop alternative procedures on Class III gaming compacts.

Mr. Chairman, on April 12, 1999, the Secretary published proposed final regulations on Class III or casino style gaming procedures that allows the Secretary to mediate differences between States and Indian tribes and Indian gaming activities. These regulations are a long awaited development in the stalemate between Indian tribes and certain States over Class III gaming.

The Secretary developed the regulations because of the United States Supreme Court ruling in Seminole Tribe versus Florida, which found that States could avoid compliance with the Indian Gaming Regulatory Act by asserting immunity from suit. By enacting IGRA, Congress did not intend to give States the ability to block the compacting process by inserting immunity from suit. In fact, IGRA enables the Secretary to issue alternative procedures when the States refuse to ratify the compacts.

This is why the Secretary is exercising authority to issue regulations governing Class III gaming with the States that refuse to negotiate in good faith. The Weldon-Barr amendment would prohibit the Secretary from fulfilling his obligations under IGRA on the grounds that it bypasses State authority.

Nothing could be further from the truth, Mr. Chairman. The regulations would give great deference to the States' role under IGRA. Only after a State asserts immunity from suit and refuses to negotiate would the regulations apply.

Mr. Chairman, I think it is particularly important to note that the regulations would not give tribes a right to engage in gaming, but only create a forum where all interests, State, Federal and tribal, can be determined. The Secretary's role would be subject to several safeguards including oversight by the Federal courts.

In April, one day after the Secretary published the Class III gaming regulations, the States of Florida and Alabama sued in the Federal district court in Florida claiming the regulations were beyond the scope of the Secretary's authority under IGRA. On May 11, 1999, the Secretary wrote to the House and Senate Committees on Appropriations, saying that he would refrain from implementing the regulations until the Federal court has resolved the authority question. We should not interfere in a matter currently under Federal court review. Allowing the Weldon-Barr amendment to become law now would interfere in that process.

Furthermore, Mr. Chairman, the Interior appropriations bill is not the vehicle that should be used to debate the issues of Class III gaming regulations. The Committee on Resources spent months and months writing IGRA, and I helped write that bill.

Mr. Chairman, the gentleman from Illinois (Mr. HASTERT) and the Republican leadership are meeting today with several tribal leaders on their support of Indian sovereignty. How ironic it is that we are here today considering an amendment that would devastate our policy and laws promoting tribal sovereignty and Indian self-determination. Downstairs they are talking to them, giving them certain promises,

and I encouraged that meeting. I commend Speaker HASTERT for having that meeting; It is a historical meeting. But while they are talking to them downstairs, our deeds up here are far more important, and I urge the defeat of that amendment.

Mr. BARR of Georgia. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, this is an amendment that has nothing to do with tribal rights; it has nothing to do with policies that the Speaker might engage in with Indian tribes or that the administration or the minority leader might engage in with Indian tribes.

That is the reddest of herrings, perhaps exceeded only in its redness of herrings by the statements by the previous speaker that the amendment that the gentleman from Florida (Mr. WELDON) and I are proposing today would somehow thwart the congressional intent embodied in the provisions of the Indian Gaming Regulatory Act. That is an absolute inaccuracy that the previous speaker noted.

The authority that the Secretary of the Interior has, Mr. Chairman, under the Indian Gaming Regulatory Act clearly contemplates and expressly provides that the Secretary has the authority to step in and mediate a dispute between a State and a tribe seeking to set up gambling operations in that State only after a judicial finding of fact.

The regulations that the Secretary is proposing and that the gentleman from Florida is supporting run roughshod over the rights of the States. Now he may firmly believe that the rights of a tribe should run roughshod over the rights of a State. The gentleman from Florida (Mr. WELDON) and I and others disagree with that and believe that there needs to be a balance here.

That balance, Mr. Chairman, that balance is reflected in the very careful language of the Indian Gaming Regulatory Act, which gives the States and the Governor of that State the authority to decide based on the best public interest whether or not to allow casino type gambling. It does provide for the Indian tribe a mechanism to contest that and to ensure that the State engages in good faith negotiations, and it does indeed provide a role expressly for the Secretary of the Interior.

Once there has been a judicial finding of fact, what the Secretary is seeking to do is to circumvent that and to interpose his decision, his view of the world, over that of the State, and that is wrong. That indeed does subvert the congressional intent embodied in the careful balancing act which is the Indian Gaming Regulatory Commission.

Now the previous speaker also referenced a letter from the Secretary of the Interior saying that the Secretary promised not to do anything until these court cases have gone through. I would urge the gentleman from Florida to read the second page of the letter which apparently he has not, or he has but he elects to ignore it.

□ 1800

The Secretary of the Interior has left himself a huge loophole in that he provides that this promise that he has made not to move forward on the final regulations, but to do everything up to the final publication of the regulations, would, however, be null and void if in fact the court had not ruled within 6 months. In fact, there is no way the courts are going to rule in 6 months on this, despite the wishful thinking of the previous speaker and other speakers on the other side.

The fact is that the only way that States' rights can be kept intact as contemplated by the Indian Gaming Regulatory Act is to adopt the Weldon-Barr amendment, which maintains the status quo. It simply maintains the status quo as contemplated by the Congress, and for the life of me I do not know why the previous speaker, who takes great pride, as he should, in his role in formulating and passing the Indian Gaming Regulatory Act 11 years ago, he seems now to have changed his mind and seeks to undo the carefully crafted balance in there between States' rights, the role of the tribe, and the role of the Federal government as mediator once there has been a traditional finding of fact.

I give the gentleman more credit than he gives himself. I say, yes, that act that he was instrumental in formulating does indeed provide a proper framework. It recognizes States' rights. It ensures that in a State where the public interest, as determined by the elected officials of that State, do not want a Class III casino-type gambling operation in their State, they, as long as they have engaged in good faith negotiations reflecting the will of the people, cannot have it forced on them by an unelected Federal bureaucrat, namely, the Secretary of the Interior.

The act was correct in striking that balance. We should not allow the Secretary of the Interior unilaterally to undo that. And the way we do that, of course, is to adopt the Weldon-Barr amendment maintaining the status quo of the carefully balanced Indian Gaming Regulatory Act.

Mr. Chairman, I rise today to vindicate a basic principle. That principle, embodied in the Tenth and Eleventh Amendments to our Constitution, holds that decisions are best made at the level closest to the people they will affect.

Of all the commercial enterprises that could be located in a community, there are none that more dramatically alter the local culture and economy than gambling casinos. When these casinos are located on newly-created Indian reservations, which are exempt from many local and state laws and taxes, the effect on communities is increased.

While gambling promoters frequently make wild promises of economic growth, they just as often don't tell the whole story. For example, according to a study by Dr. Valerie Lorenz, in states with two or more forms of legalized gambling, 1.5%–3% of the population become compulsive gamblers. Even worse, the number of teenagers who will become addicted is much higher, reaching levels of 5%–11%. Among compulsive gamblers, 99% said they committed crime, and 25% surveyed said they attempted to commit suicide.

Casino gambling can put an increased drain on law enforcement and social services. Furthermore, when it takes place on Indian lands, it can siphon away local tax revenues.

Any way you look at it, it is obvious gambling significantly impacts any community it touches. Therefore, on such a critical issue, surely, every member of this House would agree that states should be able to determine for themselves whether or not they want to locate gambling operations within their borders.

Unfortunately, the Department of the Interior seems unable or unwilling to grasp or recognize this fact. Beginning in 1996, the Secretary attempted to promulgate rules allowing the Department to approve Class III gaming in any state, regardless of whether or not the state wants it. Keep in mind, Mr. Chairman, Class III gaming does not apply to traditional tribal games, or even to bingo halls; it includes and refers to the types of gambling operations associated with a casino in Las Vegas or Atlantic City; in other words, massive gambling.

Our amendment aims to prevent this travesty from occurring, by requiring all Class III gambling on Indian reservations be approved by state-tribal compacts, as it has been for years. It is a sensible, limited step, that is supported by the National Association of Attorneys General, the National Governors Association, the Christian Coalition, the Family Research Council, and others.

Any Member who thinks their district will never have a problem with powerful gambling interests should think again. Georgia's Seventh District is hardly the first place where one would consider locating an immense casino. However, in the past three years, three counties in my district—Bartow, Carroll, and Haralson—have been the target of concerted, well-funded efforts by gambling promoters from outside our state, seeking to establish casinos on newly-identified Indian lands, despite intense local opposition.

Already, these promoters are chomping at the bit to take advantage of Secretary Babbitt's dogged support for forcing casinos on states and communities that don't want them. As casino promoter Kenneth Baldwin recently told the Atlanta Journal-Constitution, ''[w]e have the legal right to proceed with this project whether the governor likes it or not'' (May 26, 1999).

This statement is outrageous, reflecting as it does the notion that a community can be radically changed by gambling promoters, backed by the heavy hand of the federal government running roughshod over the policies and wishes of the state population. The Weldon-Barr amendment returns a small level of balance to the law, and to public policy, and I urge its adoption by the House.

Mr. REGULA. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, for the Members who would like to get the facts on this one, the other body has had an amendment identical to this. What happened in the conference on the supplemental a few months ago was that Senator ENZI had this amendment, and then he decided to withdraw it on the strength of a letter from the Secretary of the Interior, Mr. Babbitt, that he would take no further action until such time as this

issue is resolved by the courts; that is, as to the authority of the respective parties.

What basically is at issue here if this amendment were to pass, would be that the governors would have the last word. So if an Indian tribe were to want to start a casino, they would have to go to the Governor to get approval. Under the present law, they can go to the Secretary of the Interior as an alternative.

All I want is to make it clear to the Members what the situation is as they try to make a decision as to whether or not they think the Governors should have the last word, which would be the effect of the amendment, or whether they think that we should wait. What we decided in the conference on the supplemental is that we should wait until the courts have ruled on it.

I will say that the Secretary of the Interior did state in a letter that he would not grant any applications until such time as there was a final ruling by the court, and then at that time we in the Congress would need to address this as to what we think the policy should be.

If Members agree that the Governors should have the last word, then I think the Barr-Weldon amendment does that. If Members think we should wait until the court makes a ruling, and that was the decision in the conference on the supplemental, then we would wait until that time. Then, depending on what the court would rule, we will have to decide as a matter of policy whether we in the Congress think the Governors ought to be the final arbiter of the issue of a casino, or whether it should be an appeal process to the Secretary of the Interior.

Mr. WELDON of Florida. Mr. Chairman, will the gentleman yield?

Mr. REGULA. I yield to the gentleman from Florida.

Mr. WELDON of Florida. I thank the gentleman for yielding to me, Mr. Chairman.

Mr. Chairman, I appreciate the hard work that the gentleman from Ohio (Mr. REGULA) did in crafting this bill. The gentleman and I and his staff did talk at length before offering this amendment on this issue. I just want the chairman and my colleagues to understand that I believe we should decide this issue and not defer to the courts to decide.

I consider the courts a place where the laws are interpreted, but I believe that we write the laws and the statutes, and in this particular case I believe the administration, via the office of the Secretary, are trying to go around the intent of the law.

My amendment simply, I believe, reinvigorates IGRA to its original intent. I understand the chairman's position.

Mr. REGULA. Mr. Chairman, reclaiming my time, I am just trying to lay out the facts.

Mr. WELDON of Florida. I am very supportive of the work the gentleman does in the committee, but I believe we have the right to decide on a very, very important issue.

If I might also add, one of the parties to this suit is the Attorney General from Florida, who encouraged me to go ahead and offer this amendment. So clearly he has decided that he would rather see this settled legislatively, rather than wait to see how the court decides the issue.

Mr. REGULA. Reclaiming my time, Mr. Chairman, I think there is probably a little more at issue in the courts. That is the issue of sovereignty. That becomes a question of what rights the Native Americans have by virtue of treaties as to their sovereignty.

It is kind of a murky area, frankly. We keep trying to address it. We have the issue on the right to not pay any taxes at stores, and there is another issue as to whether or not a tribe could go out and buy a piece of land away from the tribal lands, and then consider that to be tribal lands for purposes of building a casino. I think we concluded in the supplemental conference that there were so many issues that we did not feel we could address them at that moment.

So everyone understands what the question is here, the amendment would leave the responsibility with the Governors on that issue.

Mr. KENNEDY of Rhode Island. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I would like to begin by answering my two colleagues who just spoke.

My colleague, the gentleman from Florida (Mr. WELDON) who mentioned about circumventing the process, we are circumventing the process right now by not taking this up in the appropriate committee. That is the House authorizing committee of the Committee on Natural Resources. That is where this ought to be taken up. This is an amendment to an appropriations bill. It has no place on the floor right now being taken up on this issue.

For the Members to say that somehow we are going to have the court decide what the law of the land is and be offended by that is really quite startling to me. The court is the arbiter. The court should be the arbiter. The fact of the matter is that when IGRA was written, it was written to mitigate the court.

Let me just read what the court decided in the California versus Cabazon Band of Michigan case. It said, ''The attributes of sovereignty,'' which the former speaker said is a murky issue, but the Supreme Court court of the United States said that ''attributes of sovereignty over both their members and their territory,'' that ''tribal sovereignty is dependent on, and subordinate to, only the Federal government, not the States.'' Do I need to repeat that? To the Federal government. Because these are sovereign nations, in case no one has read the Constitution of the United States, which they were sworn to uphold, and which, I might add, one of the cosponsors of this amendment has so vehemently protected in every speech that he has given about how he is going to defend the Constitution.

Let me read the gentleman some of the Constitution. The Constitution, Article 1, Section 8: ''The Congress shall have the power . . . To regulate commerce with foreign nations, and among the several States, and with Indian tribes.''

Do Members know why the Constitution said that? Because they wanted to make sure Indian tribes were treated on the same basis as States were, and as foreign nations. This is about the basic tenets of our Constitution. How the hell do Members think we got the country that we are living in? We struck agreements with Native American tribes to get the land. It was predicated based upon an agreement, and this country has never lived up to that agreement. It is why we have so much of Native American country living in destitute poverty.

What do the proponents of this amendment want to do? They want to say, well, our constituents do not like gaming. Okay, they do not like gaming. Guess what, they have an alternative, tell the State to ban gaming. That is what I did in my State. I voted against gaming. But while the State of Rhode Island has lottery and has Keno and everything else, I say to them, hey, listen, if it is good enough for the people of Rhode Island to have, then why are Members going to prohibit the Narragansett Band in my State?

I would venture to say each and every one of the Members in their own States, unless their State prohibits gaming altogether, they have no alternative but to play by the same rules that they allow their own people in their own State to play.

Keep in mind that these Native American tribes rely on this funding. This is not just for some casino operation where the money goes into someone's pocket. This is about money that goes to help subsidize housing for Native Americans, which I might add is in deplorable condition in this country. This money goes to subsidize education, which is in deplorable condition in the Native American reservations.

This money goes to supporting health care. If Members look at every indice in this country with respect to Native American populations and non-Native American populations, the difference is unbelievable. The difference is unbelievable. Do Members know what it points out? It points out the historic discrimination against native peoples in this country.

If this Congress can come here today and say that they want to pass the Barr-Weldon amendment, then they want to join the legacy of shame of this great country of ours, the legacy of shame of what we have done to Native Americans by playing roughshod over them.

God forbid we play roughshod over the States, because we have been playing roughshod over Native Americans our whole lives. God forbid our Members come up here and try to protect States. They are the ones. We have had Native Americans. God forbid States ever get run roughshod over.

Now Native Americans have some leverage. They have this thing called sovereignty, which we never bothered to examine in the Constitution. Guess what they have done with that sovereignty? They have done the very same thing that every other State in this country has done, with the exception of maybe two or three other States that have outright prohibited gaming. They have said, listen, we want to take advantage of the same thing that every other State in this country is doing.

Do Members know what? The Constitution and the Supreme Court decision says they can do it. Do Members know what their amendment is saying? It is saying no, they cannot do it. Do Members know why? Because Congress passed IGRA, and IGRA was unclear on this. IGRA watered down the Supreme Court decision. Now Members want to water down IGRA. It is not fair.

ANNOUNCEMENT BY THE CHAIRMAN PRO TEMPORE

The CHAIRMAN pro tempore (Mr. LAHOOD). The Chair would remind all Members that the use of profanity during debate is not permitted.

Mr. GIBBONS. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise today in strong support of the amendment offered by the gentleman from Florida (Mr. WELDON) and the amendment offered by the gentleman from Georgia (Mr. BARR), and I would like to thank them for their leadership on this very important matter, important to all Americans.

I want to remind my colleague, the gentleman from Rhode Island (Mr. KENNEDY), that I am sure his support for bringing a bill of this magnitude or the magnitude of the other amendment offered by his colleague, the gentleman from West Virginia (Mr. RAHALL), before the committee would be very important prior to bringing it to the floor, as well.

I urge my colleagues here to support this amendment that would protect States' rights and ensure that the Federal government allows and follows the Indian Gaming Regulatory Act of 1988. The passage of the Weldon-Barr amendment will stop the Department of the Interior from implementing regulations that will erode these rights.

On January 22, 1998, the Secretary of the Interior, Bruce Babbitt, unilaterally made a decision that stripped the States of most of their fundamental rights under IGRA. Secretary Babbitt promulgated new regulations that gave him sole approving authority over Indian gaming, despite the objections of Governors and States, even over the unanimous opposition of the people in those States.

The Tenth Amendment of the Constitution states that the powers not delegated to the United States by the Constitution nor prohibited to it by the States are reserved to the States respectively, or to the people. However, Secretary Babbitt again is trampling on these rights and taking them from Members' States and Members' Governors.

The presence of casinos has commonly evoked among States very strong feelings and requires decisions to be made at the State level, not here in Washington, D.C. Currently the Indian Gaming Regulatory Act allows our Governors to negotiate with Indian tribes regarding the construction of Indian casinos on reservations. Secretary Babbitt wants to take away our Governors' authority in that area, and the Secretary further wants that authority himself to decide whether gaming will be allowed in any State, and which types of gaming will exist.

If we want Indian casinos, great. If we do not, we and our Governors should have the authority to protect our States' rights and stop what could potentially become a very serious issue. Protect States' rights and let States make their own decision on Indian gaming. Stop the Secretary from taking what is not his to take.

This is truly an issue of States' rights, because these regulations are inconsistent with current Federal law. The Department of the Interior has exceeded that authority granted under IGRA by issuing a regulatory remedy on a matter that both Congress and the Supreme Court have stated should be determined by the States.

□ 1815

Last month the federally appointed National Gambling Impact Study Commission issued their 2-year study and among the sweeping recommendations that they made included that ''tribes, States and local communities should continue to work together to resolve issues of mutual concern rather than relying on Federal law to solve problems for them.''

The study also recommended that Congress should specify constitutionally sound means of resolving disputes between States and tribes regarding Class III gaming. Further, the Federal commission recommended that all parties to Class III negotiations should be subject to an independent impartial decisionmaker who is empowered to approve compacts in the event a State refuses to enter into a Class III compact. However, this should happen only if the decisionmaker does not permit any Class III games that are not available to other citizens of that State and only if the effective regulatory structure is corrected.

Clearly, the Secretary of the Interior is not an impartial decisionmaker on this issue as he has a fiduciary duty to protect and act on behalf of tribal rights.

Mr. Chairman, I urge my colleagues to support the Weldon-Barr amendment and prevent this power grab by the Secretary of the Interior.

Mr. Chairman, I yield to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. Mr. Chairman, I thank the gentleman from Nevada (Mr. GIBBONS) for yielding to me, and I want to make a couple of points.

Regarding the issue of the courts, the courts have ruled that the Congress has the authority to cede this responsibility to the States to make the decisions. And what has spurred my interest in this issue is a tribe is trying to buy a piece of property outside of Disneyworld in my congressional district and when we asked them if their attempt was to build a Class III gaming facility, their response was that they would not rule that out.

The gentleman from Rhode Island (Mr. KENNEDY) said, why do the States not outlaw this? We had a ballot referendum on this in Florida, and 79 percent of the people in the State of Florida voted in opposition to establishing Class III gaming in the State of Florida.

Now, my amendment does not address any of those issues. All my amendment says is stick to the law in IGRA and do not violate the principles that this Congress passed 11 years ago and was signed by the President of the United States.

Mr. DICKS. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, it appears to me after listening to this that basically what we have got here is a situation in which either we are going to wait for the court to determine whether under IGRA the Secretary has the authority to promulgate these regulations or we are going to adopt an amendment that basically says that if the States say no, it is no, that there is no other authority to intervene here.

Now, as I have talked to the distinguished former chairman of one of the subcommittees that wrote this legislation, he believes that IGRA gives the Secretary of the Interior the authority, when there is an impasse between the tribe and the State, to come in. And he has promulgated regulations that would allow him to do this so that he can try to negotiate an agreement to settle the impasse.

Now, Mr. Chairman, that makes sense. If we did not have that, then the State could just say no, and that would be the end of it. I think that would be very unfair. The tribes do have sovereignty. The tribes have a relationship, a government-to-government relationship with the Federal Government. And it seems to me that the Secretary of the Interior would be playing a constructive role if he would try to negotiate an agreement and, if the States just adamantly refused to do anything, to actually implement an agreement. But it has to be consistent with State law. That is what I understand.

Mr. YOUNG of Alaska. Mr. Chairman, will the gentleman yield?

Mr. DICKS. I yield to the gentleman from Alaska.

Mr. YOUNG of Alaska. Mr. Chairman, I am pleased that the gentleman from Washington has actually put it very clearly. I would like to suggest to my colleagues that they are interfering with something that really I believe would be unconstitutional because of the Sovereignty Act.

Mr. DICKS. The Weldon-Barr amendment would be unconstitutional?

Mr. YOUNG of Alaska. Absolutely, as far as the sovereignty tribes. I understand those who are against gambling, but this was set up very carefully. The Secretary now is an arbitrator. And, very frankly, in most cases, in some cases rarely, there has been an agreement with the State and with the governor for the establishment of gambling activity. And I have studied this very carefully. If we go into this and adopt this amendment today, as good as it may feel for some, I can guarantee it will make an awful lot of lawyers rich, and I do not want any more lawyers rich.

Mr. DICKS. Mr. Chairman, reclaiming my time, I want to say for those who did IGRA, it has worked well over the past 10 years with over 200 compacts negotiated in 24 States. And, frankly, and I do not particularly like gambling. But I think Indian gaming has been for certain tribes very successful in terms of raising money to improve the quality of life for those tribes. So I can understand why some of the tribes have done it. And as I understand the law here, they cannot do anything that the State does not allow. In other words, if a State allows a certain level of gambling, then the tribe can allow it.

Mr. Chairman, my view is that we should defeat this amendment. That we should wait and see what the court does with the regulations that the Secretary has promulgated. And he has said that he is not going to approve, where there is a conflict, any new compact until those regulations are tested in court. That seems to me to be a very reasonable approach, and I would urge my colleagues to defeat this amendment, which is unnecessary and which would, I think, violate the law and maybe even the Constitution.

Mr. WOLF. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in strong support of the Weldon-Barr amendment. It continues previous law which prohibited the Department of the Interior from using Federal funds to approve tribal gambling which was not approved by a host State. Keep in mind, and I know other Members can tell about this, one tribe came to my congressional district and was going to buy a ski lift and create a gambling casino in that district. I know a tribe was going to Cape May, New Jersey, and do the same thing.

There is danger here if this amendment is not adopted. I would also call the attention of my colleagues to the gambling commission study which was reported out 2 weeks ago or 3 weeks ago. The commission said, and I quote, ''Policymakers at every level may wish to impose an explicit moratorium on gambling expansion because it is running rampant in the country.''

Mr. Chairman, it has been found that more than 15 million Americans are problem or pathological gamblers. Half of them are children. Rather than going into a lot of statistics, to put it in words that we can understand, there are currently more adult and adolescent problem and pathological gamblers in America than reside in New York City. There are six times as many adolescent problem or pathological gamblers in America, 7.9 million, than men and women actively serving in the combined Armed Forces of the Army, the Navy, the Marine Corps and the Air Force. Our Nation's youth is disproportionately impacted by gambling.

And so the current Department of Interior regulations preempt States' rights. And without prejudging, and nobody can say without implicating, the Secretary of Interior is currently involved in a litigation in a State in the Midwest with regard to an issue with regard to Indian gambling.

Mr. Chairman, I would urge that the Weldon-Barr amendment is a good amendment. I think it is the intention of what the Congress wanted to have, and I think it is one that gives us the pause that the commission recommended. And I might say that all the Members of this Congress, except for those who are freshmen, voted for this commission. The fact is, there was such unanimous support and anxious desire to have this commission that there were actually no votes on the floor in opposition to it. It was a voice vote.

With that, I urge support of the Weldon-Barr amendment.

Mr. KILDEE. Mr. Chairman, will the gentleman yield?

Mr. WOLF. I yield to the gentleman from Michigan.

Mr. KILDEE. Mr. Chairman, I appreciate the remarks of the gentleman from Virginia (Mr. WOLF). This is not really a debate about gaming. It is really a debate about sovereignty.

The State of Michigan in its 1835 Constitution outlawed all gaming in Michigan. And about 1972, the legislature presented an amendment to the people to change that. I voted against putting it on the ballot. I wanted to keep the ban on all gaming in Michigan. To use the term, I am pretty ''conservative'' on gambling. Not very conservative in all areas, but conservative on gaming. I voted not to change the Constitution. And had Michigan, for example, kept that prohibition on gaming, then it could have prohibited gaming all over Michigan, including on sovereign Indian territory.

That is what the court decision says. This is about sovereignty, not about gaming.

Mr. WOLF. Mr. Chairman, reclaiming my time, keep in mind that the case down in Cape May, a tribe came into Cape May, and clearly perhaps there was at one time a tribe in Cape May, but they were no longer there and they had not been there for hundreds of years. They were going to buy several acres of land and establish a gambling casino there where there was no basic record of them having been.

So I think the Weldon-Barr amendment is a good amendment. It brings us to where the country I think should be.

Ms. WATERS. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise to speak in opposition to the Weldon-Barr amendment which will, if passed, have a devastating impact on many Indian tribes in my home State of California as well as throughout the country. This amendment would prohibit the Department of the Interior from implementing important new regulations for mediating differences between States and Indian tribes on Indian gaming activities.

These regulations are a long-awaited development in the stalemate between tribes and States over gaming compacts. The Indian Gaming Regulatory Act requires Indian tribes to negotiate compacts with State governments for the operation of certain types of gaming facilities. In the event that States and tribes are unable to negotiate a compact, the act gives the Department of the Interior the authority to mediate between the States and the tribes.

Congress never intended to give States a blanket veto power over an Indian tribe's right to conduct gaming. The supporters of this amendment claim the regulations would bypass State authority. Nothing could be further from the truth. The alternative procedures proposed by the Department of the Interior would come into play only after a State has refused to negotiate. Furthermore, during the mediation process the State has 10 different opportunities to join the process and participate as a full party to the negotiations.

Mr. Chairman, this amendment would encourage States to ignore their obligation to negotiate with tribes that seek to operate gaming facilities. It would permit States to refuse to negotiate gaming compacts and thereby prevent tribes from operating gaming even when other citizens of the State are permitted to do so. This unfairly discriminates against Indian tribes.

Gaming is to Indian tribes what lotteries are to State governments. Indian gaming revenues are used to fund essential government services, including law enforcement, tribal courts, economic development, and infrastructure improvement. These revenues serve to promote the general welfare of the tribes. Through gaming, tribal governments have been able to bring hope and opportunity to some of the country's most impoverished people.

Mr. Chairman, a few minutes ago when I got up to speak against the Young amendment, I mentioned the President's visit to an Indian reservation and this trip that he did around the Nation to try and initiate economic development opportunities in poor communities through this new initiative. Again, I would like to reiterate the look of shock on the face of the President of the United States when he described the poverty on this reservation. He said it was absolutely off the scale.

Now picture an Indian reservation that has gotten involved in gaming who is now providing health services, who are building schools, who are educating their young people. They are literally doing what America teaches us to do, pulling themselves up from their bootstraps.

□ 1830

We have people who have been relegated to nothingness out on the reservation with little or no help, and they decide they are going to do something about it, self-determination. What do we see? We see rising opposition from suspicious sources such as this amendment would do.

We know of this game. In California, we just defeated a proposition that was placed on the ballot to deny Indians the right to have gaming on their own reservation, on their own land.

Mr. Chairman, this is not right. This is not fair. This is discriminating. Someone challenged us, I do not know who it was, just a few minutes ago. I think it was the gentleman from Rhode Island (Mr. KENNEDY), when he said, if one does not like gaming, if one does not like gambling, outlaw it for one's entire State. But one cannot with a straight face stand up and say it is all right for some, but it is not all right for others.

Who are those others? The same people whose rights have been trampled on. The same people who have been discriminated against historically. Shame on my colleagues for even attempting this kind of thing. This is beneath the dignity of anybody who is elected to represent all of the people. People deserve better representation. My colleagues deserve to be better representatives themselves.

I ask us to reject this discriminatory amendment that would simply put the foot of the United States of America on the necks of the Indians and Native Americans one more time. I do not believe my colleagues would actually carry this out.

Mr. HAYWORTH. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in strong opposition to this amendment offered by the gentleman from Florida (Mr. WELDON). I think it is important, Mr. Chairman, to turn to the document, Mr. Chairman, that we swear to uphold and defend.

Article I, Section 8 of this Constitution reads that ''the Congress shall have the power to regulate commerce with foreign nations and among the sovereign States and with the Indian tribes.''

Mr. Chairman, that very enumeration ensures that Indian tribes enjoy rights of full sovereignty and sovereign immunity.

The problem and the difficulty before us and why we have to reject this amendment in part is based on this fact, not only Article I, Section 8 of the Constitution, but subsequent precedent in terms of treaties ratified by the Congress of the United States that sets up, not only a tribal trust relationship, but a government-to-government relationship between our Federal Government and the sovereign Indian tribes.

Mr. Chairman, when we look at that government-to-government relationship, there is a difficulty we have, we would all admit it, in terms of fulfilling treaty obligations and dealing with the States and the whole notion of funding and set-asides that exist. That thorny issue is also addressed in the Indian Gaming Regulatory Act.

As originally crafted, IGRA provided States with a role of regulating Class III gaming, but it was never intended to give States absolute authority to preclude tribal gaming. Moreover, if we accept the Constitution, the document that we swear to uphold and defend, and we take a look at what is transpiring, two of our sovereign States dealing with this constitutional question have already sought relief in the courts.

Mr. Chairman, I need not school my colleagues in civics. They understand clearly the separation of powers. But the question will be decided through interpretation by the judiciary. The process is already well under way. Why, then, would we come to the floor of this House and attempt to circumvent the judicial process? Worse, Mr. Chairman, we are attempting to legislate in the appropriations process.

If the gentleman from Florida (Mr. WELDON), if the gentleman from Georgia (Mr. BARR) have meaningful policy differences to debate, let them bring action through the authorization committees. Let them go to the full Committee on Resources that is facing the challenge of the jurisdiction of tribal trust questions.

If there are questions of taxation, let them come to the Committee on Ways and Means on which I serve and must return, as we are in the middle of a legislative markup.

But this is not the vehicle to use for this policy difference. Let the courts do their job. Uphold the Constitution. With all due respect and affection to the gentleman from Florida (Mr. WELDON), please stand together as one, Republican and Democrat, and reject this.

Mr. DICKS. Mr. Chairman, will the gentleman yield?

Mr. HAYWORTH. I gladly yield to the gentleman from Washington.

Mr. DICKS. Mr. Chairman, I want to compliment the gentleman from Arizona for a very fine statement. I think he very succinctly brought this issue to bear. His work on the committee has certainly been important and impressive, and I agree with him. I think we should not interrupt what the courts are doing, and I think we ought to let the authorizers solve this problem.

I compliment the gentleman on his statement.

Mr. GEORGE MILLER of California. Mr. Chairman, I move to strike the requisite number of words.

(Mr. GEORGE MILLER of California asked and was given permission to revise and extend his remarks.)

Mr. GEORGE MILLER of California. Mr. Chairman, I think many of the points have been made, but let me suggest that, in two instances, the suggestion was that we need this amendment because an Indian tribe was seeking to build a reservation on some land that they would purchase that was not part of their trust lands or not part of their reservation. In that instance they cannot build that casino.

That land cannot be taken into trust under the existing law today without the Governor's approval. That has been true in a number of different States. Whether it is in Cape May or whether it is in Florida, to take lands into trust for that purpose under IGRA is not allowed without the approval of the Governor.

In other instances, this Congress has decided that lands would be given to Indian Nations, and the restrictions were that they could not be used for gaming purposes, because that decision was made both in some cases by the tribes who were seeking recognition and seeking the lands and those who did not.

But let me just say that this amendment is a very dangerous amendment, because this is not about States' rights. This is about whether or not we try and nullify the sovereign rights of the Indian Nations in this country.

Because as we now recognize, and as we recognized when we passed IGRA, the Indian Nations have a right to engage in gaming if, in fact, that State is engaged in gaming. That is settled.

We put in IGRA so that it could be a process by which the State would then be included in that decision-making process. There would be a process to develop a compact in the case of Class III gaming if the State had Class III gambling.

The problem comes when the State does not bargain in good faith, and then the State goes and hides behind the immunity, that they cannot be sued, that somehow, then, that ends the process. That is why IGRA envisions the Secretary of Interior then coming in as a trustee for the Indian Nations, an arbiter of this to try to put together a process by which then the Indians can have the rights that they are guaranteed under the Constitution. So this is not about usurping the States' rights. It is about protecting the Indians' rights.

Again, as said by a number of people here, if States do not want casino gambling, all they have to do is outlaw casino gambling.

We had a ballot measure to allow Indians in California to have casino gambling, to have slot machines, which we do not readily have in California, or it is open to discussion. A big campaign was run against that. It was run by the Nevada gaming and hotel people. They did not think California should have gambling. It looked to me like somebody trying to protect market share, not a high moral principle.

But the fact of the matter is the State decided that they wanted to go ahead and have these compacts, and the Governor and the Indian Nations are now working out those compacts to provide for some form of Class III gambling. That is the process that is at work.

But in some instances, even in the early days in Arizona, the Governor said no. But we cannot be arbitrary here because they have a right to this. That is why we created this escape valve measure. That now is being challenged in court. Properly so. People have a right to do that.

The State of Florida and Alabama have sued over these regulations. The Committee on Appropriations made the wise decision to wait and see what the outcome of that lawsuit was before we put our thumb on one side of the scale of justice here.

So this amendment, not only is misguided in terms of the problems that people have in fact described, because those are taken care of, and the Governor can keep that from happening, but it is also misguided in terms of the effort that somehow this is about a protection of States' rights when, in fact, the law recognizes the problem when a State simply says we will have Class III gambling in our State, we just will not allow the Indian Nations to do it.

The Supreme Court says they have a right as sovereign nations to engage in those same activities that are legal in those States. If we have a law that says it is not legal, then they cannot engage in that. But recognizing the sovereignty of these nations and their trusted responsibility and all the history that goes along with it, the court said they have a right to engage in that same legal activity.

This is an amendment to strike that down, because this is an amendment that lets the chief executive officer of a State in the most arbitrary fashion decide that he will not approve or she will not approve a compact, and the game is over.

That is contrary to the sovereignty of these nations. It is contrary to the IGRA legislation that was passed by this Congress. I think it is contrary to the best judgment of the Committee on Appropriations to await the outcome of the court in making this determination.

I hope that we vote against the Weldon-Barr amendment. It is an ill-conceived and misguided amendment that does not address the problem that it is purported to speak to.

Ms. BERKLEY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in support of this amendment in an effort to help stem the tide of bureaucratic overreaching by the Secretary of the Interior when it comes to trampling on the rights of States to regulate gaming activities within their borders.

This amendment would prohibit funds from being expended to approve Class III gaming on Indian lands by any means other than a tribal-State compact entered into by a State and a tribe.

There are four compelling reasons to vote in favor of this amendment:

First, the United States Supreme Court has ruled that it is unconstitutional for the Indian tribes to force the States to allow gaming within their borders by suing in Federal court. There is nothing in the Supreme Court decision that allows the Secretary to take it upon himself to approve compacts where the States and tribes have not agreed. In many cases, the tribes are now completely bypassing negotiations with the States because they know they will receive a more favorable ruling from the Secretary of Interior.

Second, the National Governors Association and the States Attorney General believe that the Secretary lacks legal authority for rulemaking and that statutory modifications to IGRA are necessary to resolve State sovereignty immunity issues.

Let me share with my colleagues what the National Governors Association stated on this issue. They strongly believe that no statute or court decision provides the Secretary of the United States Department of the Interior with authority to intervene in disputes over compacts between Indian tribes and States about casino gambling on Indian lands. Such action would constitute an attempt by the Secretary to preempt States' authority under existing laws and recent court decisions and would create an incentive for tribes to avoid negotiating gambling compacts with States.

Third, while not an entirely enthusiastic supporter of the National Gaming Study Commission, I do agree with its adopted language that opposes the Secretary of Interior empowering himself to grant Class III gaming licenses to Indian tribes. Why, my colleagues say? Because the Gambling Commission, after a 2-year exhaustive study, determined that Indian gaming was poorly regulated throughout this country and out of control.

Finally, there is nothing in the Indian Gaming Regulatory Act which grants this authority to the Secretary of the Interior.

This amendment would prohibit overreaching by the Secretary of the Interior of the worst kind.

I urge my colleagues to support this amendment and help reign in a bureaucracy that is so obviously out of control that it would grant gaming licenses in States and jurisdictions where both the Governor and the people do not wish to sanction this activity.

May I say before I close, I have lived in Las Vegas for 38 years. I grew up there. I know gaming. I agree that the poverty on the Indian reservations is horrific. But if anyone thinks granting Indian tribes gaming licenses is a panacea for the reservations' abject poverty, they are sadly mistaken.

☐ 1845

Certainly there must be better ways of bringing economic development to chronically poverty stricken Indian reservations and of correcting a failed and disgraceful national policy when it comes to our Indians. Giving them carte blanche support to have gaming on their reservations by the Secretary of the Interior is not the way to go.

Mr. EVERETT. Mr. Chairman, I move to strike the requisite number of words, and I rise in strong support of this amendment.

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

Mr. COBURN. Mr. Chairman, will the gentleman yield?

Mr. EVERETT. I yield to the gentleman from Oklahoma.

Mr. COBURN. Mr. Chairman, I thank the gentleman for yielding to me. I just want to raise a couple of new points and reiterate several that I have already made.

First of all, on the sovereignty issue, the courts have ruled on this issue and determined that the Congress has the authority to delegate the decision-making on this issue to the States, and that is exactly what we did in IGRA. My amendment does not amend IGRA. It does not change IGRA at all. It does not affect the existing tribal State compacts. There are 200 compacts right now involving 200 different tribes and 25 different States, and it does not limit the ability of tribes to obtain Class III gaming as long as a valid compact exists between the tribe and the States where they want to establish gaming.

What does my amendment do? It is worth repeating because there has been a lot of discussion and I think we need to get back to that issue. It ensures that tribes can still use the current IGRA process if they want to engage in Class III gaming. It maintains the status quo of the Indian Gaming Regulatory Act. It preserves the right of Congress to pass laws and make majority policies. But what my amendment does say is that the Secretary cannot do an end run around IGRA.

Now, if my colleagues want to know what happened in Florida, we had a referendum, and it was overwhelming. Four out of five people said they do not want casino gambling in the State of

Florida. And what the Secretary is proposing in this regulatory approach that he is taking is to do an end run around the will of the people in the State of Florida. And I think that is obviously wrong but, moreover, regardless of the right or the wrong of it, it violates the very intent of the law that this body passed. And all my amendment says is we are going to stick to the intent of the law as it was originally proposed.

Now, if my colleagues do not like IGRA and they think we should cede all authority on this issue to the Secretary to allow gambling to come into anyplace that he sees in his decision-making authority to be appropriate, then I guess Members should vote against my amendment. And watch out, because they may be buying land in other congressional districts. Who knows? They might be buying land in my colleagues' neighborhoods.

And, yes, they have to get, as was pointed out by the gentleman from California, they have to get approval from the governor before that can be taken in as part of the reservation. I understand that. And that is a regulatory hoop that they would have to go through. But, clearly, my amendment simply states that we should stick with IGRA.

Mr. EVERETT. Mr. Chairman, reclaiming my time, I would just like to point out that I represent a small community in Alabama by the name of Wetumpka. Indians from other parts of Alabama have attempted to build a casino there on what was Oklahoma Indians' territory and includes a burial ground.

Now, nothing has been said here today about the impact on these small communities whose infrastructure would be threatened by the traffic and what comes in to that casino. Surely they have some right to determine what will and will not destroy their infrastructure. They have no way to tax for this. None at all.

Mr. Chairman, until Congress has had a chance to take into consideration the findings of the National Gambling Impact Study Commission with regard to Indian gaming, the Secretary of the Interior should refrain from considering Class III gaming licenses outside of the Tribal/State Compact process. the Weldon/Barr Amendment to put a hold on any further gambling compacts is a sensible approach to help address this aspect of the national gambling crisis.

I have testified before the Senate Indian Affairs Committee in the past on this very issue of Indian gaming. Since that time, the U.S. Supreme Court decision on the Seminole Case, followed by the Department of the Interior's draft regulations on Tribal-State Compacts, have added new dimensions to an already complex issue. I became interested in the issue of Indian gaming when the Poarch Band Creek Indians of Alabama began their efforts in 1993 to seek approval for Class III gaming, or casino gambling, at Hickory Grounds in Wetumpka, Alabama.

Hickory Grounds is a sacred burial area that was deeded into the federal trust in the late 1980's for the purpose of preserving the Creek culture. As you can imagine, it came as quite a shock to the people of Wetumpka and other Native Americans in Alabama that the Poarch Band intended to build a gambling casino on this sacred ground.

Frankly, the local community, which will have their infrastructure and public services strained by the operation of a gambling casino, should have a voice in the approval process, in addition to the State. A full-fledged casino, as envisioned by the Poarch Band Creeks, would place new burdens on the police, fire, rescue and other public services of a small town like Wetumpka. The roads, bridges and water and sewer capabilities of the town would be inadequate to handle the added demand.

Mr. Chairman, until a proper judicial review of the proposed regulations of the Department of the Interior has been completed and Congress has had an opportunity to reevaluate the Indian Gaming Regulatory Act, at a minimum, the Secretary should be prohibited from granting Class III gaming licenses. I urge all members to support this amendment.

Mr. REGULA. Mr. Chairman, I ask unanimous consent that all debate on this amendment and all amendments thereto be limited to 20 minutes to be equally divided.

Mr. OBEY. Mr. Chairman, I object.

The CHAIRMAN. Objection is heard.

Mr. OBEY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I apologize to the gentleman for objecting, and I am, frankly, uncertain about how this amendment affects my district, but I want to use this time to get something off my chest about the whole question of Indian gambling.

I find it fascinating, because this amendment, as I understand it, attempts to take away the authority of the Secretary to fashion a compact if States have not been able to agree with the tribes. And yet the Secretary of the Interior at this point is the target of an investigation because he refused to approve a gambling casino in my State where three tribes (the nearest of whom was 100 miles away from the proposed casino), wanted to purchase a dog track which was collapsing economically. And the owners of the dog track thought that if the tribes could buy it they could convert a loser into a winner. And so, in my view, three tribes abusing the theory of tribal sovereignty attempted to take over that casino.

So I find it ironic that the Secretary is being pushed in one direction in this amendment and he is being pushed in another direction by the review that is going on now of his activity.

I just want to say this with respect to this issue. I detest what gambling has done to my own State. I detest what gambling has done to the politics of my own State. I also have reluctantly accepted the idea that there is not much under court decisions that we can do about on-reservation gambling. But I certainly think that we ought to do everything possible to prevent tribes from abusing the concept of tribal sovereignty, buying a piece of land 25, 50, 100, 200 miles away from their reservation, having it converted to trust status and then being able to set up a gambling casino on that land.

So I have doubts about this amendment. In fact, I suspect this amendment, in the case of Wisconsin, where we have a compact, does not even apply. And I may be making a mistake when I say this, but I intend to vote for this amendment simply because I believe that this country has gone far too far in both allowing the kind of gambling that is going on. Secondly, I believe in the concept of tribal sovereignty. I believe, however, that we should not sit here and allow that concept to be abused by its beneficiaries to the point where it loses all public support.

And that is what happens when we have these ridiculous land transfers that take place which take land off the tax rolls 100 miles from a reservation. For instance, one of the tribes in my district tried to establish a gambling casino one block from a major high school in a community. They had no damn business trying to put it in that place. And so while I do not think this amendment is exactly on point and there may be some problems that would need to be fixed up in conference, I, for one, will vote for it simply out of my sense of frustration with what has happened.

And when I hear people talk about the BIA, I frankly have this view about the BIA. I think for 30 years the BIA did nothing but hammer Indian tribes and fail in their responsibility to deal with tribes with respect and dignity. But for the past 15 years or so I think the BIA has not been able to say no to any tribe. And the problem there is that when we refuse to say no to our friends when they are pushing something that is not right, we do not do them any long-term favors. We, in fact, allow them to get into trouble. And I think the BIA has been lax for a long time in that regard.

Everybody around here needs to say no once in a while. That includes the Secretary of the Interior, that includes the BIA, and that includes congressional appropriation subcommittee chairs and ranking members.

The CHAIRMAN. The time of the gentleman from Wisconsin (Mr. OBEY) has expired.

(By unanimous consent, Mr. OBEY was allowed to proceed for 1 additional minute.)

Mr. OBEY. Mr. Chairman, my comments may not exactly be on point on this amendment, but I am supporting this simply out of frustration with what has occurred on an issue that, at its inception, appeared to be fairly benign but has grown into a monster.

One tribe in my State established a casino more than 180 miles away from their reservation by simply persuading the city council of a major city to approve their request over the objection of the mayor. I think that is nuts.

Mr. KOLBE. Mr. Chairman, I move to strike the requisite number of words,

and I rise in opposition to the amendment.

I have listened with interest to the debate that has been going on this evening, and I have listened to my distinguished colleague and friend from Wisconsin, and I share some of the concerns that he expresses about what has happened in our country, in our society as a result of the proliferation of gambling, which no doubt has, in large measure, stemmed from the extent of gambling on Indian reservations.

I listened to my colleague from Arizona talk about why we need to allow this to be settled by the courts, and I have listened to the people talk about the issue of tribal sovereignty, and I have listened to the people talk about States' rights. And I am aware of what has gone on in my State, where our governor has taken a position and we have had a struggle in our State with many of the Indian tribes trying to reach compacts.

But I want to talk to my colleagues tonight for just a moment about it from a different level. Because just 5 days ago I was on one of my reservations in southern Arizona where I saw the impact of what has happened as a result of this gaming. The Pasqua Yaqui tribal reservation is a very small tribe and a very small reservation in an urban setting on the edge of the City of Tucson, with land that has no economic value other than what they have been able to do in terms of scraping it together to make their homes but which now has a casino there which is used by those in the urban area of Tucson.

I was there last Saturday for the dedication of the Boys and Girls Club. Now, the construction of this came from a Department of Justice grant that goes to the Boys and Girls Clubs of America. And, by the way, this was the 49th Boys and Girls Club on a Native American Indian reservation. By the end of next year we will have over 100 of those Boys and Girls Clubs on Indian reservations. I think that, in itself, speaks monuments to what we are accomplishing. But the operation of this Boys and Girls Club and the programs that are going to take place there come as a result of the revenue that they receive from Indian gaming.

I talked to the director of the tribal health service, and he told me about some of the programs that they are doing with teenagers, with teenage mothers and the prevention of pregnancies; and what they are doing to prevent diabetes, which has been so rampant in so many of the other Native American tribes of the Southwest; and some of the other programs they are doing to deal with heart disease and all kinds of medical problems. It is the most innovative program in health care probably in our whole area.

I talked to an Anglo doctor who is their consultant on medical issues, and he told me what this tribe is doing with the limited amount of resources they have been receiving from the small casino that they have on their reservation is truly remarkable and has really turned around this tribe and made them a healthier people and created a better life for them.

□ 1900

I talked to many of the young men who were there as policemen that day who were providing protection for people who live on this reservation that they had never had before, an area which was subject to rapes, to burglaries, to robberies. And I talked to some of the firemen that were there that day during this dedication, and they are providing fire protection and emergency medical care that was not available before, and all of this comes as a result of this revenue that comes from Indian gaming.

This was not there before for this tribe. This was a tribe that lived in absolute abject poverty that was shuttled off to the edge of the city of Tucson, and they have been able to make something of themselves as a result of this.

Now, I realize there are legitimate questions which have been raised by the gentleman from Florida (Mr. Weldon). The gentleman from Virginia earlier spoke very eloquently about what gambling does in our society, and I think these issues need to be addressed. But as long as we have this in our society, as long as this is there, I think we need to understand what a difference this can make for native American tribes and how it has changed the lives of their people.

For that reason alone, I think that what we are trying to do with the Indian gaming legislation, as we try to maneuver our way through this, we ought to think very carefully about any kind of changes that we make to this. And it is for that reason that I would oppose the kind of amendment that is being proposed here today, which I think would really stop it in its tracks and make it impossible for tribes to really enjoy the economic fruits of the rest of us today as a result of a very healthy and good economy we are enjoying.

I urge that we oppose this amendment.

Mr. FALEOMAVAEGA. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I have great respect for the gentleman from Florida, and certainly this Member does not question his integrity and sincerity in wanting to present this proposed amendment. But I have to respectfully oppose his amendment and would like to echo the sentiments that have been expressed earlier by both gentlemen from Arizona (Mr. HAYWORTH) and (Mr. KOLBE) about the situation we are dealing with now at this point in time in the appropriations process.

Mr. Chairman, I am reminded of an early Christian missionary by the name of John Wesley who said, ''Oh, how great it is for us to go and convert the Indians. But who will convert me?''

I need to plead with my colleagues in this chamber to say simply that the matter that is now before us is before the courts. The States of Alabama and Florida have duly filed a lawsuit in the Federal District Court addressing this very issue. The regulations have been issued. I plead with my colleagues, let the district court, the judiciary process take its place in view of the fact that on account of numerous hearings for years before Congress eventually passed IGRA in 1988, it was not just a haphazard fashion in the way we crafted this piece of legislation.

I might also add, and this is what really bugs me, Mr. Chairman, the Indian gaming industry is fully regulated by the Congress of the United States because of the obvious provision of the Constitution it has to deal with the Congress. I am asking my colleagues, let the court take its proper place by allowing the judiciary process to take place. If we do this, the Weldon amendment is moot and is not necessary.

Mr. Chairman, I heard earlier something said about a carte blanche given to the Indians about the gaming industry. Then I heard earlier also about the need for a moratorium as a result of this 2-year study of the National Commission on Gaming that we now found out there are pathological gamblers.

How come no one ever talks about pathological alcoholics? Why have we not gone after the beer industry and alcohol and wine industry? Do they not have an impact on the lives and welfare and needs of this great Nation? To me it is somewhat hypocritical. We talk about gaming and gambling, but let us not talk about the problems we have with drunk driving. More people are killed by drunk driving every year than by any other.

I plead with my colleagues to reject the Weldon amendment. Let the court take its proper place in this process. And if it does not work out, the Congress will always be here to correct this deficiency. So I ask my colleagues to vote down the Weldon amendment.

Mrs. MEEK of Florida. Mr. Chairman, I move to strike the requisite number of words. I am very hoarse, but I am compelled to speak.

I listened to my colleague from Florida as he has proposed an amendment which would gut the Indian Gaming Act in Florida. I served in the State legislature in Florida for 12 years; and never once did I see the Indians treated fairly, never once. Never once did I see them being negotiated with in good faith.

Why are we trying to do an end-around play on the Indians? That is what we are trying to do here. It is not time for this. As a matter of fact, it adds an impasse, more of an impasse than we now have. If this amendment were to pass, it is going to take longer than the Federal courts will take to resolve the situation in Florida.

This is unfair, Mr. Chairman. Because I am hoarse, I will end this by saying, white man speaketh with

forked tongue if they let this amendment go. They know it is unfair. They are doing the end-around play to keep the Indians from getting their statutory rights as a sovereign State.

Mr. ANDREWS. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in support of the Weldon amendment. I think it is important that we understand what it is not before we talk about what it is. This amendment is in no way a rejection nor in any way does it show ignorance of the abject poverty that Native Americans have suffered throughout this country's history.

I would certainly want to be very clear that those of us who will support this amendment also support a comprehensive effort to reverse the desperate straits and abject poverty that are seen on Indian reservations throughout this country.

That is not the question before us tonight. Nor is this amendment a question about whether we support or oppose legalized gambling.

I come from a State, New Jersey, which 23 years ago by referendum elected to legalize casino gambling in Atlantic City. There are others in this chamber that would strongly disagree with my State's judgment that legalized gambling is proper. I believe it is. I think it has brought very positive effects to New Jersey. It has brought thousands and thousands of jobs to the area of New Jersey that I represent, and I think it is a good thing. But I understand there are differences of opinion about that. But that is not the issue before us in the Weldon amendment, either.

There are those who would say that the Weldon amendment is about process, whether this should be brought forward while the court is examining this. With all due respect, the litigation affects only two States. The decisions that will be rendered by the court will not necessarily bind other applications in other States. And by no means are we compelled under the doctrine of separation of powers to wait to see another branch work its will. In fact, I can argue we are better suited to work our will being a democratic, with a small ''d,'' soon now and hopefully with a large ''d'' in a few months, a democratic institution.

I think the Weldon amendment is about a level playing field. It is about equality of regulation.

Let me talk about my own State in particular. There are presently discussions in two counties in southern New Jersey with respect to tribes which are claiming that they have antecedent legal claims or legal rights to certain lands, and they discuss the plan to operate gambling casinos on those lands. There is significant local opposition.

Now, even if they are able to overcome that opposition by the legal rights that they have under Federal statutes or under the Constitution, there is a question here of equality of regulation. Because if they want to operate a gambling casino in Atlantic City in New Jersey, they may only operate it in Atlantic City, nowhere else in the State, because we have made a judgment that we want to limit casino gambling only to that one municipality.

If they want to work in a gambling casino in Atlantic City, they need a background check that is equivalent to the background check that one would need to be a cabinet officer in State government or a member of the State police. They have to have references and criminal background checks and tests for drug and alcohol. And we make very certain that individuals who work in our casino industry in New Jersey are thoroughly investigated and vetted.

We prohibit employees of our gambling casinos in New Jersey from active participation in political campaigns. We prohibit the owners from making contributions to people running for the Governor's office or for the State legislature because we have a very precise set of understandings about how we want to regulate casino gambling.

I believe it has been a success in New Jersey. And I think it would be completely unfair to New Jersey, where billions of dollars have been invested to build a regulated casino industry, to permit an unregulated industry to come in and compete under a different set of rules.

So whether my colleagues think that tribal claims are right or wrong or whether my colleagues think that gambling is right or wrong, I would suggest that they should support the Weldon amendment because it takes the position that the same rules ought to apply to everyone.

Mr. WELDON of Florida. Mr. Chairman, will the gentleman yield?

Mr. ANDREWS. I yield to the gentleman from Florida.

Mr. WELDON of Florida. Mr. Chairman, I just want to make a very quick point. I appreciate the gentleman from New Jersey yielding to me.

Several Members have gotten up and spoken about the beneficial effects of Indian gaming in some of these tribes. The gentleman from Arizona talked about Tucson. I just want to point out that that tribe has a compact with the State of Arizona. And all my amendment says is stick to that system; it works really well.

The CHAIRMAN. The time of the gentleman from New Jersey (Mr. ANDREWS) has expired.

(By unanimous consent, Mr. ANDREWS was allowed to proceed for 1 additional minute.)

Mr. ANDREWS. Mr. Chairman, I yield to the gentleman from Washington (Mr. DICKS).

Mr. DICKS. Mr. Chairman, I ask the gentleman from New Jersey, what do they do when the State refuses to reach a compact with the tribe? That is the problem we have here. That is why this is a much more complicated issue.

Mr. ANDREWS. Mr. Chairman, reclaiming my time, I think that if a State arbitrarily and capriciously refused to enter into a contract that individual's rights could be violated and that can be addressed in the courts.

Mr. DICKS. Mr. Chairman, if the gentleman would yield further, and we are now in court to see whether we have authority under IGRA for the Secretary to resolve this under the regulations.

So I would suggest to the gentleman that the State should not be in a position to just arbitrarily say no.

Mr. ANDREWS. Mr. Chairman, reclaiming my time, I completely agree that, if a State acts in an arbitrary fashion, they should be overruled in court. But the State should have the authority to create a level playing field and treat all casinos on that level playing field.

Mr. DICKS. Mr. Chairman, the law is, as I understand it, that the State can only allow the tribe to do what the State allows everyone else to do; and so, if they have an agreement, the tribes cannot go to a higher level of gambling.

The CHAIRMAN. The time of the gentleman from New Jersey (Mr. ANDREWS) has again expired.

(On request of Mr. DICKS, and by unanimous consent, Mr. ANDREWS was allowed to proceed for 30 additional seconds.)

Mr. ANDREWS. Mr. Chairman, I yield to the gentleman from Washington (Mr. DICKS).

Mr. DICKS. Mr. Chairman, so there is an effort here to do that. The problem here we have is what happens when there is an impasse? That is why we have got to have the Secretary have some way to negotiate this between the State and the tribe. That is what we are trying to preserve here.

What this amendment does is says the States have complete authority that overrides sovereignty and is probably unconstitutional.

Mr. WELDON of Florida. Mr. Chairman, will the gentleman yield?

Mr. ANDREWS. I yield to the gentleman from Florida.

Mr. WELDON of Florida. Mr. Chairman, the gentleman from Washington (Mr. DICKS) I think has really gotten to the point.

Under my amendment, they stick to the language of IGRA.

The CHAIRMAN. The time of the gentleman from New Jersey (Mr. ANDREWS) has again expired.

(On request of Mr. DICKS, and by unanimous consent, Mr. ANDREWS was allowed to proceed for 30 additional seconds.)

Mr. ANDREWS. Mr. Chairman, I yield to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. Mr. Chairman, under my amendment, they stick to the language of IGRA. And under IGRA, the tribe can go to court. But what the Secretary is trying to do is try to take the authority to resolve

this into his hands, and that was not the original intent of the Congress of the United States under IGRA.

I thank the gentleman for yielding.

Mr. DICKS. Mr. Chairman, will the gentleman yield?

Mr. ANDREWS. I yield to the gentleman from Washington.

Mr. DICKS. Mr. Chairman, what happens if the State refuses to go to court? I mean, that is the problem here. We have got a situation where some of the States are unwilling to negotiate.

Mr. STUPAK. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in opposition to the Weldon-Barr amendment.

Mr. Chairman, Congress did not create or permit Indian gaming when it passed IGRA, the Indian Gaming Regulatory Act of 1988. Rather, it sought to regulate an industry that had been growing throughout the previous decade that was legally outside the scope of State regulatory powers. So now tribes can only game to the extent the State authorizes gaming within that State. For Class III gaming or casino gaming, a compact is required with the State.

I have numerous casinos in my district, Indian gaming facilities. I have heard tonight about all these promises we are going to help out with the Native Americans. Well, Native Americans have been hearing these promises for over 200 years from this Congress, BIA, and Interior and it does not materialize.

I still remember in my lifetime where the city fathers of the local communities would only count the Native Americans for their population base and their poverty level so they could get Government grants to put in roads, to put in water and sewer; and the water and sewer and roads never made it to the Native American reservation.

□ 1915

Now, what has happened, at least in my district, Native Americans have the right to game, and gaming has been the only successful economic development tool many of these tribes have known. Tribes all over the country are rebuilding their infrastructure long neglected by the Federal Government and providing an increased level of social services to their own members.

Are there problems? Yes, there are problems. But can they be worked out? You bet they can. Take Michigan. After IGRA was passed in 1988, we have had two different governors philosophically worlds apart politically, John Engler and Jim Blanchard. But yet they were both able to work out their differences with the Native Americans and enter into compacts. We hear all these arguments about, ''Well, jeez, if they come in and try to open up a casino, they will destroy the infrastructure of these small communities.'' I have got small communities like Christmas, Michigan, and Hessell. You cannot get much smaller than that. But underneath our compact, they get 2 percent of the profits. The State of Michigan takes another 8 percent for any problems they may cause the State of Michigan. The governor can limit the number of casinos, the governor can limit the number of slot machines, the governor can limit the type of games that are being played. The governor can limit whether or not there is ever casino gaming on a piece of land, whether it is by a school, by a church, 150 miles from their reservation. The governors can do it if they are willing to step up to their responsibility. And since 1988, the governors can deny opening casinos on any piece of property.

Mr. Chairman, the two compacts we have had in Michigan have worked well. I would oppose this amendment and I would ask that we oppose prohibiting the Secretary as the arbitrator, final arbitrator before we always have to go to court. We should not always have to go to court to try to address differences.

Because of sovereignty, I believe this amendment is unconstitutional, and I hope, I really hope, that we would not try to pass this amendment tonight.

Mr. WELDON of Florida. Mr. Chairman, will the gentleman yield?

Mr. STUPAK. I yield to the gentleman from Florida.

Mr. WELDON of Florida. Mr. Chairman, the point I wanted to make is you have a successful compact. Your governor has that authority under the compact. That is under the provisions of IGRA. What the Secretary is trying to do is to do an end run around the language in IGRA, to claim the authority to decide these decisions rests with him and away from the States and the governors.

Now, I think your example in Michigan is a good one, but I think we should stick to the intent of IGRA. My amendment will not affect anything that is going on in Michigan.

Mr. STUPAK. Reclaiming my time, I would not say the Secretary is trying to do an end run around IGRA. We had the gentleman from Wisconsin come here and say the Secretary denied the Native American tribes in Wisconsin from taking over the dog track down off U.S. 141 down there. They denied it. There the Secretary did not agree with the Native Americans and denied it. Now, he is being investigated for denying it.

I mean, if Florida and Alabama have difficulties, I do not want to change law to accommodate just two States when it is working well in 48 other States. I would tell Florida and Alabama, go back and work it out. Whatever concerns you have in Florida and Alabama can be addressed if the parties want to. But if one side is not going to negotiate, there has to be someone other than just running to court all the time. That is where I think the Secretary should be and that is what it currently gives him and I think that is a proper use of authority, because the Federal Government is the only one that can really negotiate with these tribes on impasses because of sovereignty that must be respective of all Native American tribes.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Florida (Mr. WELDON).

The question was taken; and the Chairman announced that the ayes appeared to have it.

Mr. KILDEE. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to House Resolution 243, further proceedings on the amendment offered by the gentleman from Florida (Mr. WELDON) will be postponed.

Mr. STENHOLM. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I am intending to offer an amendment to reduce by $3.9 million the funds provided in this bill to add new species to the Endangered Species List. The U.S. Fish and Wildlife Service listed the Concho Water Snake as a threatened species in June of 1986. Since that time, the Colorado River Municipal Water District has spent $3.9 million studying the snake and documenting its health.

In June, 1998, after documenting a species population and distribution much larger than previous fish and wildlife estimates, the water district submitted a petition to delist the snake. In addition, the water district has documented that the construction of the lake, which the Fish and Wildlife Service argued would threaten the snake, has actually benefited the species by stabilizing stream flow and its habitat.

According to the statute, the U.S. Fish and Wildlife Service is supposed to provide a preliminary finding within 90 days of a petition to delist and a final decision within 12 months. It has been almost 13 months since this petition was submitted, and we are still waiting for their so-called 90-day response.

The U.S. Fish and Wildlife Service continues to propose adding a number of new species to the threatened or endangered list. Frankly, I find it difficult to fund an agency that is intent on expanding its responsibilities while failing to adequately handle the responsibilities it presently has. I would encourage them to prove they can handle proper listing and evaluation and delisting procedures regarding at least one species before they add any more to the backlog.

There are certainly a number of larger problems with the Endangered Species Act, particularly with the whole delisting process, but that is a subject for the authorizing committee. However, I chose to simply limit funding by the same amount that the U.S. Fish and Wildlife Service has forced the folks in my district to spend on studying the snake.

I hope my amendment will send a message to Fish and Wildlife that they cannot ignore the law regarding

delisting with total impunity. I believe the U.S. Fish and Wildlife Service should demonstrate they can complete their existing statutory obligations before taking on any additional responsibilities through expanding the Endangered Species List. Once they act on pending petitions, like the one for the Concho Water Snake, then we should talk about any funding for new species listings.

Given the ongoing saga of the Concho Water Snake, adding more species to the current backlog might just demonstrate that common sense is the most endangered species in this Congress.

At this time, Mr. Chairman, I am willing not to offer this amendment in the interest of moving this bill forward if the chairman and ranking member would kindly agree to work with me when the bill goes to conference to include conference report language that will require the U.S. Fish and Wildlife Service to issue a decision on the petition regarding the Concho Water Snake.

Mr. REGULA. Mr. Chairman, will the gentleman yield?

Mr. STENHOLM. I yield to the gentleman from Ohio.

Mr. REGULA. I certainly will agree to work with the gentleman from Texas to address this important issue in conference. I am also willing to work with him right now to get to the bottom of this issue with the Fish and Wildlife Service.

Mr. STENHOLM. With those assurances, Mr. Chairman, I will not offer my amendment. I look forward to working with the chairman and the ranking member as this bill goes to conference. I thank the gentleman for his courtesy.

AMENDMENT OFFERED BY MR. KLINK

Mr. KLINK. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. KLINK:

At the end of the bill, insert the following:

SEC. 332. No funds made available under this Act may be used to implement alternatives B, C, or D identified in the Final Management Plan and Environmental Impact Statement for Gettysburg National Military Park dated June 1999.

Mr. KLINK. Mr. Chairman, this amendment is very simple. We have heard a lot of discussion today about the fact that it should be Congress that has oversight over these matters. There is a discussion right now, in fact, there is a proposal to build a $40 million visitors center at the Gettysburg National Battlefield, one of the most important battlefields in this Nation, the battlefield where really virtually the Civil War was decided. At that point, after Gettysburg, the South never made that much of an intrusion again and the republic was held together.

There is an attempt now to build a visitors center for $40 million using private funds on private land within the borders of the battlefield. But the people in Gettysburg have not had their say. The elected officials have been run roughshod over by the Parks Department, by the Department of Interior, and we think that Congress should have oversight over what is being built there.

This amendment simply would prohibit the Park Service from spending taxpayer funds on what we think is a misguided endeavor, and it would make sure that the Gettysburg Visitors Center is treated like all other similar visitors centers. Other visitors centers have required congressional authority before they were built. It is only because this visitors center is slated to be built on private land that it allows the Park Service to avoid having congressional approval.

I think that the proposed visitors center should be treated like those at Valley Forge, Independence National Park in Philadelphia, Zion and Rocky Mountain National Park. None of those were built without Congress having oversight. That is clearly what the Constitution said that we should.

Having watched the Park Service completely disregard the wishes of the people at Gettysburg and the committees of Congress, my bill simply closes this loophole and would require that the Gettysburg Visitors Center is treated like all other visitors centers built with private support and with Federal dollars as well. No more, no less.

This should not be a partisan issue. I would challenge anybody who would oppose this amendment to explain why they would rather have an unelected Federal bureaucrat in the Parks Department or the Interior Department decide the future of a $40 million visitors center in Gettysburg rather than have Congress have oversight over it.

We do not know much about this site. I talked to Secretary Babbitt. They do not have a final design that they can show us. We do not know if it looks like a shopping mall, if it looks like an amusement park. It could have a roller coaster they call Pickett's Charge. We do not know. It could have General Longstreet's Carousel or General Meade's Arcade or Robert E. Lee's Wild Ride. We do not know. We are being asked to buy a pig in a poke. We are simply saying, enough is enough. Let us step back and let Congress authorize this before we move forward.

I had mentioned before about the problem with the photographs that the Department of the Interior had taken by going into private businesses. The whole matter of the intrusion into private businesses, taking surreptitious photographs, has not been answered. Many of us, both on the Republican side and on the Democrat side, have raised that issue. We need to make sure that this is the best thing for the people of America, and we are not sure without Congress having that oversight.

This position is supported by the Borough of Gettysburg. It is supported by the Cumberland Township Board of Supervisors, by the Gettysburg Area Retail Merchants Association, by the Gettysburg Convention and Visitors Bureau, by the Civil War Roundtable Association, and the Association for the Preservation of Civil War Sites. I would just say, Mr. Chairman, with all of those people for us, who could be against us? I would ask that this amendment be approved.

Mr. HANSEN. Mr. Chairman, I move to strike the last word.

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

Mr. HANSEN. Mr. Chairman, as chairman of the Subcommittee on Public Lands and National Parks, I rise in strong support of this amendment.

There are major and serious problems with the proposed visitors center at Gettysburg National Military Park. Praised by the Park Service as a model of public-private partnership, this proposal has soured the general public's perception of the Park Service and infuriated the public with this project. This attitude is not without merit.

The Park Service has withheld relevant information that should have been readily and openly available to the general public concerning this visitors center and the funding behind it. The Park Service has not given the public a reasonable range of alternatives which is mandated by NEPA. Instead, the Park Service has tried to justify a decision they have already made to demolish the historic Cyclorama Building and proceed with the construction of a visitors center that the Borough of Gettysburg and many Civil War associations do not want. If this indeed is a model of things to come, we are in serious trouble.

Of major importance, the proposed construction of the visitors center is on land which has remained essentially undisturbed since 1863 and within the boundaries of the military park. Construction of any facility runs counter to the very intent of the military park's boundary extension legislation just passed in 1990. That legislation made it clear that the Park Service was to preserve all aspects of the battlefield, including the proposed site of the visitors center. It is impossible for the Park Service to preserve the battlefield, yet authorize construction of a large complex of buildings and infrastructure on this site.

Furthermore, the proposed site is located about a mile from the current visitors center. The current site is within easy walking access to the 110 small businesses of Gettysburg. It is doubtful that the public will walk or even drive the extra distance to buy food, beverages, gifts and books available at the proposed site. Thus, many of these small businesses are sure to go under.

□ 1930

Loss of the business would be devastating to the borough, which has a very limited tax base as it is.

Many of the public have raised a concern that this complex will commercialize one of the most sacred and important battlefields of the country. Clearly the future tenants of the visitor center are running their businesses for profit. Moreover, all of the services proposed are currently available in Gettysburg.

It is Park Service policy that, if adequate facilities are located outside of a park, they will not be expanded within the park. One may argue semantics here, but the fact remains that a commercial enterprise is a commercial enterprise, and if it is available outside of the park, the park should not be planning to construct the same facilities within the boundaries.

The gentleman from Pennsylvania (Mr. GOODLING) listed all of the organizations that are against this. Some would have us believe that the sum total of opposition is from a few disgruntled people who submitted proposals which were not selected. This is definitely not the case. This amendment would prohibit the expenditure of funds on any of the alternatives which implement the construction of the visitor center at Gettysburg National Military Park; but more, this amendment puts the brakes on construction of a visitor center which desecrates the very ground the Park Service is sworn to protect and which does not have local government support.

Mr. Chairman, it is the right thing to do, and I ask my colleagues' support for this amendment.

Mr. GOODLING. Mr. Chairman, I move to strike the requisite number of words.

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

Mr. GOODLING. Mr. Chairman, what I do not want to happen is to have this debate on the proposed Gettysburg National Military Park visitor center become politicized, which it is becoming. I am no Johnnie Come Lately to this issue, and I do not want to see Members throwing themselves in the line of fire at Gettysburg like it was a repeat of 1863 all over again. I have been refereeing this present Civil War battle during the last 4 or 5 years. I do not want it to now become a political war because I will lose; no one gains.

I, too, am outraged over the Park Service out of control and its attitude towards the citizens of Gettysburg. I have never seen such a display of arrogance and disregard for the well being and the opinions of those who will be most impacted by the new visitor center at Gettysburg, the residents and local businessmen and elected officials.

Over the past 3 years I have tried to be a mediator between many opposing sides to help bring about a compromise that can be acceptable to all with interests in preserving and protecting Gettysburg National Military Park. I regret that what should have been an opportunity to unite the community in an effort to improve the Gettysburg National Military Park as well as enhance the local economy has only restrained relations between the National Park Service and the Gettysburg residents and severely hampered efforts to make the Gettysburg National Military Park a model park for the 21st century.

The most important issue at present to be addressed regarding the Gettysburg National Military Park is the preservation and display of priceless artifacts currently unprotected and at risk. Such protection is long overdue and desperately required.

The existing visitor center is entirely inadequate, as all who have ever visited there would certainly have to agree. Over the past few years I have hosted numerous meetings with the National Park Service, the Gettysburg National Military Park personnel, with both the authorizing Committee on Appropriations chairmen, Gettysburg Borough elected officials, local business people and concerned citizens, not just in the last month, but the last 3 or 4 years.

The purpose of these meetings was to ensure that the process of selecting a general management plan was in an atmosphere that encourages cooperation between the Park Service and community with the goal of choosing a plan that works for the betterment of all parties involved. Unfortunately this has not happened. We cannot afford to lose sight of the fact that the one goal for which we should all be united is maintaining the Gettysburg National Military Park, one of the crown jewels of the national park system, into the 21st century and beyond and protecting and preserving the legacy of our heritage for future generations.

At the same time, Mr. Chairman, I do not want anyone to use Gettysburg as a pawn for their own ambitions. It is sad that we are faced with a vote on the floor of the House over an issue that should have been properly dealt with administratively. Since the day after the battle of Gettysburg, when residents started collecting artifacts off of freshly bloodied battlefields, controversy has plagued this town. I have represented this area for 25 years, and it is a most divisive community to represent because of the Gettysburg National Military Park.

This present civil war has been raging for the 25 years that I have been here in Congress. Fortunately at this point we have had no deaths. Do we kill the deer that are in the park? If we do, how do we kill them? Are we chasing the deer into Gettysburg, and if we are, are we endangering the lives not only of the deer, but the Gettysburg residents? When does that tower come down, and how much does it cost to purchase it, and how much will it cost to renovate the area?

Can the much-needed sewer cross the hallowed ground? It was tied up for years. And now for the last 3 or 4 years, where does a much needed visitor center get located? Should it be a private-public partnership? What should be included? Three or 4 years ago a very prominent entrepreneur living in the Gettysburg area presented a well-documented, well-designed plan; and he was going to have it within the park, and he was going to weather the storm. It was going to be on what is called fantasy land which cost taxpayers a tremendous amount of money to purchase. He was going to do a private-public partnership. He was going to have a Cineplex theater and a restaurant and other things of that nature. This was going to be within the boundary.

The CHAIRMAN. The time of the gentleman from Pennsylvania (Mr. GOODLING) has expired.

(By unanimous consent, Mr. GOODLING was allowed to proceed for 5 minutes.)

Mr. GOODLING. Mr. Chairman, there was such an uproar because this was going to be in the park, that this well-respected entrepreneur withdrew his proposal. And so the park then decided to put out bids. It was amazing. The bids were very, very similar to the proposal that was given by this local entrepreneur, and to my surprise, two people from my district were bidding on this proposal, one who had presented the previous plan and one who helped organize the previous plan.

It was to my surprise because I learned it when it was presented in one of the newspapers that it was awarded to one of the two from my district. Again, another uproar; and so I suggested why do you not put it where it presently is?

That brought the next civil war battle. How could one suggest that? That is hallowed ground. Well, as I knew the area, it was a quarry, and after it was a quarry, it was a municipal dump, and after it was a municipal dump, it was covered over with macadam and is the present parking lot for the present visitor center. But it is on hallowed ground.

What they all agree is that a visitor center is a must if they are going to grow and even if they are going to maintain existing visitor numbers. All agree that the artifacts should be preserved and on display. This raging civil war has never been political, and I do not think it should ever become political.

What the Gettysburg Borough, the township, school districts have to say is very important to me. I am their voice in Congress. The representatives of the borough council told my staff this afternoon that they oppose this amendment even though they strongly oppose the location of the planned visitor center. They oppose it because they fear it will mean the loss of any new visitor center which would be a disaster, which would adversely affect the entire Gettysburg area.

We must have a new center. We must protect the artifacts. We must display them. But I have the same concerns as were expressed by some borough council officials this afternoon, and that

concern is that we could lose the opportunity to have a visitor center, and I would ask all to oppose the amendment.

Mr. GEORGE MILLER of California. Mr. Chairman, I move to strike the requisite number of words, and I rise in support of the amendment.

(Mr. GEORGE MILLER of California asked and was given permission to revise and extend his remarks.)

Mr. GEORGE MILLER of California. Mr. Chairman, if there is ever a situation that cries out for oversight, this is one that does. As my colleague, Mr. GOODLING, has recounted, this project has been controversial from the outset; and he has played a continued and constructive role in trying to mediate that process. But it started because the process started backwards. It started with the National Park Service trying to avoid congressional authorization for a major visitor center, a visitor center that all of us agree is sorely needed and must be brought to fruition.

But the fact of the matter is that the visitor center plans that have been devised before were ones where they took the plan and then tried to develop a management plan to make it fit. When we asked them for actuarial information and we asked them for their business plan, when we asked them for the facts and figures with respect to the cash flows and whether or not this would be sustainable or not, or whether or not the Park Service would end up inheriting the facility that could not carry itself financially, they dodged the information. They hid the information from all of us for a very, very long period of time, came up with inaccurate information, came up with information that they knew in fact was inaccurate and presented it to our staff on the Committee on Resources.

I think the fact what we see is that by trying to skirt the process, they have probably lengthened the process. The committee, the authorizing committee, has established authorized major visitor centers throughout this country, and we have done it in the midst of great controversy, but we have provided the forum by which those controversies could be reconciled. So far the National Park Service has been unable to do that. We still do not know what the economics of this plan will be and whether or not they believe the taxpayer holding, if, in fact, the projections, which are fairly robust and fairly optimistic, turn out not to be true.

So I think the gentleman is quite correct in asking for this limitation on the expenditures of money for this agreement until such time as we have an opportunity to provide that kind of congressional oversight, and I say that with all due respect and great respect for my colleague and my chairman on the Committee on Education and the Workforce, the gentleman from Pennsylvania (Mr. GOODLING).

I had talked to him about this almost 2 years ago when I was trying to get information from the Park Service and recognized his ongoing involvement, and I have tried to pull back from that because both he and the gentleman from Pennsylvania (Mr. MURTHA) and others were working out to try to see whether or not something could be resolved. We still find ourselves in a situation where the Park Service has failed to come up with a workable plan both from the point of the affected community and from, I think, economics in terms of one that is sustainable for this magnificent battlefield park.

And I would say that I absolutely agree with the gentleman, and I think the gentleman from Pennsylvania (Mr. KLINK) and the gentleman from Pennsylvania (Mr. MURTHA) and others who have been involved in this process. The goal is to get a new visitor center. This park deserves better. The artifacts, the history, all of that that is being maintained there needs to be preserved in a better fashion, needs to be more accessible to the public and to the people who study the history of the Civil War, and certainly the battle of Gettysburg; and I think this amendment is quite proper, and I would hope that the committee would support it

Mr. KLINK. Mr. Chairman, will the gentleman yield?

Mr. GEORGE MILLER of California. I yield to the gentleman from Pennsylvania.

Mr. KLINK. Mr. Chairman, I would say to my dear friend, the gentleman from Pennsylvania (Mr. GOODLING), and he has been a dear friend and a great colleague, I agree with what the gentleman from California (Mr. MILLER) just said.

We think that those artifacts need to be preserved as well and would pledge to work with the gentleman in whose district this battlefield lies to make sure that those artifacts are not left to disintegrate and to make sure that this is done in a correct manner. We will do everything that we can on our side to work with the gentleman to make sure that whatever can be done will be done to protect those and make sure that a visitor center, once congressional oversight is conducted, that a visitor center is done as expeditiously as possible.

□ 1945

Mr. SOUDER. Mr. Chairman, I move to strike the requisite number of words.

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

Mr. SOUDER. Mr. Chairman, it would be a great tragedy if this amendment passes. It would be a tragedy to every Civil War buff in America, everybody concerned about the preservation of the artifacts.

I very much respect the chairman of the Committee on Education and the Workforce, and it has been an honor to serve under him and his tremendous outline of the history on this.

Also, as a member of the Subcommittee on National Parks and Public Lands, I have great respect for the gentleman from Utah (Chairman HANSEN), and I know his frustration was also expressed by the gentleman from California (Mr. MILLER), the frustration about a lot of the processes that go on with the Park Service.

But I spent 3 hours listening to the hearing and to the concerns of the local community, and I understand some of their concerns, that business may drop off if the visitors center is moved a half to three-quarters of a mile away from the downtown business district.

But I do not agree. The studies do not show that. As a retailer myself, I think the business is actually going to go up. There is no business argument, and I believe their concerns, as are always there when there are changes, but they in fact are not anchored in economic reality. A new visitors center will be a boost to tourism and to those very businesses that are concerned. It may extend the length of stay.

But more importantly, Gettysburg is a national site. Nine hundred Americans were killed, wounded, or captured at the very point where the current visitors center sits. It is on the critical fishhook of the Union Army, and the establishment of that fishhook was critical to the preservation of the Union.

The visitors center sits smack in the middle of that. The traffic is so high that when one visits there, as I did a few weeks ago, they have more park rangers right now trying to handle the overflow parking on the grass as you try to tour the battlefield than they have park rangers at Antietam, which was the bloodiest single day, because we do not have adequate parking facilities.

The compromise, the fantasyland area sometime ago where they proposed to put the new visitors center, is in an area that is part of the Park Service now, but was not part of the battle.

Jeb Stuart, in the Confederate Army, took on the calvary over in a side battle because he was not where he was supposed to be. The main battle was over here. By putting the visitors center down in between, people can move around to the cemetery where Lincoln spoke and gave the Gettysburg address. The fishhook will now be available to walk around and see as part of the critical battlefield line, so you can see how the battle actually worked. Now you stand there, there is a big tower, a cyclorama building, a visitors center, cars all over the place. You cannot get the line of sight. There are trees there that are not supposed to be there. There is a peach orchard. One thinks, why did he hide there? The trees are fairly young yet.

If we really believe in historic preservation, in appreciating this site, it is not enough to just talk about a visitors center, because quite frankly, we do not have enough money to keep up our sites. Every park we go to, whether it

is a natural resource or a cultural resource, they do not have the budget to even keep the things from falling down in our primary parks in the United States.

We can talk about preservation, but it is not occurring. We spend hundreds of thousands of dollars to keep some of these rifles in historic condition, and they are in non-humidified areas where they are not even preserving some now because we do not have adequate facilities.

We can argue about this, but one of the fundamental things, in addition to the importance to every Civil War buff in America and every person who is interested in historic preservation in America, is a fundamental premise here. If we do not have enough money to keep things as they are, are we going to allow public-private partnerships in the parks? It is a fundamental question that is undergirding this debate.

If we can extend public dollars through nonprofit corporations, I favor that. That is one of the fundamental fights here. It is very hard, when we go through years and years and years of delay and arguing, to come up with figures. It is hard for a private developer to come in and said, okay, I want this size bookstore, this size gift shop, this size restaurant. Then they come back after the hearing and say, no, you cannot have the restaurant, it has to be scaled back to this; the gift shop has to be scaled back to this.

Legitimate arguments, but then it is a little cute to argue that there were not financial projections that were consistent all the way through because the gentleman is forcing the alternate projections on the cost.

This is the realistic way, a legitimate way to get the visitors center, to preserve the cyclorama that is wrinkling, that is going to start to crack if we do not start this project immediately. If this gets stopped, to come up with an alternative plan, by the time an alternative plan could be executed, if we ever have the funds here in Congress, the cyclorama will be cracked, articles will be destroyed, and we will not have the fishhook for all the tourists who are going through there. For years it will delay the process another couple of years.

This is a realistic alternative. It may have problems. Perhaps the Federal dollars will have to pick up some of the gap, but our alternative is, as the chairman of the committee full well knows, is the public is going to pick up all the costs of the visitors center.

So for those who are really looking for creative solutions to the national park dilemma, this is one. It would be a tragedy if this amendment passes.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Pennsylvania (Mr. KLINK).

The question was taken; and the Chairman announced that the noes appeared to have it.

Mr. KLINK. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to House Resolution 243, further proceedings on the amendment offered by the gentleman from Pennsylvania (Mr. KLINK) will be postponed.

AMENDMENT NO. 1 OFFERED BY MR. DEFAZIO

Mr. DEFAZIO. Mr. Chairman, I offer an amendment that is yellowed and crumbling for the length of time it has been sitting there.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 1 offered by Mr. DEFAZIO:

Insert before the short title the following new section:

SEC. __. None of the funds appropriated or otherwise made available by this Act may be used to carry out, or to pay the salaries of personnel of the Forest Service who carry out, the recreational fee demonstration program authorized by section 315 of the Department of the Interior and Related Agencies Appropriations Act, 1996 (as contained in section 101(c) of Public Law 104–134; 16 U.S.C. 4601–6a note), for units of the National Forest System.

Mr. DICKS. Mr. Chairman, I reserve a point of order on this amendment.

The CHAIRMAN. The gentleman from Washington (Mr. DICKS) reserves a point of order on the amendment.

Mr. DEFAZIO. Mr. Chairman, we have contained within the Interior appropriations from past years an embedded tax, a tax on the American people which was never authorized by the Committee on Resources or the Committee on Ways and Means, the two committees that would split jurisdiction over taxes or fees, if it is a fee on use of public land.

Let us get one thing clear, the amendment being offered today does not affect user fees for national parks, for developed areas and campsites. But what it would say is that it is outrageous for the government, in a mishmash, a plethora of programs, forest by forest, to have different reciprocities between forests, and I have one forest where they have two different passes, that they proliferate the new fee programs, forest by forest, charging people $25 a hit or $3 a day to drive to the end of a gravel road in a forest and go for a hike, or view the wildflowers, or go hunting or go rockhunting, rockhounding.

These activities have traditionally been free. These are not activities which are drawing upon a capital-intensive developed site. Yet, with this so-called pilot program, unauthorized program, millions of Americans are now breaking the law. This year the Forest Service is going to begin seriously attempting to cite and prosecute people who park at distant, remote trailheads, trailheads that are often subject to car clouting and other problems. The Forest Service does not seem to be too much concerned about that, but they are going to be out there ticketing them for not having paid a fee.

In many cases, you get to the end of a road, the sign is about 150 feet to the end of the road, and it says, to park here you need a pass, and you can obtain a pass 20 miles back that way at the nearest grocery store or other place which dispenses these passes.

This is an inconvenience. It raises very little money. It is about 6 percent of the recreation budget. Surely this Congress does not need to double tax the American people and those who live on or near or recreate on these lands and charge them this new user fee, this new tax. We can find that other 6 percent to fund the recreation programs of the Forest Service.

Further, we are adding a new slush fund to an agency that the GAO says they have one of the worst financial management and accounting systems, and now we have another new off-budget slush fund which is being used by each forest as they see fit, and as the Assistant Secretary admitted to me last night, with no supervision from Washington, D.C.

So whatever fees they cook up for whatever project they want to do, whatever burden they want to put on the American people, they can do it with no oversight from Washington, D.C. or from the Congress under this unauthorized program.

The committee itself says they are concerned about the management, accountability, and performance of the Forest Service. The accountability problems of the Forest Service are much more of a problem than just bad accounting. Far too much, with little congressional control and knowledge, has been transferred for administrative functions of the department.

This program, this so-called pilot program, goes right to the heart of those concerns. The committee was talking about a different program at that point, C.V. fund, but guess what, they have just now created another one that is proliferating around the country, around the country, and putting an extraordinary burden on people.

Take, say, the city of Oak Ridge, Oregon, in my district, totally surrounded by the Forest Service. If you just want to drive out of town and park on a gravel road and go hunting or go for a hike, you have to pay a user fee. For what? To use the gravel road which was built 25 years ago for logging, and is not maintained anymore? Or for beating through the brush? Why? Why should people pay for undeveloped sites on access to public lands? This has been a right that Americans have enjoyed for so many years, and it is very unfair to begin to assess a fee of $3 per hike or $25 per pass per forest, with very little reciprocity.

On one forest in Oregon, the Deschutes, visitors to the Lavaland Visitors Center dropped off 40-percent in one year when this pilot project was put into effect. As was stated in an interview, the people at the visitors center said the people drive up, look at the sign, they turn around, they drive away; a 40-percent dropoff. Why? So they can buy a few more little gee-

gaws for that visitors center, or make some other change on the forest?

We should not be depriving Americans and their families of this opportunity. It is unfair. It is unauthorized. It should be stopped.

The CHAIRMAN. Does the gentleman from Washington (Mr. DICKS) insist on his point of order?

Mr. DICKS. No, Mr. Chairman, I withdraw my point of order.

Mr. REGULA. Mr. Chairman, I move to strike the requisite number of words.

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

Mr. REGULA. Mr. Chairman, this program has worked. If we talk to superintendents across the country, in the forests, the parks, the Wildlife refuges, the BLM lands, they are happy. They get to keep the money. They used to have to send any fees they collected to the Treasury and never saw it again. Now they keep it. They invest it in the facility.

We were at Olympic National Park recently. They are doing some work on a magnificent chalet that the public loves to see and enjoy, and look out over the mountains. They had a sign up, ''This work is being done with user fees.''

Mr. DEFAZIO. Mr. Chairman, will the gentleman yield?

Mr. REGULA. I yield to the gentleman from Oregon.

Mr. DEFAZIO. Mr. Chairman, I say to the gentleman, just remember, this amendment does not affect parks.

Mr. REGULA. I understand. I am going to read an editorial about the Sawtooth National Recreation Area. The paper was against the fee and is now for it because it has worked so well.

Let me say this. The superintendent of the Olympic National Park said this: ''Morale is affected. People feel good to know that the public is participating, and they care about this facility. Vandalism is down because those who pay a little bit get a sense of proprietorship.''

I hear that story all over, from the forests, the parks, and other facilities. In the period of time that this will be in place, it will raise $400 million. It does not affect their budget. This money is used for things that otherwise would not happen, for visitor enhancement, to make the visitor experience better.

In Muir Wood, for example, the superintendent said she was able to improve the trails, put up signs. And we talked to people in the facilities and asked them. They said, we do not mind paying a modest amount. It is less than a movie ticket, and the money stays there. They get to use it. They get the benefit of it.

The people that the gentleman is talking about, I would say to the gentleman from Oregon (Mr. DEFAZIO), they are using it every day. They can buy an annual pass. How much is the annual pass?

Mr. DEFAZIO. If the gentleman will continue to yield, the annual pass is $25 for that forest, but it is $25 for the other forest 20 miles that way, and it is $25 for the other forest 60 miles that way, and it is a different charge for the park, which is 40 miles that way, and then the BLM is looking at doing it also. So it starts running into a lot of money.

Mr. REGULA. Reclaiming my time, they get to use a lot of facilities: Three forests, a park, and the BLM land.

Mr. DEFAZIO. No. If the gentleman will continue to yield, those are all different passes. There is no transferability.

Mr. REGULA. I understand. And the forest is working on developing a universal pass. This is an experimental program. They want to address it.

Let me read the editorial. This says it more eloquently than the words I could use.

This is from the Idaho Statesman in Boise, Idaho. Headline: ''Keep User Fees that Restore Trails and Improve Parks.''

''When a test of user fees was initiated a couple of years ago in the Sawtooth National Recreation Area, there was some grumbling. 'We pay taxes, don't we? Why is it even more money to visit public lands?' but the fee projects were approved and even extended a few years ago by Congress. Why? Because people don't mind. They even seem to want to pay the fees, and because the money is put to good use.''

□ 2000

In fact, in Olympic National Park they had a little jar and even though they paid a fee, they were still putting money in as an extra contribution. That shows how the public feels about it.

''Why not make the fees permanent? Give credit to three important steps of the success of the fee program: One, the money collected has stayed on the ground. Those paying the fees can see their money at work.'' That was true. We saw that several places.

''Two, the fees have remained reasonably priced and are getting less complicated.'' And I might tell the gentleman from Oregon (Mr. DEFAZIO) that they are getting less complicated. I believe probably in short order the Forest Service will have one pass that will work in all the forests in the area, and I would hope they do that and maybe even include the parks and the BLM. That is the goal, to have a universal pass, that visitors pay a modest amount and can use it anyplace for a period of a year.

And thirdly, ''Forest managers are listening to visitors and addressing their concerns.'' And I hope the managers in the gentleman's district are doing that.

''So far, for the SNRA, the fees have paid off. More than $162,000 has been collected since the start of the project in July, 1997. The money has been used to maintain hundreds of miles of trails, open new restrooms, hire additional visitor center staff,'' and so on.

And the article concludes, ''When compared to many other family entertainment or vacation options, parks and recreation areas, even with the fees, remain a tremendous bargain.''

The CHAIRMAN. The time of the gentleman from Ohio (Mr. REGULA) has expired.

(By unanimous consent, Mr. REGULA was allowed to proceed for 1 additional minute.)

Mr. REGULA. Mr. Chairman, the article continues, ''Given that forest officials are responsive to what the public is asking and that the money is well spent. Clearly the fee program is a winner and should remain in place for years to come.''

Mr. Chairman, I have several editorials along the same vein. The people support it. The park professionals support it. It is working extremely well. And as we eliminate some of the glitches just as described by the gentleman from Oregon, it will be even more effective, and visitors will benefit. That is the bottom line.

Mr. GEORGE MILLER of California. Mr. Chairman, will the gentleman yield?

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

Mr. GEORGE MILLER of California. Mr. Chairman, I do not want to take a lot of time with this amendment, but I want to join the gentleman from Ohio (Mr. REGULA) in his remarks against the amendment. I think the fact of the matter is there is a reason this is a pilot program. There are a lot of glitches. We still have problems.

The gentleman is on the Committee on Transportation and Infrastructure. I still cannot get from one bus system to another bus system in the Bay area, but they are working on it. It is coming together. And here maybe the forests in the gentleman's district are too narrowly defined in terms of fees, and we will go to an annual pass.

The CHAIRMAN. The time of the gentleman from Ohio (Mr. REGULA) has expired.

(On request of Mr. GEORGE MILLER of California, and by unanimous consent, Mr. REGULA was allowed to proceed for 1 additional minute.)

Mr. GEORGE MILLER of California. Mr. Chairman, if the gentleman would continue to yield, the fact is, improvements are being made. The public appreciates those improvements. These places are much more friendly to the user.

Yes, there is a problem if visitors go to a remote trailhead, and the Forest Service ought to think about if these people ought to be ticketed. The people made the effort to buy a pass. But that is no reason to curtail this program.

It is 6 percent, and the fact of the matter is the gentleman knows we cannot find that 6 percent anywhere else. Especially in this budget. The gentleman has fought off all kinds of issues to cut off resources from this

bill. We have an issue that is pending to cut off resource from this bill. Without these user fees, the fact of the matter is that the public is going to be denied the kind of access and the use that they want to put these forests to.

I appreciate the problem faced by people in the local area, and it is a tough one. They have always viewed this as their ''divine right'' to enter in and out of the forests. But somebody has to maintain them, and we ought to continue this program and support the committee on this and reject this amendment.

The CHAIRMAN. The time of the gentleman from Ohio (Mr. REGULA) has expired.

(On request of Mr. DICKS, and by unanimous consent, Mr. REGULA was allowed to proceed for 2 additional minutes.)

Mr. DICKS. Mr. Chairman, will the gentleman yield?

Mr. REGULA. I yield to the gentleman from Washington.

Mr. DICKS. Mr. Chairman, I was very impressed both this year and last year when the committee took its trip at the work that is being done with the 80 percent of the money that stays in the local area. There is no doubt that if we cut this program off we are going to hurt these areas.

Now, I realize the gentleman from Oregon (Mr. DEFAZIO) has limited this only to the Forest Service areas. But, believe me, I think this program is working; and I pledge that I will be glad to work with the gentleman. I suggest we invite Mr. Lyons up here and see if we cannot straighten out this thing as it relates to the Forest Service in the gentleman's area, or the BLM in his area. Lets see if we cannot come up with a common pass or something that will satisfy the gentleman.

But, Mr. Chairman, to undermine the work that the gentleman from Ohio (Chairman REGULA) has put into this program which is helping us reduce the backlog across the country and if we take it off the Forest Service, it will undermine the Park Service.

The ironic thing about this, public opinion has been tested, and 83 percent of the people favor it, and most of them say they think the fees are too low. They cannot see why we are not charging more.

The gentleman from Oregon is a very senior Member of the House. I urge him to work with us to straighten out the problems that obviously exist in Oregon. And take the gentleman from Ohio at his word, but do not undermine a program that is doing so much positive good for our parks and Forest Service around the country.

Mr. Chairman, I am afraid that if this amendment passes then it will undermine the other program as well. So I want to compliment the chairman of the subcommittee. He has done an outstanding job and stayed with this. Let us stay and back him and defeat this amendment.

Mr. DEFAZIO. Mr. Chairman, will the gentleman yield?

Mr. REGULA. I yield to the gentleman from Oregon.

Mr. DEFAZIO. Mr. Chairman, I have had Mr. Lyons in my office last year and this year telling me he was going to rationalize the program and take care of the accountability problems and the proliferation of passes. Nothing has happened. I would appreciate it if something would happen.

But I would further urge that if the committee is going to travel that they travel to my district and perhaps hold a hearing on the issue in my district and hear of some of the concerns and problems or meet in the district of the gentleman from Oregon (Mr. WALDEN), from whom you will hear later. Because I think the committee will hear a little different story, perhaps because we have so many forests in our State and the proliferation is a problem.

Finally, if it is so popular, and I am not sure of those polling numbers, I suggest that perhaps I should offer my other amendment, which is to turn it into a voluntary system and turn do away with the enforcement. The Forest Service could save money on the enforcement, and perhaps the gentleman from Ohio would look favorably upon that amendment.

Mr. REGULA. Mr. Chairman, will the gentleman yield?

Mr. DICKS. I yield to the gentleman from Ohio.

Mr. REGULA. Mr. Chairman, I would say to the gentleman from Oregon (Mr. DEFAZIO) the next time he has Mr. Lyons in for a visit, invite me and the gentleman from Washington (Mr. DICKS), and we will come and see if we cannot resolve these problems.

Mrs. BONO. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in support of the DeFazio-Bono-Cook amendment to end the United States Forest Service's Adventure Pass program.

The citizens within the 44th District of California brought to my attention a great injustice: The Federal Government was charging people to park and use our beautiful forests twice, first through the Federal income tax, second through a per car fee at the forest.

Mr. Chairman, we should not give Uncle Sam permission to tax citizens twice. If Congress believes that the Service is underfunded, then we need an increase in appropriations. The fact is, taxpayers' money already goes to the Forest Service, and it is up to the Forest Service to manage their funds properly.

But I question whether or not the Service can manage its finances well. In January of this year, the General Accounting Office named two Federal agencies to its financial accountability high risk list. One of those was the Forest Service's financial management system. According to the GAO, the Inspector General of the Agriculture Department found a lack of documents to verify accounts for land, buildings and equipment.

Mr. Chairman, I have a proposition. First, the Forest Service needs to manage its finances properly. Then once proven that it is making the most of the monies already allocated, it can come back to Congress with additional requests. I promise to give the Forest Service the due consideration it deserves.

Mr. Chairman, I am a great supporter of the United States Forest Service. The local Rangers within my district are dedicated, intelligent, and extremely kind individuals. However, I do not believe that the Washington office of the Service is giving them the adequate support for them to do their job properly.

Mr. Chairman, there are some officials who claim that forest visitors like this program. A recent survey conducted by Cal State San Bernardino says otherwise. Within the survey the following information was gathered: 83 percent of visitors noticed no improvement to the area since Adventure Pass began, but only 16 percent said the program greatly improves their recreation experiences. And only 4 percent mentioned that they would like to see improved security and patrol. The Service has constantly said that our constituents say this is a top concern.

Although visitors have not noticed improvements, the Service has taken great care to say how it has spent this money. But in Washington and at home we know that a government agency will spend money if we give it to them. Therefore, the question is how much they should spend and in what way they should spend it.

But, Mr. Chairman, this issue goes beyond the issue of financial accountability or what the survey says. In fact, this tax goes against the very concept of experiencing our free and open land. To residents in the communities of Idyllwild, Anza, Hemet and San Jacinto and tourists who come to enjoy these precious lands, this fee is a source of hardship. We have come to expect the freedom to enjoy this area without the burden and inconvenience of the tax imposed on us today. This is why the California State Assembly and the Los Angeles County Board of Supervisors wrote resolutions in support of eliminating the Adventure Pass program.

We must encourage people to visit, not discourage them from doing so. When tourists go elsewhere, it hurts small businesses and it hurts our efforts to educate individuals on the importance of protecting this precious resource. This tax serves as a barrier to working families, hikers, nature lovers, and all of those desiring access to our national forests.

Mr. Chairman, if we are going to be a user fee country, then we should have that debate and be consistent. We would never want to charge visitors for sitting in the Supreme Court, declaring every Federal highway a toll road, or even charging people to sit in this gallery. All of these Federal properties need maintenance like these forests do, but I never want any of these fees to become a reality.

Mr. Chairman, I hope my colleagues will join me in repealing an onerous tax and returning the forests back to the people. To tax the great outdoors is offensive to the very concept of the national forest system.

Mr. HANSEN. Mr. Chairman, I move to strike the requisite number of words.

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

Mr. HANSEN. Mr. Chairman, a poll was done not too long ago that asked the American people what they like most about the United States Government, and they answered the parks and the land. Number one of everything we do, the parks and land. They liked it the very best.

The question was asked: ''What do you like the least?'' Surprising enough, they said the IRS, which did not surprise too many. But when we look at the parks and land and find out where it is going, as chairman of the Subcommittee on National Parks and Public Lands, I do not think people realize the amount of money that we have in infrastructure that we are behind on. It is actually billions of dollars that we are not taking care of.

Water systems that are out. Sewer systems that are out. We have gates that are out. We have dozens of things that are not working. When we go to a national park or the Forest Service or go to the BLM, we want it fixed. Every one of these agencies is in a position that we do not have enough funds.

The gentleman from Oregon talks about the idea that maybe we can come up with some. Somebody ought to do it. We cannot even keep up with payment in lieu of taxes around here. We are shortchanging the States. Here we find ourselves in the position where the thing that the people like better than anything else that the government offers we are letting deteriorate. And why? Because we do not have the money to take care of it.

So why is it so wrong to ask the people, when they seem to agree, when they write us letters, in fact, I have even received letters that have had money in them. They said, ''I went to the park'' or ''I went to this national area and, doggone it, it was so nice I felt I ripped you off.'' We take the money and send it to the Treasury because we are not taking care of these areas.

Mr. Chairman, the biggest fear I have with these demonstration projects is that the appropriators and authorizers will reduce the amount of money that we give them, and we are already in arrears. We look and say, is this working? I agree with the gentleman from Ohio (Mr. REGULA). Let the thing have an opportunity to work. Let us find a time when we can say we finally got our act together.

I think when we first got into this thing we envisioned kind of like a Golden Eagle pass that visitors pay $50 and they can go to the parks or BLM or the Forest Service, the reclamation things. And I think we will get to that, but why nip it in the bud? Why kill it when it is in the crib? Let this thing grow a little bit. This would be a dramatic step backwards to go along with this particular amendment.

Mr. REGULA. Mr. Chairman, will the gentleman yield?

Mr. HANSEN. I yield to the gentleman from Ohio.

Mr. REGULA. Mr. Chairman, I just want to point out that in our budget we have $10 million more than requested by the President for recreation in the Forest Service. So I am saying this to emphasize that we have not in any way reduced our commitment to support these facilities. The money coming from rec fees takes care of extras that otherwise simply would not get done to enhance the visitor experience.

That has been the emphasis that we have made to the public lands administrators, is take the rec fee money, fix things that otherwise might not be, just as the gentleman pointed out, that are neglected. So that the visitor has clean facilities, good campsites, good trails, good signage. And we in no way have reduced their budgets as a result of the fee program. In fact, we have increased the budgets.

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Mr. HANSEN. Mr. Chairman, I appreciate the comments of the gentleman from Ohio (Mr. REGULA), and I hope it continues that way, because that is how it was intended to work.

The nice thing about what these programs do, Mr. Chairman, is if the superintendent of a park has a problem, he does not have to come back and ask for a supplemental. He has the latitude to do something with it. If the forest supervisor of a forest has a problem, he can work with it. We give the person some latitude with which to work.

Why would we want to do away with it? The American public seems to like the idea. I feel we finally caught on to something that really works well. Let us not end it now by accepting this amendment. I strongly disagree with the amendment.

Mr. DEFAZIO. Mr. Chairman, will the gentleman yield?

Mr. HANSEN. I yield to the gentleman from Oregon.

(On request of Mr. DEFAZIO, and by unanimous consent, Mr. HANSEN was allowed to proceed for 1 additional minute.)

Mr. DEFAZIO. Mr. Chairman, just in reflection, on my forest, perhaps we have raised in this bill the amount of money that the committee has appropriated for recreation above what the President asked for, but obviously the President did not ask for an adequate amount, and the budget overall is reduced. In fact, I am finding, on a number of my forests, it happens that the collections are basically keeping them even. They were reducing recreation and other needs elsewhere.

But to go beyond that, I remember that the gentleman last year approached me after this vote and said we would work together to authorize a program where we would have a universal single pass so we would not have this mish mash, and we have not done that. It still has not happened.

I had one forest that had two passes for one forest. They have gone to one pass for that forest this year, but it does not have reciprocity with the other forests. I mean, this is insane. I asked the supervisor of one of my forests last Friday, I said, ''If I buy your pass, can I use it on the next-door forest?'' He said, ''No, you cannot.'' Then he called back on Monday and said, ''No, I was wrong. You can.'' I mean, it is so confusing. Average people cannot figure it out.

Mr. HANSEN. Mr. Chairman, let me say to the gentleman from Oregon, I hope that the amendment that he has brought up will somewhat trigger the Forest Service to start working on the exact problem he did bring up.

The gentleman mentioned the President talking about this. Does the gentleman realize that the President of the United States has asked to make this program permanent at this point? I think we can work out the problems the gentleman from Oregon brought out. I think it will be to the benefit of the people of America.

Mr. WALDEN of Oregon. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I first want to start by commending the gentleman from Ohio (Mr. REGULA) and the gentleman from Utah (Mr. HANSEN) for the work they do to make our parks as good as they are and their commitment that they have shown in their work.

So it troubles me to stand here in some respects today, but we have a problem in Oregon. We have a problem in our forest with some of these fees. It is a confusing morass where one does not know, as the gentleman from Eugene, Oregon, (Mr. DEFAZIO) said, one does not know where to go and what fee to have and what park permit to get.

Let me cite a story that ran recently in the Bend Bulletin, because I think they said it as well as anyone has. ''In the Deschutes National Forest, for example,'' and I am quoting here, ''a $3 day-use pass or a $25 annual pass is required to use more than 80 trails, virtually the forest's entire inventory.

''But wait. This year, a separate day-use fee to enter Newberry National Volcanic Monument has been scrapped; Newberry now falls under the trail park pass. At Lava Lands Visitor Center, which is not part of the trail pass program, the carload price actually went down from $5 last year to $3 this year.

''If you want to use the two boat ramps at East Lake you can, free of charge. But because a trail rings Paulina Lake, the boat ramp parking there is part of the trail fee program (except

in one boat ramp in Little Crater Campground).

''And that's just in the Deschutes. Oregon state parks charge day-use fees, the Bureau of Land Management levies boating fees on the Lower Deschutes River, and national parks in the region require separate passes for visitor centers and to climb mountains. Campgrounds are an additional charge. Confused?'' says the story.

Well, they go on to talk about it. And people are. They are coming up to the Lava Lands Visitor Center, and the visitor count there plummeted from 83,515 people in 1996 to 46,170 last year and remained depressed.

''We're still getting people driving up it the booth, seeing there's a fee, and turning around,'' said Mr. Lang, who is in charge of the Lava Lands.

So we have got that going. I have no problem charging people to go into the campgrounds and the really improved areas. My problem in my district, which is larger than 33 States. It is virtually all Federal land, 60-some percent. Thirty-six million acres in Oregon are Federal lands. It is like, no matter where one goes, one is on Federal land if one wants to get outside of any of the towns.

Then it gets confusing about what little store one has to go to, where to find a permit for what, and are they open on the one sunny day in Oregon when one wants to go out hiking.

My other concern is this, that even if we can perfect this process, and perhaps we can, at some point this is the base level, 3 or 5 bucks to get a pass, what is it going to cost a family? How far in advance are they going to have to book their trip to go on a hike in the Federal forest?

Can my colleagues imagine telling visitors to Washington, D.C. that they have to book 6 months ahead of time and buy a pass to determine if they can walk on the Mall. Because, in Oregon, our forests are the equivalent of the Mall. It is the place we have to go. We feel like we are paying for them once. And for just the opportunity to park along a road and hike out there, I do not think we ought to have the fee.

I understand the need to make the improvements. If I had my way, I would take money for future land acquisitions. There always seems to be billions around for that in some quarters, not necessarily ours, and target that into the improvements we all could agree need to be made.

Mr. Chairman, I commend the gentleman from Ohio (Mr. REGULA) for the work that he does.

Mr. Chairman, I yield to the gentleman from Ohio (Mr. REGULA).

Mr. REGULA. Mr. Chairman, I understand. But as my colleagues saw yesterday, we even took $30 million out that we had targeted for lands, and there is a pressure here to take even more. So that is probably not a source.

I tell my colleagues that it is our understanding that the Oregon forests and Washington Management Team and the Forest Service and the State, are working on a universal pass that one would buy that would go to any forest in Oregon or Washington, including a State forest. We have urged them to do that.

We understand some of the concerns that the gentleman's constituents would have. We want to make this as user friendly as possible and still have the revenues to fix those trails and fix those comfort stations and those camp sites. So that is our goal.

This is only a 3-year program. We are still trying to work out some of the problems. But I think, on balance, in the long haul, that the gentleman's people will be very pleased because they are going to have a much better quality experience and get a universal pass at a reasonable cost.

The CHAIRMAN. The time of the gentleman from Oregon (Mr. WALDON) has expired.

(By unanimous consent, Mr. WALDON of Oregon was allowed to proceed for 30 additional seconds.)

Mr. WALDON of Oregon. Mr. Chairman, I appreciate the comments of the gentleman from Ohio. I would say that we have a good program in Oregon called the Snow Park Permit Program. One buys one permit in the winter, and one can park in any of these cleared-out snow park areas if one wants to go cross-country or down-hill skiing. I have no problem with that. But the system we have in place today is one that concerns me because of its complication.

The other element is I do not want to see us price families out eventually. I detected that was perhaps beginning to happen along with just the whole idea of reservations. One hiking trail, for example, in Mount Hood, do not hold me to exact numbers, but averages 200 people a day. The forest people wanted to reduce that to 20.

The CHAIRMAN. The time of the gentleman from Oregon (Mr. WALDON of Oregon) has expired.

(On request of Mr. Hansen, and by unanimous consent, Mr. WALDON of Oregon was allowed to proceed for 1 additional minute.)

Mr. WALDON of Oregon. Mr. Chairman, I yield to the gentleman from Ohio (Mr. REGULA).

Mr. REGULA. Mr. Chairman, we understand that. We want to work with the gentleman from Oregon to solve those problems. I will be interested to talk to him about this snow pass. That may be the kind of thing we can put together.

But on balance, the program has worked well in enhancing the visitors' experience. I think something that is important is the vandalism reduction in these public facilities, because people who pay have a sense of proprietorship.

Mr. WALDON of Oregon. Mr. Chairman, I concur with the gentleman from Ohio on that point.

Mr. GOODLATTE. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in strong opposition to this amendment. I want to commend the gentleman from Ohio (Mr. REGULA), chairman of the subcommittee, for his leadership in advancing this program in the past. It is vitally important that we have a program that allows each forest system to raise funds to take care of the infrastructure in that system. It is not being done. This new program is the best opportunity we have had to see that occur.

Let me give my colleagues an example that occurred in my district with a national park. I know this amendment only applies to national forests. But the same principle applies, and it is one I think we should extend everywhere.

A few years ago, when I first arrived here, the Shenandoah National Park superintendent proposed closing two-thirds of the national park for 6 months of the year. We had a meeting up here with the representatives, and we asked him why on earth would he want to do that?

He said, ''Well, to save money.'' We said, ''Well, certainly the fees that you collect on entry to the park would offset the cost of the money that you save by having folks in the booths.''

This is what he said, ''You are going to save about $250,000 by closing the booth and not collecting the fee.'' He said, ''Oh, yes, it would save us $250,000 because we do not get to keep any of the funds that we receive when we collect those fees. So all of the funds received go into the general Treasury, $250,000 off of our budget. It makes sense for us to close one of the largest, most visited national parks in the eastern United States, two-thirds of it, for half of the year, because we do not collect the fees.''

We have changed that, both in our national parks and in our national forest to allow the collection of the fees. It gives the people on the ground in the parks the incentive to improve the conditions, to keep the facilities open.

How many people visit our national forest today and find chains across the road, tank traps built because the Forest Service does not have the resources to maintain the facilities? So they shut them do down in large measure.

If they are given the incentive to have the opportunity to collect a fee, they are going to open up more roads, they are going to open up more areas, they are going to open up more access to recreation. That is why this program, while it certainly can be improved, we certainly want to make sure that local residents who want to visit the park on a regular basis have a reasonable year-round pass that they can use in combined force. I think the gentleman is exactly right that that should be corrected and changed.

I certainly, as the chairman of the Subcommittee on Department Operations, Oversight, Nutrition, and Forestry of the Committee on Agriculture would also extend my offer to work with him to see that that kind of improvements to the system are made.

But please do not cut out the incentive to improve our national forest by allowing people who use them to collect a fee.

In addition, I would point out that many people travel great distances to visit our national forests. They will pay money for gasoline, for hotel rooms, for meals, and so on. Then when they get to these destination places, they will either pay nothing or a nominal fee to visit them. That to me is not logical.

If these places are, and they certainly are, great attractions for people to come long distances to visit them, it is not entirely unreasonable to think that we could collect a small fee to help to maintain and improve these facilities.

So I urge the Members of the House to oppose this amendment and see that this program, which is evolving and which will, I think, lead to great improvements in the recreational facilities of our national forest, that this amendment is defeated.

Mr. BLUMENAUER. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I am very pleased that the problem that my colleagues from Oregon have highlighted has been put in the spotlight and that we have had assurances from Members of the subcommittee that they will work with us to make sure that some of these anomalies are, in fact, corrected.

But I would hope that we would keep in mind three things: that it is not just the money that is involved here, although that is significant. A number of us have been struggling, trying to be supportive of what the committee has been working on in the course of the debate here in the last 2 days. This is an important step to try to tie the benefits and the costs together. This is something a lot of people understand that government needs to be more entrepreneurial in a number of areas.

We have seen, I think, here in Washington, D.C. the contrast between the way that we are treated here and other parts of the country. I think there is an opportunity for us to take small steps in this area. It also gives important incentives to local managers. We are getting a different behavior from people who are managing facilities, because they can be a little bit entrepreneurial.

The amount of money involved is infinitesimal for most of the people that are there. If we look at CDs, if we look at things that people are carrying, not just comparing to other types of activities that they involve for recreational purposes, but the impact that it says on the managers and their employees in terms of being able to have a little discretion, in terms of being able to tie it back to needs that they have on-site that, frankly, would have a difficult time making it through the bureaucratic process.

So putting aside for a moment the money, which is significant, put aside for a moment the connection between the benefits and the costs, which I think is not inappropriate, that we have had some opportunity here where we have assurances that we will work to try and make work better, and I think that is appropriate as well.

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But I do think it is important for us to look at the impact this has on managerial behavior in and around the facilities. And I think that that may be the greatest legacy of all, is that it helps engage in a different type of thinking, more flexibility, and more rapid reaction to give the taxpayers and the users a better product.

I am confident that the committee chair and staff will follow through. And as a Member of the Oregon delegation, I, too, would like to have the fine-tuning, but I hope that we will have a chance to look back in a couple of years at how it has changed the behavior, because I think that may be the most important legacy.

Mr. DICKS. Mr. Chairman, will the gentleman yield?

Mr. BLUMENAUER. I yield to the gentleman from Washington.

Mr. DICKS. Mr. Chairman, I thank the gentleman for yielding, and I just wanted to point out we just received a phone call from Mr. Lyons. He said he was prepared to meet with the gentleman from Oregon (Mr. DEFAZIO) and the chairman and myself tomorrow, if necessary, and also that they are working with OMB to fund a study on the Pacific Northwest Forest Service problem. And the gentleman from Oregon has pointed this out.

I think there is a way to solve his problem administratively, and I hope we can move on to a vote on this amendment, and of course a negative vote because it will no longer be necessary.

Mr. DEFAZIO. Mr. Chairman, will the gentleman yield?

Mr. BLUMENAUER. I yield to the gentleman from Oregon.

Mr. DEFAZIO. Just in response to the gentleman's comments, Secretary Lyons came to me last year and asked me to forego the amendment, saying he understood their problems and he would fix the program. Yesterday, he showed up in my office again, said he understood there were problems and he will fix the program. Now today he has called and said he understands there are problems and he wants to fix the program.

I think if perhaps he meets with the chairman, who controls his budget and his salary, ultimately, and that of all his employees, and the ranking member, maybe this time he will deliver. But I have to tell my colleagues, I am put out by the fact that this is a year later and it has not happened.

And, also, I have to say that I have concerns that go beyond that to the concerns of the committee in terms of how these funds are being spent. And Mr. Lyons admits there is no authorization or control process beyond the local forest. I think that goes to the grave concerns.

Mr. DICKS. Mr. Chairman, will the gentleman yield?

Mr. BLUMENAUER. I yield to the gentleman from Washington.

Mr. DICKS. Mr. Chairman, I would tell the gentleman from Oregon (Mr. DEFAZIO) this. I would rather trust the local forest, because of the way this national financial system has been handled. I have more faith in the people out there to do the right thing with the money that they collect in their forest. That is why I think this program is working and working so successfully.

Mr. ROEMER. Mr. Chairman, I move to strike the requisite number of words, and I rise in opposition to the pending amendment and do so for the following three reasons:

One is that our national parks are national treasures and jewels in our system out there in America today. And just as they are places where our families enjoy bonding experiences and places that we went with our families as young people, now we are taking our families to the different national parks and Forest Service lands and visiting our national treasures and jewels across America.

These are important to us for many reasons, and they are currently under great stress and great pressure externally for environmental reasons, internally with a host of different problems that are caused, quite frankly, by some lack of resources. So these demonstration fees not only support the parks and the national treasures that they serve for us as environmental treasures and places for families to visit together, but they also help us address huge problems that we are undergoing at our national parks.

For instance, the Shenandoah National Park, not far from here, an hour and 20 minutes, it is undergoing internal stress, it is undergoing external stress from acid rain, from the PH content in some of the brooks and streams that are polluting and killing fish, and we do not have enough resources to address this right away. Well, the demonstration fees provide a way with this lack of resources to provide the money to address these things right away.

And, thirdly, besides families, besides the stress, the demonstration fees keep 83 percent of the money right there in the local park. They do not ship the money off to Washington, D.C., or back to the national treasury. That money is preserved right there at that park where they can immediately apply it to local concerns, to those concerns indigenous to that park system and address it in an expeditious way, keeping the taxpayers' dollars from that local park, from that State, from that region in that local park.

So I think that this amendment, while the gentleman from Oregon (Mr. DEFAZIO) is trying to correct some problems I think with some frustrations that he has encountered personally in Oregon, I think we should give

this program some time to work. And I think to make sure the program works in these national parks throughout the country that so many people are visiting today and which are at historic levels of visitation and tourism in these parks and that are undergoing huge problems of stress, with lots of pollution problems, with lots of traffic problems, we need to be creative and original. This demonstration fee is an original way to do that, with the people that are coming into the parks to use the parks putting that money right in that park to immediately address local concerns.

I think it makes a lot of sense to continue this program, and I would hope that we would defeat this amendment.

Mr. DEFAZIO. Mr. Chairman, will the gentleman yield?

Mr. ROEMER. I yield to the gentleman from Oregon.

Mr. DEFAZIO. Mr. Chairman, I appreciate the gentleman's position, but he has used the word ''parks'' at least 50 times. This does not apply to the parks, and it does not apply to developed areas on the Forest Service or BLM.

Mr. ROEMER. Reclaiming my time, Mr. Chairman, I would say this confuses the issue. The gentleman is trying to apply this to the Forest Service. He has had some individual frustrations with it in Oregon. We are doing this not only in the Forest Service but at the national parks as well.

It is working fairly well, very well in most places. We need to give it the opportunity to work. The parks vitally need the resources here, and I would encourage my colleagues to defeat the amendment.

Mr. DICKS. Mr. Chairman, will the gentleman yield?

Mr. ROEMER. I yield to the gentleman from Washington.

Mr. DICKS. Mr. Chairman, I just read the gentleman's amendment again, and it says, ''None of the funds appropriated or otherwise made available by this Act may be used to carry out, or to pay the salaries of personnel of the Forest Service who carry out the recreational fee demonstration program.''

Mr. DEFAZIO. If the gentleman from Indiana (Mr. ROEMER) will continue to yield, that is amendment No. 2. We are doing No. 1.

Mr. DICKS. I am reading from No. 1. It does not say anything about undeveloped areas. The gentleman said this several times, but if we have No. 1 here, it does not say that. It says ''anything'' on the Forest Service.

The point I am trying to make is that the Forest Service provides more recreational opportunity than the Park Service.

Mr. ROEMER. Reclaiming my time, Mr. Chairman, I would just say I support the demonstration fees in the Forest Service and the national parks and urge defeat of the underlying amendment.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Oregon (Mr. DEFAZIO).

The amendment was rejected.

The CHAIRMAN. Are there further amendments to the bill?

AMENDMENT NO. 3 OFFERED BY MR. FARR OF CALIFORNIA

Mr. FARR of California. Mr. Chairman, I offer amendment No. 3.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 3 offered by Mr. Farr of California:

At the end of the bill, insert after the last section (preceding the short title) the following new section:

SEC. __. None of the funds made available in this Act may be used to authorize, permit, administer, or promote the use of any jawed leghold trap or neck snare in any unit of the National Wildlife Refuge System except for research, subsistence, conservation, or facilities protection.

Mr. FARR of California. Mr. Chairman, I have an amendment which affects the national wildlife refuges. These are set aside by Congress as special habitats for wildlife conservation; and, since 1903, when President Theodore Roosevelt first established one to protect wildlife, we have set aside 517 wildlife conservation refuges. These are areas that are part of our national heritage where people go to see wildlife.

In some cases, we even allow regulated hunting on certain refuges, but nobody has been aware that we allow commercial and recreational trapping to occur. Look at these photos. A Golden Eagle and a Red Fox. Does this look like recreational activity that our wildlife refuges tax dollars should go to? I do not think so.

The American people have said no to trapping or using steel-jawed traps. According to a May, 1999, poll, 84 percent of Americans oppose the use of steel-jawed traps in national wildlife refuges, and yet we allow them to occur. Eighty-eight countries have banned them altogether. Four States, Arizona, California, Colorado and Massachusetts, have totally banned the use, but the only way we can ban the use of steel-jawed traps and neck snares on Federal lands is for Congress to pass an act.

Now, the underlying bill is a great bill, and the chairman of the committee and the ranking member have done a tremendous job, and this amendment in no way reflects on that. This is an amendment that only sets a prohibition on using steel-jawed traps and neck snares for commercial and hunting purposes. Let me repeat that again. It only prohibits this cruel and inhumane use of this trap to painfully kill animals for profit.

Imagine using steel-jawed traps for recreational hunting. That does not fit with me at all. Using this device to hunt would be like using land mines to hunt. It makes no sense, which is probably why recreational trapping is already banned in 446 of the 517 national wildlife refuges in this country.

The amendment does not stop trapping. It allows trapping. It merely bans two devices. It bans the steel-jawed traps for commercial purposes and neck snares. Trappers can use other devices. They can still trap with Conibear traps, with foot-snare traps, with box traps, with cage traps. So I ask Members of this august body to join me in stopping the recreational torture in our national wildlife refuges. Please vote for this amendment which is very narrowly drafted.

Just three years ago, Sidney Yates, the distinguished and former long-serving chairman of the Interior Appropriations Subcommittee, expressed concerns about the use of steel-jawed leghold traps on National Wildlife Refuges. A long time opponent of the use of these traps and cosponsor of legislation to bar their use, former Representative Yates was instrumental in securing report language, with the consent of the distinguished chairman of the Interior Appropriations Subcommittee, Mr. REGULA, in the FY 1997 Interior Appropriations measure, requesting that the Fish and Wildlife Service create a task force to examine the humaneness of the leghold trap and assess the prevalence of trapping on refuge lands and waters.

Regrettably, the Service did not follow through on several of Congress's directives expressed in the report language. To my knowledge, there was no task force created and no assessment of the humaneness of this barbaric and indiscriminate trap, which has been outlawed throughout he world because it is so cruel. Nonetheless, the Service did send questionnaires to managers of nearly 500 refuges and queried them on the extent of trapping activity.

The report noted that there were approximately 467 trapping programs on 280 refuges; thus, more than half of the refuges had some form of trapping.

Trapping on refuges occurs for a number of reasons—for predator control to conserve endangered species or waterfowl, for facilities protection, for commercial fur trapping, for recreation, for subsistence, and for other purposes. In conducting these programs, trappers use a wide variety of traps, from box and cage live traps to killing traps such as steel jawed traps, neck and foot snares, and Conibear traps.

According to the report ''[e]ighty-five percent of the mammal trapping programs on refuges were conducted primarily for wildlife and facilities management reasons. The remaining 15% occurred primarily to provide recreational, commercial, or subsistence opportunities to the public.'' The Farr amendment would not have an impact on wildlife and facilities management programs, subsistence programs or research programs. Thus, the amendment would affect less than 15% of the trapping programs on the refuges. It is a narrowly crafted amendment to combat an egregious commercial abuse of the refuge system. It does not ban trapping, so critics who claim this is a purely anti-trapping amendment would be overstating their case.

It is extraordinarily incongruous to allow the commercial and recreational killing or our wildlife with barbaric traps on lands called ''refuges.'' Surely, they cannot honestly be called refuges for wildlife if wildlife are killed by these means.

Americans do now want their tax dollars used to administer trapping programs that feature steel jawed devices and neck snares. My

amendment seeks to stop the U.S. Fish and Wildlife Service from misusing its funds for these purposes.

The amendment will pose no threat to wildlife and no difficulty to wildlife managers. These traps have been banned in 88 countries throughout the world; surely these countries cope with their occasional wildlife conflicts without resorting to the use of steel traps. What's more, a large number of states, including states with numerous wildlife refuges, like my own state of California, bar the use of these traps.

July last year, I was proud to support a ballot measure that was overwhelmingly adopted by California voters that barred the use of leghold traps, except in cases of public health or safety or the protection of endangered species. This amendment carried in almost all parts of the state, as have similar ballot initiatives in Arizona, Colorado, and Massachusetts. Other major refuge states, such as Florida and New Jersey, have also banned the leghold traps. Wildlife living on National Refuges in these states are not victimized by steel traps.

The steel jawed leghold trap has been banned in so many jurisdictions because it is inhumane and indiscriminate. It has been declared inhumane by the American Veterinary Medical Association, the World Veterinary Organization, the American Animal Hospital Association, and The Humane Society of the United States. These traps are designed to slam closed and grip tightly an animals' leg or other body part. Lacerations, broken bones, joint dislocations and gangrene can result. Additional injuries result as the animal struggles to free himself, sometimes twisting or chewing off a leg or breaking teeth from gnawing at the metal jaws. Trapped animals can suffer from thirst and starvation and from exposure to the elements or predators. An animal may be in a trap for several days before a trapper checks it—with the interminable period in the trap severely compounding the animal's misery.

The steel jawed leghold trap is indiscriminate. Any animal unlucky enough to stumble across a trap will be victimized by it. In addition to catching ''target'' animals, traps catch non-target, or trash, animals, such as family pets, eagles, and other protected species.

National Wildlife Refuges should not allow commercial and recreational trapping with inhumane traps. Refuges are the only category of lands specifically set aside for the protection and benefit of wildlife. It is unacceptable that there is recreational and commercial killing of wildlife on refuges with inhumane traps.

A May 1999 poll conducted by Peter Hart Research of a national sample of 1100 Americans revealed that 84 percent of respondents oppose the use of steel-jawed leghold traps on national wildlife refuges.

Please support this amendment and restore compassion and fiscal responsibility to our National Wildlife Refuge System.

Mr. WHITFIELD. Mr. Chairman, I move to strike the requisite number of words, and I would like to commend the gentleman from California for offering this important amendment.

As the gentleman has already very clearly stated, this amendment simply says that if someone is within the boundaries of a national wildlife refuge they cannot use steel-jawed traps or neck snares for the purpose of catching animals. Wildlife refuges were created for the express purpose of benefiting and protecting animals, and it seems quite to the contrary that we allow in our national wildlife refuges this type of activity that is so inhumane.

As the gentleman stated, we have 517 national wildlife refuges, and already the decision has been made that they would allow steel traps and neck snares in only 71 of those, and 88 countries around the world have already outlawed steel-jawed traps and neck snares. Hunters, with their rifles and their shotguns and with their clever stalking and with their intellect and with their thinking ability, already have an advantage over animals, so why do they need to use these kinds of devices and particularly within a wildlife refuge?

They can be used elsewhere. But remembering that the purpose of the refuge was to protect animals, to benefit animals, and now to allow these devices to be used for commercial and recreational purposes seems to be not the right policy.

As the gentleman from California aptly stated, we can still use these devices for research, for subsistence, for conservation, or for a facility's protection. But I think it is a great amendment, and I would urge everyone in this body to support this amendment.

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Mr. MORAN of Virginia. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I think this is a good amendment. These steel-jawed traps cause gratuitous cruelty. I do not see the reason why we need these when there are a number of other trapping devices that accomplish the purposes that are served on wildlife refuges to keep various populations under control.

This amendment only applies to commercial trapping.

I think it is an appropriate amendment. I think we ought to pass it. I would be surprised if we could come up with substantive arguments against it. But I would not be surprised if certain of our colleagues do oppose it, because they seem to oppose any attempt to protect our environment or to respect the other innocent beings who attempt to inhabit it.

Mr. HANSEN. Mr. Chairman, I move to strike the requisite number of words.

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

Mr. HANSEN. Mr. Chairman, let me point out that in the State of Utah there is the Bear River Refuge. It is one of the oldest in America. It was founded in 1928. Literally thousands and thousands of acres. It is called a ''duck factory'' by a lot of people. Mallards, pintails, gadwalls, you name it. Teal all over the place, Canadian Honkers like my colleagues cannot believe, literally millions of them. There are all kinds of shore birds. There is all kinds of interesting things that go through there.

People up there tell me that three red foxes can probably kill 500 birds in about 2 weeks' time. And they normally get them when they are nesting. They go in and they break the eggs; they kill the young. And so we work for years to try to establish waterfowl. It does take water. It does take habitat. But somebody has to take care of the predators. As we talk to the people who are in this business, they say this is the effective way to do it.

Now, what are we talking about? We are talking about a fox. We are talking about a coyote. We are talking about muskrats. We are talking about these predators that are in these areas. If somebody could come up with a more humane way to come up with it, then fine, let them come up with it.

But let us get real. This is not Bambi around here. We are not talking about things like the white stallion. We are talking about things that really wreck things that we are trying to do in producing things that are important to us.

I think there are a lot of things that we could consider, but let us get down to the fact, do we want to wipe out these areas for the very reason they were created. They were created to perpetuate these things. So just a few, an infinitesimal minority of these animals, could ruin the whole thing.

Now, apparently I am not the only one that thinks this way. I have something here from the Department of the Interior that opposes strongly the amendment from the gentleman of California. Here is a letter from the International Association of Fish and Wildlife agencies strongly opposing this amendment because they think it will throw the whole thing out of balance.

Sure our hearts go out. No one likes to see a little animal suffer or a bird suffer. We can go along with that. But what is a better way?

Mr. FARR of California. Mr. Chairman, will the gentleman yield?

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

Mr. FARR of California. Mr. Chairman, with all due respect, I do not know if the gentleman read the amendment. Because it makes exception for all the purposes the gentleman indicated. It only bans the commercial use of steel-jawed traps for recreational hunting. It allows all the kinds of management techniques that are necessary to protect endangered species and so on.

The amendment specifically excepts all of those things. It excepts research, subsistence, conservation, or facilities protection.

Mr. HANSEN. Mr. Chairman, reclaiming my time, well, I wish someone would explain that. Then maybe we better teach these people to say, this one is commercial and this one is recreational. They do not know that.

It is just like hunting is a tool, this is a tool. And maybe that is nice to

say, but we are going to have all types of these people in doing that type of problem.

Mr. OBERSTAR. Mr. Chairman, will the gentleman yield?

Mr. HANSEN. I yield to the gentleman from Minnesota.

Mr. OBERSTAR. Mr. Chairman, I thank the gentleman for yielding.

I stand with the gentleman on this issue. I stand with the trappers of my district, the young men who have earned their way through college for years trapping responsibly and reliably. I think this is a very misguided amendment, and I stand with the gentleman.

Mr. HANSEN. Mr. Chairman, reclaiming my time, I appreciate the comments of the gentleman. Let me point out to my colleagues that this is a very effective way to control a big problem we have got in America in many of our areas.

I would sincerely appreciate a ''no'' vote on the amendment of the gentleman.

Mr. YOUNG of Alaska. Mr. Chairman, I rise in opposition to the amendment.

(Mr. YOUNG of Alaska asked and was given permission to revise and extend his remarks.)

Mr. YOUNG of Alaska. Mr. Chairman, as my good friend from Utah has mentioned, the administration is adamantly opposing the amendment and so is the International Association of Fish and Wildlife.

But it never ceases to amaze me. The gentleman from Virginia (Mr. MORAN) has never seen a trap in his life. He has never seen a trap. He has never trapped. I am the only licensed trapper in this whole Congress, the only person who has ever done any trapping commercially and for subsistence.

I will tell my colleagues what really disturbs me is that they are not looking at a management tool. But more than that, my colleagues wonder why I am upset about this.

We have in my State a group of people that have to have trapping for their welfare. These are native people that they have surrounded by refuge lands. Yes, they say, they can do it for subsistence. But this is not for subsistence. This is for a livelihood. And my colleagues are going to take it away from them.

I did not want that refuge, but it was created by this Congress around most of the villages of native people in my State.

What the gentleman from California (Mr. FARR) is doing is taking the poor little guy and squishing him and eliminating his ability to make any livelihood at all.

Now, I am ashamed of the gentleman for not even thinking of that. If my colleagues want to exclude Alaska, that is their business; but that is what should have been done. But they are hurting my people.

I again say I am the only trapper that has done this professionally. I have never hurt an animal. The trap works efficiently, as the Department of the Interior says it does. It is a tool that must be used.

By the way, if my colleague has an antitrap law in his State, he cannot trap on Federal lands. If he wants to do it, pass it in his State. But do not mess with my State.

Mr. FARR of California. Mr. Chairman, will the gentleman yield?

Mr. YOUNG of Alaska. I yield to the gentleman from California.

Mr. FARR of California. Mr. Chairman, we have passed it in California State lands. But remember that this also allows the trappers that the gentleman just talked about to use all of the other tools of trapping.

Mr. YOUNG of Alaska. Mr. Chairman, reclaiming my time, the other traps do not work. So the gentleman does not know what he is talking about. The other traps do not work. It is impossible for them to transport those traps out to the areas they have to trap in, and they are not effective.

The Conibear trap, which my colleague just talked about, is the most unselective trap of all. If one is a good trapper, they can set these traps to where they catch what they are seeking. They can do that. The Conibear catches anything and everything that touches it. That is what the gentleman does not understand.

The leghold trap is not the most humane trap. The Conibear trap is a killer and it kills everything that steps into it. Not a leghold trap. If they are after mink they use one. If they are after a little larger, one and a half. It goes right on up. And they set them appropriately for the species they are trying to catch.

This is a bad amendment. Like I said, the administration, every Fish and Wildlife person involved is against it. This amendment should be defeated, if not for good sound wisdom and science, but for the poor people of my State. Go ahead and take away their livelihoods. Feel proud of yourselves. Eliminate their chances. If it makes my colleagues feel good, then go right ahead and do it. But remember, they will have that on their conscience, especially when any scientist or any biologist will tell them that the leghold trap is the proper method to be used.

I think the gentleman should reconsider his amendment, and I urge the defeat of his amendment.

Mrs. MORELLA. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I am not a trapper so I do not preface my comments with that fact. However, I do believe that this Farr amendment deserves to be passed. I want to thank the gentleman from California (Mr. FARR) for bringing it to the floor.

What it does is it seeks to bar the use of Federal funds to administer or promote the use of steel-jawed, leghold traps, or neck snares for commerce or recreation on any unit of the National Wildlife Refuge System.

Now, speaking of endorsements, I have heard from the American Veterinary Medical Association, the American Animal Hospital Association, the World Veterinary Association; and they all agree that steel-jawed leghold traps are inhumane.

They are designed to slam violently shut on a body part of the animal, usually breaking bones or dislocating joints. An animal can suffer for days while exposed to weather, starvation, and predators. Animals who are victimized by these traps are often family pets, eagles, and other protected species.

These traps have been condemned throughout the world community, with 88 nations banning them, including the European Union. California, Arizona, Colorado, Florida, Massachusetts, and New Jersey have also banned leghold traps. There are dozens of wildlife refuges in these States that have suffered no adverse impact from banning recreational and commercial killing of wildlife.

Eighty-five percent of the mammal trapping programs on refuges are conducted primarily for wildlife and facilities management reasons. The Farr amendment would not have an impact on the wildlife and facilities management program or the subsistence programs on the refuges. It is a narrowly crafted amendment to combat an egregious commercial abuse of the system which was designed to provide sanctuaries for wildlife.

The pain and suffering caused by steel-jawed leghold traps are incalculable. I think it is irresponsible to continue barbaric practices with so many less cruel methods of trapping for capturing wild animals that are available to us today. Let us look for those.

I urge my colleagues to join me in supporting the Farr amendment.

Mr. GEORGE MILLER of California. Mr. Chairman, will the gentlewoman yield?

Mrs. MORELLA. I yield to the gentleman from California.

(Mr. GEORGE MILLER of California asked and was given permission to revise and extend his remarks.)

Mr. GEORGE MILLER of California. Mr. Chairman, I thank the gentlewoman for yielding, and I thank her for her statement and wish to associate myself with her remarks.

As she quite properly points out, this has very, very limited impact on the total amount of trapping that takes place on the refuges.

Mr. GILMAN. Mr. Chairman, I rise today to express my strong support for the Farr amendment to H.R. 2466, an effective compromise that will prohibit the use of taxpayer funds for the inhumane use of steel-jawed leghold traps for recreational or commercial purposes on national wildlife refuges. I thank Congressman FARR for bringing this amendment to the floor.

The Farr amendment is specifically tailored to put an end to recreational and commercial trapping using steel-jawed leghold traps, which occurs on approximately 15 percent of our national refuges. Trapping programs used for animal and facilities management would not

be affected by this bill. It is not an aimless, arbitrary attack on our American trappers, but an effort to protect animals where they should be protected, on our national wildlife refuges.

The bottom line is that steel traps are inhumane. Already banned in 88 counties in the United States and nearly 90 countries around the world, steel traps result in serious and debilitating injuries to animals that can often lead to painful and misery-filled deaths. Moreover, the traps are indiscriminate, and thereby will harm any animal that falls in its path. Trappers will often catch animals that they were not even intending to capture, many of whom are endangered and need our protection.

It is time that we address this issue and take the initiative to prevent recreational and commercial trapping of wildlife on our national refuges using steel-jawed leghold traps.

I urge my colleagues to stand up for the protection of our wildlife on our national refuges and support the Farr amendment to the Interior appropriations bill.

Mrs. LOWEY. Mr. Chairman, I rise today in strong support of the Farr amendment. This narrowly crafted, common-sense amendment would improve a bill that I believe is good.

As the sponsor of H.R. 1581, a bill that would outlaw the overall use of steel-jawed leghold traps in the United States, I have been trying to rid this country of these barbaric traps. Steel-jawed leghold traps slam with bone-crushing force upon their victims. Even worse, these devices are completely indiscriminate. Like land mines, they make a victim of any animal that happens upon them, threatening pets, endangered species, other nontarget animals and even small children. Steel-jawed leghold traps and neck snares have been condemned as inhumane by the American Veterinary Medical Association and the American Animal Hospital Association.

Because of these dangers—and the existence of less cruel trapping alternatives, as witnessed by the non-lethal trapping of the Cherry Blossom beavers here in Washington—eighty-eight countries have already outlawed steel-jawed leghold traps.

The National Wildlife Refuge system, launched in 1903, was created to combat the effects of the commercial killing of wildlife. It seems reasonable that, on the one federal land system created with the primary purpose of protecting and conserving wildlife, we prohibit the use of these inhumane traps.

The Farr amendment does not bar the expenditure of funds to conduct trapping programs to protect endangered species, to manage other wildlife populations, or to protect facilities. This amendment simply bars two inhumane and indiscriminate traps when they are used for commercial profit or recreation on the one federal wildlife refuge designed to protect and conserve wildlife.

The time has come for the United States to follow the lead of other industrialized nations. Three out of four Americans believe these traps should be prohibited. The appropriation committee has crafted a good bill. Let us pass this amendment and make it even better. I hope you will join us and support this commonsense, humane amendment.

Mr. SHAYS. Mr. Chairman, I rise in strong support of the Farr amendment to prohibit the use of steel-jawed leghold traps or neck snares on National Wildlife Refuges for purposes of commerce or recreation.

The National Wildlife Refuge System was established in 1903. The refuges were meant to be sanctuaries to combat the effects of commercial killing of wildlife and provide an environment where wildlife could be protected and conserved.

Today, the refuge system encompasses 92 million acres in all 50 states, including the Stuart B. McKinney Wildlife Refuge in my district in Connecticut.

According to a 1997 U.S. Fish and Wildlife Service survey, of the 517 National Wildlife Refuge units in the United States, 280 allow trapping of animals and 140 of those allow the use of steel-jawed leghold traps.

While some trapping may be necessary for activities such as predator control for threatened and endangered species protection, facilities protection, and disease control and population management, 15 percent of the trapping is used for recreation and commercial profit.

Steel-jawed leghold traps do not discriminate against their victims. These devices capture protected wildlife species as well as family pets.

Animals caught in leghold traps suffer crushed bones, and often resort to twisting off a limb to escape the horrible pain.

Mr. Chairman, the banning of leghold traps has worldwide support. Leghold traps have been banned in over 80 countries and banned or severely restricted in six states. Groups such as the American Veterinary Medical Association, the American Animal Hospital Association, Humane Society of the United States, and the World Veterinary Association support the banning of leghold traps.

It is important to note Mr. Farr's amendment does not prohibit other forms of trapping, or even the use of steel-jawed leghold traps and neck snares for purposes such as endangered species protection.

Let's demonstrate our dedication to protecting animals on wildlife refuges by supporting this important amendment designed to end animal cruelty on our national wildlife refuges.

The CHAIRMAN. The question is on the amendment offered by the gentleman from California (Mr. FARR).

The question was taken; and the Chairman announced that the noes appeared to have it.

Mr. FARR of California. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to House Resolution 243, further proceedings on the amendment offered by the gentleman from California (Mr. FARR) will be postponed.

AMENDMENT OFFERED BY MR. TANCREDO

Mr. TANCREDO. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. TANCREDO:

At the end of the bill, insert after the last section (preceding the short title) the following:

SEC. . The amount otherwise provided by this Act for ''DEPARTMENT OF AGRICULTURE—Forest Service—Forest and Rangeland Research'' is hereby reduced by $16,929,000.

Mr. DICKS. Mr. Chairman, I reserve a point of order until I have a chance to see the amendment. I have not had a chance to see the amendment.

Mr. TANCREDO. Mr. Chairman, the amendment that I propose is designed to save approximately $17 million presently being wasted in type of research programs conducted by the Forest Service of a nature that can only be described as worthy of the proverbial golden fleece award.

The amendment reduces the appropriation for forest and range land research by $16.9 million, which is a cut of $10 million from last year's level and reduces the account to the Senate level.

In explaining the decision to reduce the account by the $10 million, the Senate committee stated as follows: ''The committee is extremely concerned that the research program has lost its focus on what should be its primary mission, forest health and productivity. As it did last year, the committee directs the Agency to increase its emphasis on forest and range land productivity by implementing a reduction of $10 million in programs not directly related to enhancing forest and range land productivity.'' I emphasize ''not related to enhancing forest and range land productivity.''

That is the charge of the Forest Service for the forest and range land research.

Now, let me tell my colleagues what they have been doing for the last several years with the money that we appropriate that is designed, once again, to go to enhancing forest and range land productivity.

☐ 2100

Let me cite an example. Theoretical Perspectives of Ethnicity and Outdoor Recreation: A Review and Synthesis of African-American and European-American Participation.

Accounting for ethnicity in recreation demand: a flexible count data approach.

I ask my colleagues, what has this got to do with enhancing forest and rangeland productivity?

Another one. Research Emphasis for the Pacific Southwest Research Station: ''Social Aspects of Natural Research Management including cultural diversity, customer service, communication and social justice.''

I ask my colleagues, what has this got to do with enhancing forest and rangeland productivity?

Another, the analytic hierarchy process and participatory decision-making: ''A systematic, explicit, rigorous and robust mechanism for eliciting and quantifying subjective judgments.''

I ask my colleagues, what has this got to do with enhancing forest and rangeland productivity?

There are a number of programs, of course, that are operated, a number of research programs operated by the forest and rangeland research operation that are of great quality. I point out, for example, the Forest Inventory and Analysis Program. Programs like this will be provided for.

Mr. Chairman, this is almost a $200 million program. The fact that we are reducing it by $16 million in no way inhibits the ability of the Forest Service

to accomplish its major and primary goal, that goal being to enhance forest and rangeland productivity. I suggest to Members that the rest of this stuff is pure junk. It is poppycock. We cannot waste dollars like this in programs like this anymore.

I can go on. Here is another one. Voices from Southern Forests: ''Examines the changing social, economic, attitudinal and other voices of southerners and speculates about the meaning these changing voices might have on the future of forest wildlife management in the South.''

Again, Mr. Chairman, what has this got to do with enhancing forest and rangeland productivity?

Once again, this is not my individual idea and the amount of money is not mine alone. It is going back to the Senate committee mark. This was the original appropriation by the Senate committee, reducing it by $10 million and then the House increased it by $6.9 million, so we are taking it down a total of $16.9 million.

I suggest that this is only appropriate considering what the charge of the Forest Service is in this particular program. I ask for my colleagues' support.

The CHAIRMAN. Does the gentleman from Washington insist on his point of order?

Mr. DICKS. No, Mr. Chairman.

The CHAIRMAN. The point of order is withdrawn.

Mr. REGULA. Mr. Chairman, I move to strike the last word.

Mr. Chairman, one of the things that we put great emphasis on in our committee is forest health. We have 200 million acres of forests, 156 national forests, almost 800 million visitor days, and the health of our national forests have a profound impact on the health of our private forests, which, of course, is also millions of acres. We have cut back substantially in this program. In spite of inflation, it is 40 percent less than it was 10 years ago. But I think it would be penny wise and pound foolish to cut research and to eliminate scientists. We have more and more problems because of the shrinking world. Diseases are brought in. Let me cite one, Dutch elm disease. Twenty years ago we had magnificent elm trees in our cities that lined the boulevards. Today most of them are gone. Why? Because the Dutch elm disease was brought into this country on imported lumber and it has just decimated the elm forests of our country. That is just one example. There are many. Another is gypsy moths. There is a constant proliferation of diseases and problems that threaten the national forests as well as the private forests. We have cut back, as I mentioned earlier, but I think it would be unwise to take another cut on something that is so vitally important to this great natural resource. We have made every emphasis in our bill to encourage good management and to ensure that the dollars are used carefully.

I know the gentleman cited a number of sort of esoteric titles. Some of this involved recreation symposiums, ideas of how to better provide visitor services, and perhaps it was a poor choice of words in describing these programs, and I do not know that all of them are necessarily good. We have said to the Forest Service people, make the dollars take care of the health of our forests, because they are a priceless resource of this Nation. It not only goes to the question of private forests, it goes to the question of habitat, it goes to the question of our streams, the fish, because if you have diseases in the forests, it is going to get into the water system and on downstream. For that matter, a lot of water supply in this country starts in our national forests. So this has a reach much greater than just the forests themselves.

I would think it would be a very unwise move. To say what the other body has done is not a very compelling reason to me to make a change, because I would be reluctant to follow the other body's decision on every part of a bill. In the judgment of our committee, we put a heavy emphasis on maintaining healthy forests, healthy habitat for wildlife, healthy streams, good water quality, provide assistance to some of the private forests, avoid the sort of things that impact heavily on them.

I would urge the committee members to vote ''no'' on this amendment and protect the health of our 200 million acres of priceless assets in the form of the national forests.

Mr. DICKS. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in opposition to the amendment. I would point out that this year we cut $30,271,000 from the administration's request. We barely allowed a cost of living increase for this important research work. The gentleman from Ohio has given a very comprehensive and accurate description of how this money is used. I would also point out that work is done with our State foresters, also with our universities across this country to deal with all of these research issues that affect the ecosystem, the ecology of these forests. Frankly I think a lot of people would think with an asset of this importance to the country, that maybe we are not doing enough in terms of good scientific research on our national forests.

I urge my colleagues to vote ''no'' on this amendment so that we can move on and move towards final passage.

Mr. COBURN. Mr. Chairman, I move to strike the requisite number of words.

I do not doubt the chairman and the ranking member's words that this is an important part of our forest research and a tremendous natural resource, but I think the point that needs to be made is that if there are so many Federal dollars in this program that they can spend research as outlined by the gentleman from Colorado (Mr. TANCREDO) that there is obviously way too much money there. He did not outline all of the what I would consider programs which are just a drop in the bucket that have been research that have nothing to do with rangeland or our forests.

Let me give my colleagues another one. Since I am from the South, I kind of like this one. Here is one study that they did, Voices From Southern Forests, ''Examines the changing social, economic, attitudinal, and other voices of southerners and speculates about the meaning these changing voices might have on the future of forest wildlife management in the South.''

I know that is important to the researcher who did that, but I do not think that does anything to enhance the quality of our forests, to enhance the productivity of our forests or enhance our ability to direct money to be spent in a proper way.

I am not critical of the committee as they look at this. I know they cannot be on top of everything. But I would doubt that the chairman and ranking member, if they knew these were the studies that this committee paid for last year, would be happy to give this agency a $7 million increase.

Mr. REGULA. Mr. Chairman, will the gentleman yield?

Mr. COBURN. I yield to the gentleman from Ohio.

Mr. REGULA. We will invite the gentleman to the hearing next year, because, believe me, we will raise these issues; probably before that. I hope some of the folks in the Forest Service are listening to this debate tonight and recognize that some of these things do not make sense. But the basic program is very sound.

Mr. COBURN. To the chairman, I would agree. I have no criticism of the basic program. We spent $197 million on this last year. You have brought it to almost $204 million. To me, what it says is we are rewarding this kind of incompetence. Every dollar that this program does not spend to help forests get better is a dollar that our grandchildren are going to pay back in terms of the Social Security obligation that we have. I would appreciate it if the chairman and ranking member would at least consider this reduction, not because maybe it is necessary in their judgment but it might send a message to the people that are authorizing this kind of garbage with our children and grandchildren's money that maybe they should not do it next year and when they come to you next year, they can have this increase that you have outlined for them and they will have learned that you mean business about the money that they spend for our future generations.

Mr. REGULA. If the gentleman will yield further, what we have tried to address is just the fixed costs that they have. I appreciate that the gentleman brings these things to our attention. I think it is probably a very small part of the budget, but we are going to have some discussion on the issue.

But he mentions our children and grandchildren. We want to leave them healthy forests. Because more and more of the forests are a very important part of the water supply system of this Nation. That is our real concern, the health of the forests.

Mr. COBURN. I agree. I thank the gentleman.

I would just note, this one program spends a dollar per acre for every acre of land that we own, of our forestland. I am not saying that is too much, but it is too much when it is spent this way. I appreciate the gentleman's time and the hard work that he does.

Mr. DOOLITTLE. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I strongly support the gentleman from Colorado's amendment here. I sit on the authorizing committee for the Forest Service. It is unbelievably mismanaged. It is horrendous in any number of areas. Yes, we need scientific research, but this is hardly scientific research, what the gentleman from Colorado so courageously proposes to delete. I understand the Senate has already done this. These absurd, wasteful studies, it makes you really wonder if this is not just the tip of the iceberg and that beneath this tip there is nine-tenths more that could be delved into. It really makes you wonder. Theoretical Perspectives of Ethnicity and Outdoor Recreation; Research Emphasis for the Pacific Southwest Research Station.

Mr. COBURN. Mr. Chairman, will the gentleman yield?

Mr. DOOLITTLE. I yield to the gentleman from Oklahoma.

Mr. COBURN. Mr. Chairman, just to enlighten the Members of the House, we went on their web site this morning, and in 30 minutes these are a list of some of the programs we found. If we went through the whole web site, which would take about 2 days, I think you can find the depth of the problem. I appreciate the gentleman allowing me the time to explain that.

Mr. DOOLITTLE. I appreciate the gentleman raising these issues.

Mr. TANCREDO. Mr. Chairman, will the gentleman yield?

Mr. DOOLITTLE. I yield to the gentleman from Colorado.

Mr. TANCREDO. Mr. Chairman, it was mentioned by the other side that someone on the other side said, we are not doing enough in terms of good scientific research. I agree. I absolutely agree. We are apparently are not doing enough in terms of good, scientific research and one reason is because we are doing this junk. This is not in anybody's estimation good scientific research, especially for the purpose stated for this particular program. I wish there was a better way. I truly wish there was a better way of getting the attention of the bureaucrats in this department or any department rather than having to cut their budget in order to make them pay attention to what it is we want. We tried this last year. They completely ignored it. This is the only option we have. Cut the budget, it gets their attention.

I ask my colleagues for support of this amendment.

Mr. POMBO. Mr. Chairman, will the gentleman yield?

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

Mr. POMBO. I thank the gentleman for yielding. I do not think anybody has to tell me what good work the Forest Service can do and how important it is, the work that they are doing across the country right now.

Unfortunately what the gentleman from Colorado points out is that when we do not have the kind of oversight we should over their spending, we end up with programs like this. Obviously the Forest Service must think they have too much money or else they would not spend money on programs like this. Obviously they think that there is so much money coming into their agency that it is important to set aside money to do programs like this.

☐ 2115

Now, if all they were doing was setting aside money for scientific research, I do not believe this amendment would be necessary. I do not believe that we would be debating this at this time. But because they feel like they have so much money to spend, that they have got extra money to spend on crazy programs that make absolutely no sense, and I do not think that there is a Member of Congress, I do not think there is anyone on the authorizing committee or the Committee on Appropriations that can look at these programs and say that is how we ought to be spending our scarce tax dollars and our even more scarce resources going to the Forest Service.

This is outrageous that they would even consider spending money on these programs.

Mr. DOOLITTLE. I would just observe, Mr. Chairman, we had a very interesting oversight hearing in the committee of the gentlewoman from Idaho (Mrs. CHENOWETH) about the devastating threat of catastrophic forest fires. Do my colleagues know the Forest Service still does not have a plan despite 9 years of hearings on this topic. When this threat has been mentioned, they still to this day do not have a plan to fight catastrophic forest fires, and yet we have time and money to spend on nonsense like this.

It is outrageous, Mr. Chairman. This amendment should be supported, and we should take further actions down the road.

Mr. PETERSON of Pennsylvania. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, if the accusations that have been made here this evening are accurate, I would support them. I do not know that they are, I do not know that they have ample proof of that. I do know I have visited one of these laboratories in my district in the Allegheny National Forest, and I have always been impressed with the kind of work they do.

Our forests in the recent years have had one insect infestation after another, and they were the ones that came up with the program of how to save our forests. I think we all would have wished we had this kind of research back when our chestnut was attacked by the chestnut blight years ago. In our part of the country chestnut was the finest wood there was. It was a wood product that insects did not like, it was a great framing lumber. One could put it in the ground, it would not rot. It had so many qualities, and a blight came through. We did not have the kind of research ability then to fight that, and we lost the chestnut.

A few years ago with the oak leaf roller cane they thought we were going lose the oak, but we found a remedy. When the gypsy moth came, we thought we were going to lose the oak because that was their prime wood, and we found a remedy to that. The cherry scallop. We have a very diverse forest in this country.

In the west we have a soft wood forest, in the east we have a hardwood forest, and it varies in New England from where I live in the mid Atlantic States to the south. Even though the same species are there, the forest composition is different.

This kind of research has also provided us with wood products, oriented fiberboard, the fancy laminated products that we use today, the wooden bridges with laminated wood that are using low quality wood to build bridges.

I think this is an issue that we need a lot more information on before we decide to cut their budget. This program was just reauthorized last year. I urge further review and study if it is proven that they are wasting money as stated.

Mr. WELDON of Florida. Mr. Chairman, will the gentleman yield?

Mr. PETERSON of Pennsylvania. I yield to the gentleman from Florida.

Mr. WELDON of Florida. Mr. Chairman, I have just handed to the gentleman's staff exact copies from the web site of this agency that without a doubt proves they are doing that. So based on the gentleman's statement, I would expect his support for this amendment because we took it off their web site today.

Mr. PETERSON of Pennsylvania. Mr. Chairman, I am not sure web site information is going to prove to us what was studied, how much was spent and whether it was worthwhile or not. I think this is an issue that ought to be researched, it is one that ought to be taken seriously, but to cut their budget this amount tonight I think is throwing the baby out with the bath water and would be a mistake.

Mr. VENTO. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I was not prepared to speak on this. I am surprised the

amendment is here. But it seems to me that many of my colleagues who have criticized the forest policy with regards to fire suppression, with regards to forest health, are mistaken in attacking a budget which in fact emphasizes a certain amount of research. If anything, I think that the Forest Service and some of our land managers spend too little money in terms of research, and while there is some criticism of cultural research and the impact of people and recreation on lands, I think that that is very important because there is an increasing use of our lands by the tens of millions of visitor days each year in fact on the Forest Service lands as well as on of course other public, domain lands, in terms of people using it, and I think for us to suggest that we have all the answers with regards that is sorely mistaken.

With regards to fire prevention, the prescription types of burns, the impact of it in terms of vegetation; I mean there are a myriad of problems that we do not have the answers to with regards to landscape management. Is use of integrated control in terms of pests, how to manage those forests, the hydrology of those forests, and of course this goes, I think, to some of the special forests that we have. In fact, as a member of the Committee on Resources, I have had the opportunity to visit some of our research stations. We have one in the Midwest on the University of Minnesota, St. Paul campus, which we are very proud of in terms of its work with urban forestry, the discoveries recently that have been made with regards to Dutch elm disease and the pseudomycetes and other types of fungi that are infecting the entire urban forest and the problems that are associated with white pine blister rust, the chestnut blight. There is ongoing studies in terms of trying to develop species, the Forest Service working in conjunction, frankly, with our universities, working with the academic community on a global basis. In Puerto Rico we have one of the finest tropical forest research stations in the world.

Mr. GEORGE MILLER of California. Mr. Chairman, will the gentleman yield?

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

Mr. GEORGE MILLER of California. Mr. Chairman, I want to thank the gentleman for his remarks and associate myself with his remarks. This research is, in fact, very important. If somebody does not like the title of some particular research grant, they have now decided they just going to cut it. As my colleagues know, if they did not go out and talk to the people in the south about the forests and how they were going to manage it and how they were going to deal with it, somebody would be in here blistering the Forest Service's rear end saying, ''You're changing policy without talking to the people in the area.''

We are having big deliberations in the State of California about the future of the Sierra Nevada, all kinds of parties are involved in this because those forests are becoming less and less timber resources and more and more recreational assets for the 30 million people in the State of California. Do my colleagues know what? The Forest Service has to go out and do that kind of research to see what the people in the small communities think, see what the people in the foothills think, see what the people in the LA basin think about these resources, about the management of that.

Now this one, I guess they are talking to people in the southern United States about the southern forests. But as my colleagues know, it is kind of the height of intellectual illiteracy to just decide they do not like the title, so we are going to cut this money without any investigation as to exactly what is taking place here, and the fact of the matter is that many, many of the forests, as the gentleman has pointed out, are under serious threat from all kind of diseases and what have you, and this research is fundamental to that proposition in trying to keep the productivity of the forest up, to try to keep these forests surviving into the future so people can use them for multiple uses.

Mr. VENTO. Mr. Chairman, I thank the gentleman, and I would just reiterate that the fact is that these dynamic ecosystems, our forests, our grasslands, the work that is being done here is fundamental to sound decisionmaking and stewardship of these resources. As I said, in fact I think we do far too little research. I think it is enormously important to keep in place this corpus of people, this expertise, the knowledge base that we are developing, which in fact we share, for instance, with our tropical forestry research, we share with Central America, with countries in South America. Our Forest Service is, in fact, a leader in terms of this type of natural resource information, and to come to the floor blatantly and to cut this based on the title of some studies because we are evaluating the cultural impact and sensitivity in terms of how people use this for recreation I think is wrong, and I would hope Members would oppose this amendment. This is a bad amendment, and it is the wrong way to go.

The committee has given this good consideration. The very individuals that are concerned about forest health ought to be concerned about understanding the consequences of policy and having good information upon which to base their judgments.

Reject this amendment.

Mrs. CHENOWETH. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in support of this amendment. As chairman of the Subcommittee on Forestry, I have sat through countless hours of hearings on the problems that we are having in our national forests from lack of care, and, as I review some of these programs in research that the Forest Service has been spending their money on, let me just reiterate some of the programs.

Recreation visitor preferences for and perceptions of outdoor recreation setting attributes.

Now get this though, Mr. Chairman. Attitudes towards roads on the national forest: and analysis of the news media? Well, for heaven sakes; is that going to bring a healthier forest if we sit down and poll and analyze the news media? For heaven sakes.

As my colleagues know, our Forest Service people used to be able to match our mountains not only in their skill, but in their common sense, and now we have a Forest Service that analyzes the news media on how to manage the forest? Yes, this research does need to be cut.

And finally, research themes for the Rocky Mountain Research Station: Human dimensions including cultural heritage and environmental psychology and social interactions.

Mr. Chairman, this is not going to bring forest health back, and in this day when we are fighting over every single last dollar, we promised the American people we are going to return a surplus to them, we are going to secure Social Security, we are going to do all of these great things; to be spending this kind of money on these kinds of ridiculous programs really is not what the Forest Service was set up to do. This is not a social worker's institution; this is the Forest Service, and we need people again who will match our mountains in common sense and be able to restore our forests to the forest health that we need.

Our forests are a trust that the American people have placed not only in us, as a Congress, but also in the Forest Service, and they have abused that trust.

Mr. GOODLATTE. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I must reluctantly oppose this amendment. I think the gentleman has done us all a good service by pointing out these several studies that I think are highly questionable, but he is using a sledge hammer to hit at something that I think is probably far less expensive and doing so at the expense not only of our national forest, 200 million acres of land that we are responsible for managing.

But this information is also utilized by our universities, by our extension services to help private landowners. We have more than 10 million private forest landowners in this country who receive assistance from extension services in terms of the advice they get on how to fight these various diseases on private land. If we only fight these problems on our public lands, we do not solve the problem at all because the various blights and so on are obviously indiscriminate, and they go on both

public and private lands, and this is something that is a valuable resource to 10 million taxpayers in this country who utilize this research to help preserve private lands that are under a great deal of stress because we have reduced the amount of timber harvesting on public lands so much that the management of our private lands, and this information for those private landowners is vitally important.

So I would suggest to the gentleman that perhaps the better approach would be to find out what these programs cost and introduce an amendment that would eliminate just that amount of money. I think the message needs to be sent that these wasteful programs he has identified are wrong, but we are cutting out far more than that when we cut out 16.9 million.

So I am going to oppose the amendment but will work to see that the Forest Service gets the message that some of these research studies that are being funded that are intended to address real problems in our national forest are not being addressed by spending money on some of the studies that he cited, and I commend him for his efforts in that regard.

□ 2130

Mr. SANFORD. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I just rise in support of this amendment offered by the gentleman from Colorado (Mr. TANCREDO), because I think if there was ever a case such as a terminal illness when it comes to stupidly spending money, I think this is the case.

It is amazing to me, if we look at the Forest Service program, basically we have 191 million acres spread over 144 forests throughout this country. If we add all that up, basically it is the size of Texas.

If the gentleman or I were given all the forest lands in Texas, would we or would we not be able to make a dime? If the gentleman was given all the forest lands in Georgia, in South Carolina, in North Carolina, would we or would we not be able to make a dime? Yet the GAO reports shows that the Forest Service has lost $2 billion basically over the last 6 years. So we have a real terminal problem here with the way that money seems to be spent within the Forest Service.

I think this is just another excellent example of what is being spent.

Mr. VENTO. Mr. Chairman, will the gentleman yield?

Mr. SANFORD. I yield to the gentleman from Minnesota.

Mr. VENTO. Mr. Chairman, I would ask if anybody who is criticizing this has read these studies right now.

Mr. SANFORD. I have one here right now.

Mr. VENTO. The gentleman is just reading the title of the study. Has he read the study?

Mr. SANFORD. Have I personally read the study? No, but I will tell the gentleman what it says: ''Voices from Southern Forests, ''examines the changing social, economic, attitudinal, and other voices of southerners, and speculates about the meaning these changed voices might have on the future of forest wildlife management in the South.''

That is a wacko theme. Does that study mean much to the gentleman?

Mr. VENTO. If the gentleman will continue to yield, Mr. Chairman, I do not know. I would suggest to the gentleman that it is a very long statement talking about the impact, the cultural impact in terms of attitudes and how they are affecting road construction and management of forests.

The Forest Service is attempting to understand its land management role. But not having read the study, I do not know what the use of it is or the validity or application, so I would not be up here trying to cut $27 million out on the basis of that.

Mr. SANFORD. Mr. Chairman, reclaiming my time, I think the study that I have looked at is the ultimate study, the GAO study that shows the Forest Service has lost $2 billion basically between 1992 and 1997; that is the real issue, $2 billion.

Let me add up the board feet we are talking about here. If the gentleman was given a $220 billion asset, because again, another GAO report showed that if we added up all the forest land, not in the recreational assets business, just the linear board feet owned by the Forest Service, the National Forest Service across the country, it adds up to 1 trillion board feet, which basically equates to about $20 billion, would we or would we not make money on a $220 billion asset?

Most people would say if we put $220 billion in the bank, just based on interest on that $20 billion, I would make money. I think that is the issue we are dealing with right here, rather than spending more money on studying the voices of southern forests.

Mr. TANCREDO. Mr. Chairman, will the gentleman yield?

Mr. SANFORD. I yield to the gentleman from Colorado.

Mr. TANCREDO. Mr. Chairman, I thank the gentleman for yielding to me.

Mr. Chairman, these are the actual descriptions of the programs we were referring to, not just the titles but descriptions. I have read them. We will make them available. I assure the gentleman, they give no greater degree of surety that any of the things here match what this program is supposed to do. I go back to the original purpose of the program. It does not make us feel any better reading the descriptions, I assure the gentleman.

One other thing I would like to point out, this is not just simply my analysis or our analysis. Originally this was part of what the Senate did. They looked at all of this. They went back and told, and this was last year, told the Forest Service, look, these are the things we have identified as a problem. These are way outside the bounds of what you are supposed to be doing. Do not do it anymore.

The Forest Service ignored it entirely and came back with these kinds of studies, and the Senate took the action that I referred to earlier. They said, compared to the fiscal 1999 enacted level the committee, the Senate committee recommended, it consists of the following changes, a decrease of $14.9 million in base funding for the lower priority research activities, and increases of $1,130,000 for the harvesting and the wood utilization laboratory in Sitka, Alaska, and an increase of $2 million for forest inventory and analysis.

So the purpose is to get the money into the good stuff and away from the junk.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Colorado (Mr. TANCREDO).

The question was taken; and the Chairman announced that the noes appeared to have it.

Mr. TANCREDO. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to House Resolution 243, further proceedings on the amendment offered by the gentleman from Colorado (Mr. TANCREDO) will be postponed.

Are there further amendments to the bill?

AMENDMENT OFFERED BY MR. WU

Mr. WU. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. WU:

On page 108, after line 14,

Insert before the short title the following new section:

''SEC. . Of the amounts provided for in the bill under the heading National Forest System, $196,885,000 shall be for timber sales management, $120,475,000 shall be for wildlife and fisheries habitat management, and $40,165,000 shall be for watershed improvements as authorized by the Multiple Use Sustained Yield Act of 1960 (Public Law 86–517).''.

Mr. WU (during the reading). Mr. Chairman, I ask unanimous consent that the amendment be considered as read and printed in the RECORD.

The CHAIRMAN. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WU. Mr. Chairman, it is with pleasure that I join my colleague, the gentlewoman from Oregon (Ms. HOOLEY) in offering this amendment. I would like to thank the gentlewoman from Oregon (Ms. HOOLEY) and the gentleman from California (Mr. MILLER) for their support on this amendment, and the gentleman from Ohio (Chairman REGULA) and the ranking member, the gentleman from Washington (Mr. DICKS) for their hard work in bringing a good appropriations bill to the floor.

Mr. Chairman, the Wu-Hooley amendment improves a good appropriations bill by taking an environmentally sound and fiscally responsible

approach to preserving our national forests for recreational and commercial users. This is truly a win-win proposition, proof that what is good for our environment is good for business.

The Wu-Hooley amendment scales back the timber sales management program by $24 billion to the administration-requested level of $196 million, and redirects the freed-up funds to vitally needed watershed improvements and to protect fish and wildlife.

Restoring forests does not just make outdoor lovers happy, it provides a future for resource-based industries. Every year more and more species of important forest and aquatic life are listed as endangered or threatened. This loss of wildlife jeopardizes both our natural resources and our natural resource-based industries.

The future of the forest products industry, the very future of harvesting timber, is dependent on healthy forests, healthy watersheds, and healthy ecosystems, not degraded to the point where either human water supplies or fish and wildlife become so endangered that we must close our forests to important commercial activity.

Unless we take adequate steps now to protect watersheds, fish and wildlife, it will be much, much more difficult to harvest timber in the future. The Wu-Hooley amendment strikes a balance between current timber harvests and restoring fish and preserving wildlife, both for their own sake and for the future of timber harvesting. It protects all of these valuable natural treasures for the long term.

The Wu-Hooley amendment is an attempt to address the shortfall of funding for watershed and fish and wildlife protections. Communities across America and in my State, such as Salem, in the district of the gentlewoman from Oregon (Ms. HOOLEY) and Carlton in my district, and Lake Oswego near the border between the district of the gentlewoman from Oregon (Ms. HOOLEY) and my own get their drinking water from watersheds on forest land.

When I go home in August, I would like to tell parents in Oregon that Congress recognizes the importance of safe drinking water and the need to restore our forests for their family's health.

The Wu-Hooley amendment is also an exercise in real fiscal discipline. The administration requested $196 million for this line item and the committee funded it at $220 million. Meanwhile, efforts that are essential to the Pacific Northwest and to America, like watershed improvement and fish and other wildlife protection, are being neglected. Our amendment scales back timber sales management funding to the administration's request.

Mr. Chairman, I urge my colleagues to exercise fiscal responsibility and demonstrate a real commitment to the long-term interests of healthy forests and clean drinking water. I urge my colleagues to vote yes on the Wu-Hooley amendment.

Mr. REGULA. Mr. Chairman, I move to strike the last word.

Mr. Chairman, we spent a lot of time on this bill trying to get a balance. We reduced the amount that was committed to forest timber sales, but we do not want to go too deeply because a lot of this money is important to counties and local school districts. This would reduce by $7 million the money that would be received by local government. It would reduce by $30 million the receipts that we get from the Forest Service. Aside from that, it would reduce the money available to manage these forests carefully.

As has been discussed in earlier amendments, the forests are a priceless asset, and it goes far beyond just the trees, it goes to the habitat, it goes to the water, it goes to the riparian areas along the banks of our streams, and it goes to forest thinning. This would reduce the money available for thinning forests.

Let me tell the Members, if we get a lightning strike on a forest that is relatively clean, it may scar but it will not destroy. But if we just have a lot of junk on the forest floor because of the lack of money to get out the dead and dying trees, we are going to get a hot fire that will be very destructive.

We have reduced the account already. We have reduced the timber sales. But I think this goes too far. We have tried to strike a balance. We are way down from where it used to be. About 8 years ago we allowed 12 billion board feet of harvest. Our bill is down to 3 billion board feet. The reality is there will be about 2.5 billion board feet harvested.

As someone said earlier, that puts a lot of pressure on the private forests. I think it would be irresponsible to go any more, to cut any deeper than we already have cut in the management of this. I strongly urge a vote no on this amendment.

Mr. DICKS. Mr. Chairman, will the gentleman yield?

Mr. REGULA. I yield to the gentleman from Washington.

Mr. DICKS. I want to join the chairman in opposing this amendment. I also want to just say that people are saying, why are there not more revenues? The reason there are not more revenues is because we have dramatically reduced the harvest of timber on the Federal timberlands. This Congress has passed the laws that have driven us in that direction.

So I say to my conservative friends who want to know where the money is, the money is not there because we have gone from 8 billion board feet down to 2.5 billion board feet. That is why there is no money. It is pretty clear, we have changed the way these forests are being managed. We are managing them more for environmental protection and ecological reasons, and for the fish and the water and everything else, and on a multiple use basis.

But believe me, Members may not like what they do in research, but there has been a sea change in the way they harvest timber on the national forest lands. That is why the money is down.

Mr. OBERSTAR. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I want to recall for our colleagues in connection with this amendment that on February 11 of this year, the U.S. Forest Service, at the direction of the Secretary of Agriculture, announced an 18-month moratorium on forest road development. That had the immediate effect of putting into deep freeze potential harvest sales of 170 to 260 million board feet of timber on our national forests. That has already been in effect.

In my own district, on the Superior National Forest, there were two sales of 3 million board feet and 1.2 million board feet, separate sales, that were immediately affected by that timber moratorium. Overall, in the last decade, we have gone from 12 million board feet harvested on national forests down to 4 billion board feet. That is a 75 percent reduction.

Mr. Chairman, we do not need to go any further. We are taking jobs away from people. We have lost over 80,000 jobs in forestry in the last 10 years. In the wake of that, what we have is poorly managed forests. We do not have harvesting of diseased timber, that is overmatured timber that is right on the edge of becoming diseased and going down and being fuel for forest fires.

The chairman talked about, I thought very wisely and very appropriately, about downed trees on the forest floor. Well, we have downed trees in northern Minnesota in the wake of the Fourth of July storm, not of the century, of a thousand years, a hundred miles an hour wind recorded through the Superior National Forest and the boundary waters canoe area, and a swath 12 miles wide which leveled 21 million trees.

□ 2145

Twenty-one million trees, many of which were saplings at the time of the Civil War, and all of that is now down. Most of it is not touching the ground and the air circulating around it. By this fall among the hardwoods, the poplars, we are going to have stuff ready to explode in a lightning strike. And by this time next year this would be ripe for not a burn but an inferno.

Now, we are not going to be harvesting timber in a wilderness area but the areas outside of the wilderness. Yes, big, serious problems. This is a badly mistaken amendment. It strikes at the heart of good management, of good sense, of good utilization of our national forests. We ought not to adopt such an amendment. We ought to, in fact, roll back the 18-month forest road moratorium is what we ought to be doing here.

Please, I beg my colleagues in the interest of good common sense forestry management to defeat this amendment.

Mr. DUNCAN. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I will not take the full time, but let me just read from one report concerning our growth in the national forests.

Tree growth in national forests exceeds current harvest by over 600 percent. National forests are growing more than 23 billion board feet of wood annually while 6 billion board feet die each year from insects, disease, fire, and other causes. Less than 3 billion board feet is harvested each year.

Mr. Chairman, that is an important figure. I know if some people went into some of the schools where the children are not hearing the full story but are told that we are cutting 2.5 billion or 3 billion board feet of wood in our national forests each year they would probably think that is a horrible thing. But they are not told that there is 23 billion board feet of new growth each year and less than 3 billion are going to be cut.

In the early 1980s, the Congress passed what was thought of then as an environmental law, that we would not exceed cutting 80 percent of the new growth in our national forests. Now we are cutting less than one-seventh of the new growth in our national forests. We are not even cutting half of the amount of wood that is dying in the national forests each year.

Mr. Chairman, if we want to build homes, if we want to have newspapers and magazines and every paper product imaginable, we have got to cut some trees. If we want to have healthy forests, we have got to cut some trees, and this amendment goes to an extreme position. This is really a very radical amendment to reduce this any further. And the National Association of Home Builders has produced a very strong letter against this amendment yesterday.

I repeat, if we are going to have a good economy, if we are going to have the type of life that people want to have and the good standard of living that we have, we have got to cut a few trees. We have approximately 200 million acres in national forests and 500 million acres in private forests. But to go from 23 billion board feet of new growth and cut less than 3 billion board feet is getting pretty ridiculous.

Very few people in this Congress have voted for more amendments to save money than I have, and I used to vote for amendments like this. But this is going too far, and we need to defeat this amendment.

Mr. GEORGE MILLER of California. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in strong support of this amendment offered by the gentleman from Oregon (Mr. WU) and the gentlewoman from Oregon (Ms. HOOLEY) to transfer this money from the Timber Sales Preparation Fund. The people opposed to this amendment are acting like this amendment would zero it out. There is $197 million left in this fund. But the fact is the gentleman from South Carolina (Mr. SANFORD) got up earlier and talked about what a loser the Forest Service was. We have spent $1.2 billion preparing Forest Service sales, and we have gotten $1.8 billion out of those sales, and only $125 million came into the Treasury.

What this amendment says is that there is a more productive area to put the money to use. The fact of the matter is for $125 million we have gotten into the Treasury after all of these sales because we ended up subsidizing all of these sales and built the roads. The fact of the matter is there is a much better place. In the western United States two out of three fishermen fish on the Forest Service lands. That is $8.5 billion annually to the economy, a billion dollars in my State of California alone.

In fact, with the proper use of these forests, they are huge economic engines to local communities and States where people can use them for multiple purpose reasons. But the fact of the matter is many of these forests are in a shambles in the watersheds and in the way they have been treated in the past. We can go into southern Oregon and northern California and find forests that were logged in the 1960s and the 1970s and that are in a complete shambles and have not been reforested. The watersheds are damaged, and we are losing the salmon fisheries. And all of that is sustainable economy. All of that drives the resort communities, the tourism, the gas stations and all the business in those areas.

So we can get a better return on the investment we make with this money by putting it into the rehabilitation of the watersheds, the rehabilitation of the fish and the wildlife from the scars that have been left in the past of the previous forest practices which were never sustainable and have done a great deal of damage to our forests in this area. This is about a smart economic decision for the communities that are surrounding these forests. This is about protecting the clean water supplies for urban areas.

In California, a huge amount of our water is stored in those forests, in those watersheds. We are struggling, spending additional Federal dollars to try to clean up that water so that we can continue to consume it in the State of California. So this is very, very smart use of this money, rather than to continue to put it into sales where we do not generate the kind of revenues that have continued to be a loser, that is a subject of all the GAO reports, money that goes into slush funds. This is the amendment that takes care of that problem.

Mr. Chairman, this is about the wise investment, the wise investment in our forests, in management of those forests for all of these purposes and for all of these uses so that we can have improved watersheds, we can stop the decline in the fisheries, we can increase the tourism economy in so many of these communities and we can increase the health of the forests. This is where the money should be spent and the House should support the amendment of the gentleman from Oregon (Mr. WU) and the gentlewoman from Oregon (Ms. HOOLEY) to increase and improve the forest health of this Nation.

Mr. WU. Mr. Chairman, will the gentleman yield?

Mr. GEORGE MILLER of California. I yield to the gentleman from Oregon.

Mr. WU. Mr. Chairman, I want to emphasize that this amendment leaves salvage harvesting intact. There is a separate fund for salvage harvesting which in the last fiscal year totaled approximately $110 million. And my amendment leaves that fund intact.

Mr. GEORGE MILLER of California. Mr. Chairman, reclaiming my time, the gentleman makes a very important point. His amendment leaves intact enough money in this account plus the salvage amendment to go ahead and harvest the 3.5 million board feet that we anticipate harvesting this year. So we have the opportunity by going to the administration's number in the Fish and Wildlife account to improve the forests, to improve their productivity, and to improve the multiple use of those forest. The salvage account remains intact, as does $197 million out of the timber management account, and we should approve the amendment.

Mr. HILL of Montana. I move to strike the requisite number of words.

Mr. Chairman, I rise in opposition the Wu amendment; and I have here a study, a study that was compiled from U.S. Forest Service records and Bureau of Labor Statistics records and U.S. Census Bureau records and BLM records. It is a study of the 148 most impoverished forest counties. Several of those are in Montana and some are in the authors' State of Oregon on well.

What this study says is that these 148 at-risk impoverished forest counties have an unemployment rate that is three times the national average of unemployment, and what the study indicates is that these impoverished forest counties have a poverty rate that is 1.5 times the poverty rate of the country. In fact, there is a county in Mississippi, one of the at-risk counties, that has an unemployment rate that is 7 times the national average unemployment rate.

Mr. Chairman, I know things are pretty good in urban and suburban America, but things are not so good in rural America and particularly not so good in these impoverished counties. East of the Mississippi the study identifies 15 counties: Two in Wisconsin, one in Pennsylvania, three in Arkansas, three in Louisiana, one in West Virginia, three in Mississippi. And the study identifies the 15 most at-risk counties in the West. Three of them happen to be in my home state of Montana: Lincoln County, Sanders County and Mineral County. Four in Oregon.

I want to talk about Lincoln County in Northwest Montana because it is identified as the most at-risk impoverished rural forest county in the country. There are 19,000 residents of this county. It has a poverty level of 18.3 percent. That is 3,500 people of that county live below the poverty line. A 13 percent unemployment rate. That is 2,600 people in that county that cannot find a job because 77 percent of the tax base is lost to U.S. Forest Service Federal lands.

Mr. Chairman, 33 percent of the employment in this county is timber related. In 1908, the Federal Government made a covenant with Federal lands counties that said we are going to share revenue and develop the resources to improve their economy, and this amendment breaks that covenant and takes away the jobs. $7.5 million will come out of school budgets and county budgets and will wipe out local county budgets. It will cost hundreds of more jobs in Lincoln County.

But this is not just about jobs, it is about safety and the environment, too. The General Accounting Office says there are 40 million acres of western forests that are at risk of catastrophic fire. Catastrophic fires are not just big fires, they are fires that threaten the health of the forests. They threaten people. They threaten property. They threaten the environment. They threaten watersheds and the soil.

We need these funds to manage these forests, to thin and harvest these forests and to restore their health. And the GAO just issued a report that said the Forest Service is $700 million per year short of what it needs in order to manage the forest health problem.

This amendment breaks 92 years of cooperation, a 92-year-old promise. It abandons these communities and neglects their safety. It says the kids who go to school in these counties do not matter. It says the people who work in those counties do not count, and it is going to make poverty in those areas worse. This amendment is offered without conscience. It is bad economics. It is bad for the environment, and it is a further attack on rural America.

Mr. Chairman, we need to defeat this amendment.

Mr. Chairman, I include the following study for the RECORD:

FOREST PRODUCTS STUDY

RURAL RESERVATIONS—THIRTY FOREST COUNTIES MOST AT RISK IF A ZERO FEDERAL HARVEST POLICY IS ADOPTED

On the eve of the new millennium federal elected officials have been drawn into a debate on whether or not timber harvesting should occur on U.S. Forest Service and BLM managed lands. For those advocating to eliminate timber harvesting on federal lands the question is couched in terms of ''saving'' the environment. For those who advocate for continued harvesting, the issue is couched in terms of forest health and fire risk. Forgotten in the debate are the communities and counties which depend on federal land management for their economic survival. Several hundred rural counties and thousands of rural communities depend on the economic activities generated by the harvest of timber off federal lands. While the concept of jobs versus the environment has been bantered about in the past, Congress doesn't seem to have a true understanding of how important federal timber harvests are to these communities. This report puts a face on ''at-risk'' counties and helps the reader better understand the economic challenges facing these rural counties.

While the environmental industry works to direct the focus of the debate on environmental concerns and forestry professionals work to keep the debate focused on forest health and commodity production, we hope that Congress and the American public will take the time to think about the importance of the overall economic benefit derived from the sale of federal timber each year.

The concept of ranking counties based on poverty is not uncommon. In fact, President Clinton recently undertook a five day trade mission to some of America's poorest counties and neighborhoods. The Clinton Administration visited these impoverished areas asking U.S. businessmen to invest in these areas. Ironically, at the very same time as pointing out the challenges many of these communities face, others in the Clinton Administration are advocating natural resource policies designed to recruit and create new impoverished counties.

To understand how a zero harvest policy would affect counties, we developed a risk ranking system to identify at-risk counties. We began by examining a county's unemployment and poverty level, along with the amount of timber employment income that would be lost if a zero harvest policy was adopted. If the county had two out of the following three conditions (double the national average unemployment rate; one and one-half times the national average poverty level; or lost more than one million dollars of timber employment income) we included it in our study.

To rank the counties we examined U.S. Forest Service, Bureau of Labor Statistics, U.S. Census Bureau, and Bureau of Land Management data. We ranked 148 of the most impacted counties in five categories and developed a combined ranking system that predicts which counties, and therefore communities, would be injured the most if the United States Congress, or the administration through executive fiat, adopts a zero federal harvest policy. Due to the different nature of National Forests in the Eastern United States versus those in the West we split the data base into Eastern counties and Western counties.

This report displays the 15 most at-risk counties in the East, as well as the 15 most at-risk counties in the West. The attached appendix displays the rank order for all 148 counties examined for all five categories.

The study points to those rural counties which have not benefited from the economic boom the rest of the United States has enjoyed over the last decade. In fact, the data suggests many of these counties have been completely left out of the economic boom. Unfortunately, now Congress is being asked to consider taking away one of the few economic bright spots they have to rally around. If that occurs, the social and economic fabric of these communities will be torn asunder. It is our hope that Congress will step up and make every effort to understand the significant consequences of their actions before they vote on issues affecting rural counties.

The chasm between our most well-to-do suburban counties and our poorest rural counties is staggering. In a country which has enjoyed statistical full employment (<5%) for the last four years, over a third of the 148 national forest counties surveyed have three times the unemployment rate enjoyed by other more affluent counties in the United States today. One county, Sharkey, Mississippi suffered nearly seven times the unemployment rate currently enjoyed by most urban and suburban counties.

Poverty is perhaps one of the most pervasive and sinister problems facing our two-tiered economy. Over ten percent of the 148 counties surveyed have double the National average poverty level. Again, Sharkey, Mississippi suffers three times the poverty level enjoyed by the ''average'' county in our country. Nearly one-third of the national forest counties included in our survey suffer poverty levels that are at least one and one half times the National average.

The third economic factor to be considered is the amount of timber employment income generated by the FY 1997 U.S. Forest Service timber sale program. While we have no national average data to compare against, it gives pause to understand that some counties in the West stand to lose tens of millions of dollars of employment income if a zero harvest policy is imposed.

To truly understand the employment income statistics, one must put them in context with the poverty and unemployment rates, then consider how the loss of millions of dollars of employment income will affect these rural counties. One must also think about the alternatives available to counties, given the amount of tax base which has been put off limits as a result of federal land ownership within each county. Will a county like Sharkey, Mississippi with its 29.7% unemployment and 42.1% poverty level be worse off losing $1.3 million of employment income than a county like Linn County, Oregon with its 13.8% poverty level and 9.1% unemployment rate which stands to lose over $12.8 million of employment income? In both instances the reader must conclude these counties will suffer grievously compared to their urban and suburban cousins.

Chief of the Forest Service Michael Dombeck has become fond of asking ''why the richest country in the world should fund the education of rural school children on the back of a controversial timber sale program?'' To many in the forest counties school movement this rhetorical question has an uneasy ring to it.

There is an eerie resemblance between the experience of the Native Americans whose treaties with our federal government were broken time and time again and that which is happening today in rural America. There is an eerie resemblance between the federal government's inability to help those on Native American reservations become economically prosperous and economically self-sufficient and what is happening today in many rural national forest counties. At times it seems as if there is a carefully crafted strategy by the federal government to turn our rural counties into reservations where those who remain are beset with a host of social problems, including: alcoholism, child and spousal abuse, unemployment, and poverty. The specter of such problems has a direct and frightening parallel to the experiences of many Native American tribes over the last century.

Our rural counties are being asked to accept a Congressional entitlement program that enslaves local governments and forces them to depend on Congressional hand-outs. Welfare programs which will be funded in the ''good'' years and taken away by the urban and suburban elite in the ''bad'' years. We are being told the new federal forestry policies will help preserve the environment and that Congress will fully fund these new welfare programs, but at what cost? We in the Counties and Schools movement aren't convinced that our communities will be better

off. We're not even convinced the environment will be better off. Our National Forests are growing more than 20 billion board feet of timber each year, yet we harvest only three billion board feet. The U.S. Forest Service has already identified 40 million acres of forest land with severe forest health problems, and tens of millions of acres more that are at risk.

THE MOST AT RISK COUNTIES

In this section we will help you understand which national forest counties face the greatest risk related to the zero harvest policies currently being considered by Congress. We've divided the country into two zones. Those counties west of the 100th meridian and those east of the 100th meridian. Counties west of the 100th meridian generally suffer with more federal land within their county and a higher dependence on federal timber. Eastern counties do not have the high dollar figures to lose, but have very high unemployment rates and poverty rates. We've listed the fifteen counties most at-risk and included an indepth look at five counties east of the 100th meridian, as well as the five counties west of the 100th meridian which are the most high-risk.

FIFTEEN EASTERN COUNTIES AT HIGHEST RISK

County and State	Total points
Le Flore, OK	261
Forest, WI	311
Grant, LA	312
Forest, PA	312
Sabine, TX	312
Montgomery, AR	313
Ashland, WI	315
Newton, AR	317
Franklin, MS	320
Sharkey, MS	324
Scott, AR	326
Natchitoches, LA	327
Winn, LA	332
Randolph, WV	337
Wilkinson, MS	338

A CLOSER LOOK AT THE FIVE MOST AT RISK EASTERN COUNTIES

Le Flore County, Oklahoma

County Seat: Poteau: Pop.—7,210.

Acres in County: 1,015,040.

U.S. Senators: Senator Don Nickles (R); Senator James Inhofe (R).

United States Representative: Rep. Wes. W. Watkins (R–3rd).

County Population: 45,641.

Major Industries: Health Services, Retail.

Poverty Level: 24.1%.

Tax Base Lost to Federal Lands: 25.0%.

Employment Income from Timber: 3.0%.

Timber Employment Income Lost if Zero Federal Harvest: $13,812,720.00.

Closet Large Towns: Mena and Fort Smith, Arkansas.

Unemployment Level: 7.6%.

Le Flore County is located on the far eastern edge of Oklahoma along the Arkansas border. Like many rural counties, its economy is agricultural based. With a quarter of the potential taxable land encumbered by the Ouchita National Forest, the economic activities produced on that forest are important to the community. The county received $732,119.00 of 25% and PILT (Payment in Lieu of Taxes) payments as a result of the Ouchita's resource programs in FY 1997. Because Oklahoma depends primarily on property taxes to fund county and school system budgets, these revenues would pay for approximately 32% of those budgets in Le Flore County. The loss of $13,812,720.00 of timber employment income translates to $69,063,900.00 of lost economic activity. Severe economic disruption would occur in Le Flore County if the Ouchita National Forest were to stop selling timber.

Forest County, Wisconsin

County Seat: Crandon: Pop.—1,958.

Acres in County: 648,960.

County Population: 9,361.

U.S. Senators: Senator Herbert Kohl (D); Senator Russ Feingold (D).

United States Representative: Rep. Mark Green (R–8th).

Major Industries: Hotel/lodging, Retail.

Poverty Level: 13.2%.

Tax Base Lost to Federal Lands: 47%.

Employment Income from Timber: 16%.

Timber Employment Income Lost if Zero Federal Harvest: $21,383,601.

Closest Large Towns: Wausau and Rhinelander, Wisconsin.

Unemployment Level: 7.9%.

Forest County is located in the northeast corner of the state. With nearly half of it's land base tied up in the Nicolet National Forest, dollars and economic activity produced on the forest are vital to the economic well-being of Forest County. The county received $369,954.00 in 25% and PILT payments as a result of the Nicolet's resource programs in FY 1997. These revenues make up approximately 5% of Forest County's annual budget. The potential loss of $21,383,601.00 in timber employment income translates to $106,918,005.00 of lost economic activity. Clearly, severe economic disruption would occur in Forest County if the Nicolet National Forest were to stop selling timber.

Grant County, Louisiana

County Seat: Colfax: Pop.—1,880.

Acres in County: 412,800.

County Population: 18,270.

U.S. Senators: Senator John Bureaux (D); Senator Mary Landrieu (D).

United States Representative: Rep. John Cooksey (R–5th).

Major Industries: Lumber & Wood Products, Health and Social Services.

Poverty Level: 21.7%.

Tax Base Lost to Federal Lands: 34%.

Employment Income from Timber: 18%.

Timber Employment Income Lost if Zero Federal Harvest: $8,578,181.

Closest Large Towns: Alexandria and Winnfield, Louisiana.

Unemployment Level: 7.1%.

Grant County is located in the center of the state. With one-third of it's land base tied up in the Kisatchie National Forest, dollars and economic activity produced on the forest are vital to the economic well-being of Grant County. The county received $652,026.00 in 25% and PILT payments as a result of the Kisatchie's resource programs in FY 1997. These revenues make up approximately 12.3% of Grant County's annual budget. The potential loss of $8,578,181.00 in timber employment income translates to $42,890,905.00 of lost economic activity. Severe economic disruption would occur in Grant County if the Kisatchie National Forest were to stop selling timber.

Forest County, Pennsylvania

County Seat: Tionesta: Pop.—500.

Acres in County: 273,920.

County Population: 5,001.

U.S. Senators: Senator Arlen Specter (R); Senator Rick Santorum (R).

United States Representative: Rep. John Peterson (R–5th).

Major Industries: Lumber & Wood Products, Amusement & Recreation, Health Services.

Poverty Level: 14%.

Tax Base Lost to Federal Lands: 45%.

Employment Income from Timber: 12%.

Timber Employment Income Lost if Zero Federal Harvest: $11,252,287.

Closest Large Towns: Titusville and Oil City, Pennsylvania.

Unemployment Level: 11%.

Forest County is located in the northeast portion of the state. With nearly half of it's land base encumbered by the Allegheny National Forest, dollars and economic activity produced on the forest are vital to the economic well-being of Forest County. The county received $1,243,046.00 in 25% and PILT payments as a result of the Allegheny's resource programs in FY 1997. These revenues make up approximately 53% of Forest County's annual budget. The potential loss of $11,252,287.00 in timber employment income translates to $56,261,435.00 of lost economic activity. Clearly, there would be very severe economic disruption in this rural county of only 5,000 people if the Allegheny National Forest were to stop selling timber.

Sabine County, Texas

County Seat: Hemphill: Pop.—1,182.

Acres in County: 313,600.

County Population: 10,487.

U.S. Senators: Senator Phil Gramm (R); Sen. Kay Bailey Hutchison (R).

United States Representative: Rep. Jim Turner (D–2nd).

Major Industries: Health Services, Retail.

Poverty Level: 17.6%

Tax Base Lost to Federal Lands: 34%.

Employment Income from Timber: 31%.

Timber Employment Income Lost if Zero Federal Harvest: $5,097,729.

Closest Large Towns: Jasper, Texas and Leesville, Louisiana.

Unemployment Level: 8.9%.

Sabine County is located on the central north border of the state. With one-third of its land base tied up in the Sabine National Forest, dollars and economic activity produced on the forest are vital to the economic well-being of Sabine County. The county received $267,513.00 in 25% and PILT payments as a result of the Sabine's resource programs in FY 1997. These revenues make up approximately 9% of Sabine County's annual budget. The potential loss of $5,097,729.00 in timber employment income translates to $25,488,645.00 of lost economic activity. Clearly, severe economic disruption would occur in Sabine County if the Sabine National Forest were to stop selling timber.

FIFTEEN WESTERN COUNTIES AT HIGHEST RISK

County and State	Total points
Lincoln, MT	108
Idaho, ID	137
Sanders, MT	168
Clearwater, ID	174
Pend Oreille, WA	179
Klamath, OR	184
Lake, OR	187
Adams, ID	190
Boundary, ID	197
Mineral, MT	198
Plumas, CA	201
Pet/WrangeII/PWI, AK	211
Grant, OR	219
Sierra, CA	221
Douglas, OR	225

Lincoln County, Montana

County Seat: Libby: Pop.—2,532.

Acres in County: 2,312,320.

County Population: 18,678.

U.S. Senators: Sen. Max Baucus (D); Sen. Conrad Burns (R).

United States Representative: Rep. Rick Hill (R—at large).

Major Industries: Lumber & Wood Products, Retail, Health Services.

Poverty Level: 18.3%.

Tax Base Lost to Federal Lands: 77.0%.

Employment Income from Timber: 33%.

Timber Employment Income Lost if Zero Federal Harvest: $101,760,422.

Closest Large Towns: Spokane, Washington, and Missoula, Montana.

Unemploymenmt Level: 13.19.

Lincoln County is located on the far Northwest corner of Montana along the Idaho and Canadian borders. Like many rural counties it's economy is timber based,

with over one-third of the economic activity tied to the manufacturing of wood products. With three quarters of the potential taxable land base encumbered by the Kootenai and Flathead National Forests, the economic activities produced on these forests are critically important to the community. The county received $4,523,017.00 of 25% and PILT payments as a result of the Kootenai and Flathead resource programs in FY 1997. These revenues paid for approximately 47% of the county's total budget. The loss of $101,760,422.00 of timber employment income translates to approximately $508,802,110.00 of economic activity. Severe economic disruption would occur in Lincoln County if the Flathead and Kootenai National Forests were to stop selling timber. It is very likely that the county government would go bankrupt.

Idaho County, Idaho

County Seat: Grangeville: Pop.—3,226.
Acres in County: 5,430,400.
County Population: 14,789.
U.S. Senators: Senator Larry Craig (R); Senator Mike Crapo (R).
United States Representative: Rep. Helen Chenoweth (R–1st).
Major Industries: Lumber & Wood Products, Health Services, Retail.
Poverty Level: 15.7%.
Tax Base Lost to Federal Lands: 83%.
Employment Income from Timber: 22%.
Timber Employment Income Lost if Zero Federal Harvest: $72,476,050.
Closest Large Towns: Lewiston and Orofino, Idaho.
Unemployment Level: 14.2%.

Idaho County is nestled in the center of Idaho among the Nez Perce and Payette National Forests. More than three-quarters of it's land base is encumbered by Federal ownership of these National Forests within Idaho County. Because lumber and woods products is, by far, the largest employment sector in Idaho County, economic activity produced on the forests are vital to the economic well-being of Idaho County. The county received $3,211,755.00 in 25% and PILT payments as a result of the Nez Perce and Payette resource programs in FY 1997. These revenues make up 30% of Idaho County's annual budget. The potential loss of $72,476,050.00 in timber employment income translates to $362,380,250.00 of lost economic activity. The severe economic disruption that would occur in Idaho County if the Nez Perce and Payette National Forest were to stop selling timber in unconscionable.

Sanders County, Montana

County Seat: Thompson Falls: Pop.—1,319.
Acres in County: 1,767,680.
County Population: 10,089.
U.S. Senators: Senator Max Baucus (D); Senator Conrad Burns (R).
United States Representative: Rep. Rick Hill (R–At Large).
Major Industries: Lumber & Wood Products, Health Services, Retail.
Poverty Level: 20.6%.
Tax Base Lost to Federal Lands: 52%.
Employment Income from Timber: 25%.
Timber Employment Income Lost if Zero Federal Harvest: $23,433,551.
Closet Large Towns: Kellogg, Idaho and Kalispell, Montana.
Unemployment Level: 10.6%.

Sanders County is located just south of Lincoln County Montana, along the northeast border of Idaho. Portions of the Lolo, Kaniksu and Kootenai National Forests make up one-half of the county's land base. Economic activity produced on these forests is vital to the economic well-being of Sanders County. The county received $1,286,615 in 25% and PILT payments as a result of the National Forest's resource programs in FY 1997. These revenues make up approximately 21% of Forest County's annual budget. The potential loss of $23,433,551.00 in timber employment income translates to $117,167,755.00 of lost economic activity. The economic disruption to Sanders County would be devastating if the Lolo, Kaniksu and Kootenai National Forests were to stop selling timber.

Clearwater County, Idaho

County Seat: Orofino: Pop.—2,868.
Acres in County: 1,575,680.
County Population: 9,115.
U.S. Senators: Senator Larry Craig (R); Senator Mike Crapo (R).
United States Representatives: Rep. Helen Chenoweth (R–1st).
Major Industries: Lumber & Wood Products, Health Services, Retail.
Poverty Level: 13.1%.
Tax Base Lost to Federal Lands: 54%.
Employment Income from Timber: 42%.
Timber Employment Income Lost if Zero Federal Harvest: $29,714.65.
Closest Large Towns: Lewiston and Moscow, Idaho.
Unemployment Level: 19%.

Clearwater County is located just north of Idaho County. More than one-half of it's land base is encumbered by the Clearwater and St. Joe National Forests Economic activity produced on these forests is vital to the economic well-being of Clearwater County. The county received $1,028,986.00 in 25% and PILT payments as a result of the National Forest's resource programs in FY 1997. These revenues make up approximately 11% of Clearwater County's annual budget. The potential loss of $29,714,265.00 in timber employment income translates to $148,571,325.00 of lost economic activity. Clearly, severe economic disruption would occur in Clearwater County if the Clearwater and St. Joe National Forests were to stop selling timber.

Pend Oreille, Washington

County Seat: Newport: Pop.—1,691.
Acres in County: 896,640.
County Population: 10,749.
U.S. Senators: Senator Slade Gorton (R); Senator Patty Murray.
United States Representative: Rep. George Nethercutt (R–5th).
Major Industries: Health Services, Retail, Special Trade Contractors.
Poverty Level: 18%.
Tax Base Lost to Federal Lands: 54%.
Employment Income from Timber: 25%.
Timber Employment Income Lost if Zero Federal Harvest: $15,880,684.
Closest Large Towns: Spokane, Washington and Coeur d'Alene, Idaho.
Unemployment Level: 13.8%.

Pend Oreille County is situated in the far northeast corner of Washington along the Idaho and Canadian border. More than one-half of Pend Oreille's land base is encumbered by the Colville and Kanisku National Forests. Economic activity produced on the forests is vital to the economic well-being of Pend Oreille County. The county received $826,758.00 in 25% and PILT payments as a result of the National Forests resource programs in FY 1997. These revenues make up approximately 4.5 percent of Pend Oreille County's annual budget. The potential loss of $15,880,684.00 in timber employment income translates to $79,403,420.00 of lost economic activity. Clearly, severe economic disruption would occur in Pend Oreille County if the Coleville and Kanisku National Forests were to stop selling timber.

CONCLUSION

President Clinton is traveling the country asking American businessmen and businesswomen to invest in impoverished counties in the same manner he has asked them to invest in third world countries. There is a sad irony in this when one considers that this Administration is tacitly backing efforts by the environmental industry to end timber harvesting on federal lands. While the U.S. Forest Service timber sale program could be considered controversial, and might be described as dysfunctional, it does provide over $2 billion of employment income activity to several hundred rural counties. Using even the most conservative multiplier for economic impact, that $2 billion of employment income translates into $5 to $10 billion of economic activity. The Administration shouldn't be allowed to feign concern for poverty stricken counties when its natural resource policies will cause 150 to 200 rural counties to suffer exponential increases in unemployment and poverty.

APPENDIX ONE

Methodology

We began by examining each national forest timber county's unemployment and poverty level, along with the amount of timber employment income that would be lost if a zero harvest policy was adopted. If the county had two out of the following three conditions (double the national average unemployment rate; one and one-half times the national average poverty level; or lost more than one million dollars of timber employment income) we included it in our study. We then collected the following data points for the 148 counties: (1) the percent of employment income generated in an individual county as a result of the primary timber industry in that county; (2) the percent of tax base lost as a result of federal lands within the boundaries of the county; (3) the poverty level in the county compared to the National Average of 13.8%; (4) the March 1999 unadjusted unemployment rate compared to the National Average of 4.3%; and (5) the timber employment income generated by FY 1997 U.S. Forest Service timber sale programs in each individual county, as reported in the FY 1997 Timber Sale Program Information Reporting System (TSPIRS). Each county was ranked within each data point. We then added the sum of the rank order value under each category to achieve a total score for each county. Our final ranking values each of the five categories equally. Those counties with the lowest sum total face the highest risk of injury if a zero federal harvest policy is adopted.

The categories

Percent of Employment Income Derived from Primary Timber Manufacturing.—Despite the fact that many see the manufacturing of wood products as environmentally bad, American's utilized over 53 billion board feet of softwood products in this country in 1998. While most communities strive to have a balanced economy, the fact is that timber manufacturing plays a critical role in many communities. The counties in the data base range from as little as one percent of the economic activity in their country generated by primary timber manufacturing to a high of Perry County, Arkansas where 53% of the total employment income in that county is generated by the primary manufacturing of wood products. Over one-third of the counties surveyed had a 14 percent or greater dependence on the employment income generated by the primary timber manufacturers in their communities. The sad reality is that if federal lands are no longer producing the 3.2 billion board feet of timber needed by companies in these rural communities, then these counties will see economic dislocation and distress.

RANK ORDER OF PERCENT OF EMPLOYMENT INCOME GENERATED BY PRIMARY TIMBER MANUFACTURES

[Data Source: USFS General Technical Reports 329–331]

County and State	Employment from timber— Percent	Rank
Perry, MS	53.00	1
Alger, MI	43.00	2
Clearwater, ID	42.00	3
Adams, ID	41.00	4
Winn, LA	37.00	5
Jasper, TX	35.00	6
Boise, ID	34.00	7
Boundary, ID	33.00	8
Lincoln, MT	33.00	9
Deschutes, OR	32.00	10
Sabine, TX	31.00	11
Skamania, WA	29.00	12
Coos, NH	28,00	13
McCurtain, OK	27.00	14
Bonner, ID	26.00	15
Sierra, CA	25.00	16
Granite, MT	25.00	17
Sanders, MT	25.00	18
Grays Harbor, WA	25.00	19
Pend Oreille, WA	25.00	20
Franklin, MS	24.00	21
Price, WI	24.00	22
Idaho, ID	22.00	23
Schoolcroft, MI	22.00	24
Taylor, WI	22.00	25
Grant, OR	21.00	26
Klamath, OR	21.00	27
Itasca, MN	20.00	28
Trinity, CA	18.00	29
Wallowa, OR	18.00	30
Grant, LA	18,00	31
Haines, AK	17.00	32
Plumas, CA	17.00	33
Linn, OR	17.00	34
Tucker, WV	17.00	35
Ashland, WI	16.00	36
Florance, WI	16.00	37
Forest, WI	16.00	38
Pet/Wrangell/PWI, AK	15.00	39
Douglas, OR	15.00	40
Lake, OR	15.00	41
Sitka, AK	14.00	42
Tehema, CA	14.00	43
Josephine, OR	14.00	44
Garfield, UT	14.00	45
Angelina, TX	14.00	46
Gogebic, MI	14.00	47
Sawyer, WI	14.00	48
Lewis, WA	14.00	49
Shelby, TX	13.00	50
Reynolds, MO	12.00	51
Shannon, MO	12.00	52
Jackson, OR	12.00	53
Lane, OR	12.00	54
Flathead, MT	12.00	55
Missoula, MT	12.00	56
Ravalli, MT	12.00	57
Forest, PA	12.00	58
Cass, MN	12.00	59
Lassen, CA	11.00	60
Baker, OR	11.00	61
Curry, OR	11.00	62
Manistee, MI	11.00	63
Ferry, WA	11.00	64
Okanogan, WA	11.00	65
Pocahontas, WV	11.00	66
Randolph, WV	11.00	67
Webster, WV	11.00	68
Powell, MT	10.00	69
Oconto, WI	10.00	70
Navajo, AZ	9.00	71
Siskiyou, CA	9.00	72
Shasta, CA	9.00	73
Menifee, KY	9.00	74
Mineral, MT	9.00	75
Wayne, MS	9.00	76
Covington, AL	8.00	77
Del Norte, CA	8.00	78
Valley, ID	8.00	79
Natchitoches, LA	8.00	80
Iron, MI	8.00	81
McCormick, SC	8.00	82
Perry, AI	7.00	83
Catron, NM	7.00	84
Carter, MO	7.00	85
Elk, PA	7.00	86
Beltrami, MN	7.00	87
Cook, MN	7.00	88
Polk, AR	6.00	89
Newton, AR	6.00	90
San Augustine, TX	6.00	91
Vilas, WI	6.00	92
Custer, SD	6.00	93
Greenbrier, WV	6.00	94
Montgomery, AR	4.00	95
Cliborne, LA	4.00	96
Rapides, LA	4.00	97
Sharkey, MS	4.00	98
Houston, TX	4,00	99
Mackinac, MI	4.00	100
St. Louis, MN	4.00	101
Scott, AR	3.00	102
LeFlore, OK	3.00	103
Apache, AZ	3.00	104
Fresno, CA	3.00	105
Custer, ID	3.00	106

RANK ORDER OF PERCENT OF EMPLOYMENT INCOME GENERATED BY PRIMARY TIMBER MANUFACTURES—Continued

[Data Source: USFS General Technical Reports 329–331]

County and State	Employment from timber— Percent	Rank
Shoshone, ID	3.00	107
Barry, MO	3.00	108
Wayne, MO	3.00	109
Vernon, LA	3.00	110
Warren, PA	3.00	111
Iosoc, MI	3.00	112
Ontonagon, MI	3.00	113
Winston, AL	2.00	114
Coconino, AZ	2.00	115
Rio Arriba, NM	2.00	116
Modoc, CA	2.00	117
Tulare, CA	2.00	118
Kern, CA	2.00	119
Saguache, CO	2.00	120
Lake, FL	2.00	121
Elmore, ID	2.00	122
Whitley, KY	2.00	123
Dent, MO	2.00	124
Iron, MO	2.00	125
Washington, MO	2.00	126
Umatilla, OR	2.00	127
Duschesne, UT	2.00	128
San Juan, UT	2.00	129
San Jacinto, TX	2.00	130
McKean, PA	2.00	131
Carrol, NH	2.00	132
Alcona, MI	2.00	133
Chippewa, MI	2.00	134
Houghton, MI	2.00	135
Lake, MI	2.00	136
Wexford, MI	2.00	137
Lake, MN	2.00	138
Bayfield, WI	2.00	139
Chelan, WA	2.00	140
Yakima, WA	2.00	141
Pendleton, WV	2.00	142
Taos, NM	1.00	143
Medera, CA	1.00	144
Lemhi, ID	1.00	145
Benton, MS	1.00	146
Grofton, NH	1.00	147
Columbia, WA	1.00	148

Percent of Tax Base Lost to Federal Land Managers.—As our National Forests were established in the early part of this century, Congress and the Administration understood that counties who had National Forests, and other public lands, within their boundaries would face a challenge funding local governmental services. They understood that these counties would suffer from diminished tax bases. A compact was forged that guaranteed these counties a share of the gross receipts generated through the sale of timber, and other commodities, with the counties. In 1908 a law was passed to share 25% of the gross receipts generated off the federal lands with the counties or other units of local government. The funds were ear-marked to be used for schools and roads. Each State, or territory was to set its individual formula. Most share 50% of the funds with schools and 50% with the county road departments. Some give as much as 70% to their county road departments, and one, North Carolina directs 100% of their 25% Payment to their school systems.

It is critically important to understand that the counties with the most federal entitlement lands face the largest challenges when the Forest Service timber sale programs stop producing revenue. The ability of most counties is hamstrung by their diminished ability to find lands to tax, combined with the public's unwillingness to pay new increased taxes. While this is not the most important factor when considering the risk to counties, it is one of the most important.

RANK ORDER OF FEDERAL ENTITLEMENTS IN COUNTY AS A PERCENT OF TOTAL COUNTY ACREAGE

[Data Sources: BLM Annual PILT Report and 1998 World Almanac]

County and State	Tax Base Lost to Federal Lands— Percent	Rank
Pet/Wrangell/PWI, AK	98.00	1

RANK ORDER OF FEDERAL ENTITLEMENTS IN COUNTY AS A PERCENT OF TOTAL COUNTY ACREAGE—Continued

[Data Sources: BLM Annual PILT Report and 1998 World Almanac]

County and State	Tax Base Lost to Federal Lands— Percent	Rank
Sitka, AK	96.00	2
Custer, ID	93.00	3
Haines, AK	91.00	4
Lemhi, ID	90.00	5
Valley, ID	87.00	6
Idaho, ID	83.00	7
Mineral, MT	83.00	8
Skamania, WA	78.00	9
Lincoln, MT	77.00	10
Garfield, UT	77.00	11
Cook, MN	77.00	12
Chelan, WA	77.00	13
Navajo, AZ	76.00	14
Trinity, CA	75.00	15
Flathead, MT	75.00	16
Boise, ID	73.00	17
Curry, OR	73.00	18
Del Norte, CA	72.00	19
Shoshone, ID	72.00	20
Ravalli, MT	72.00	21
Plumas, CA	71.00	22
Sierra, CA	70.00	23
Montgomery, AR	69.00	24
Lake, OR	69.00	25
Saguache, CO	66.00	26
Elmore, ID	66.00	27
Modoc, CA	65.00	28
Granite, MT	64.00	29
Scott, AR	63.00	30
Adams, ID	63.00	31
Catron, NM	62.00	32
Grant, OR	60.00	33
Boundary, ID	59.00	34
San Juan, UT	59.00	35
Klamath, OR	58.00	36
Wallowa, OR	58.00	37
Lassen, CA	56.00	38
Douglas, OR	56.00	39
Lake, MN	55.00	40
Rio Arriba, NM	54.00	41
Clearwater, ID	54.00	42
Pend Oreille, WA	54.00	43
Taos, NM	53.00	44
Baker, OR	52.00	45
Sanders, MT	52.00	46
Pocahontas, WV	51.00	47
Tulare, CA	50.00	48
Powell, MT	49.00	49
Lane, OR	48.00	50
Forest, WI	47.00	51
Okanogan, WA	46.00	52
Newton, AR	45.00	53
Forest, PA	45.00	54
Duschesne, UT	43.00	55
Fresno, CA	42.00	56
Missoula, MT	42.00	57
Siskiyou, CA	41.00	58
Shasta, CA	41.00	59
Bonner, ID	41.00	60
Iron, MI	41.00	61
McCormick, SC	41.00	62
Custer, SD	40.00	63
Apache, AZ	39.00	64
Perry, MS	39.00	65
Josephine, OR	38.00	66
Tucker, WV	38.00	67
Polk, AR	37.00	68
Medera, CA	37.00	69
Menifee, KY	35.00	70
Ferry, WA	35.00	71
Grant, LA	34.00	72
Sabine, TX	34.00	73
Gogebic, MI	34.00	74
Linn, OR	33.00	75
Deschutes, OR	31.00	76
San Augustine, TX	31.00	77
Lewis, WA	31.00	78
Columbia, WA	30.00	79
Randolph, WV	30.00	80
Pendleton, WV	29.00	81
Iron, MO	27.00	82
Wayne, MO	27.00	83
Benton, MS	27.00	84
Ontonagon, MI	27.00	85
Ashland, WI	27.00	86
Jackson, OR	26.00	87
Warren, PA	26.00	88
Le Flore, OK	25.00	89
Franklin, MS	25.00	90
Sharkey, MS	24.00	91
Alger, MI	24.00	92
Tehema, CA	23.00	93
Bayfield, WI	23.00	94
Cass, MN	22.00	95
St. Louis, MN	22.00	96
Kern, CA	21.00	97
Reynolds, MO	21.00	98
Elk, PA	21.00	99
Lake, FL	20.00	100
Umatilla, OR	20.00	101
McKean, PA	20.00	102
Angelina, TX	19.00	103
Houghton, MI	19.00	104
Yakima, WA	19.00	105
Webster, WV	19.00	106
Shannon, MO	18.00	107

RANK ORDER OF FEDERAL ENTITLEMENTS IN COUNTY AS A PERCENT OF TOTAL COUNTY ACREAGE—Continued

[Data Sources: BLM Annual PILT Report and 1998 World Almanac]

County and State	Tax Base Lost to Federal Lands—	
	Percent	Rank
Winn, LA	18.00	108
Itasca, MN	18.00	109
Florance, WI	18.00	110
Washington, MO	17.00	111
Wayne, MS	17.00	112
San Jacinto, TX	17.00	113
Iosoc, MI	17.00	114
Manistee, MI	17.00	115
Oconto, WI	17.00	116
Whitley, KY	16.00	117
Natchitoches, LA	16.00	118
Price, WI	16.00	119
Barry, MO	15.00	120
Dent, MO	15.00	121
Wexford, MI	15.00	122
Sawyer, WI	15.00	123
Greenbrier, WV	15.00	124
Chippewa, MI	14.00	125
Schoolcroft, MI	13.00	126
Rapides, LA	12.00	127
Houston, TX	12.00	128
Shelby, TX	12.00	129
Alcona, MI	12.00	130
Grays Harbor, WA	12.00	131
Vernon, LA	10.00	132
Taylor, WI	10.00	133
Perry, AL	9.00	134
Coconino, AZ	9.00	135
Jasper, TX	9.00	136
McCurtain, OK	8.00	137
Carter, MO	8.00	138
Mackinac, MI	8.00	139
Vilas, WI	8.00	140
Beltrami, MN	5.00	141
Winston, AL	4.00	142
Lake, MI	4.00	143
Cliborne, LA	3.00	144
Coos, NH	3.00	145
Covington, AL	2.00	146
Grofton, NH	2.00	147
Carrol, NH	1.00	148

Percent of Poverty in County (all citizens).—Poverty is one of the measures that the public, Congress and others use to assess the economic health of an area. High poverty levels generally mean more difficult living conditions. According to a U.S. Census Bureau, February 1999 report on poverty, the average county poverty rate in the United States is 13.8%. As we began to collect the poverty data on the forest counties a disturbing reality set in. Of the 148 most at risk counties in our study, over two thirds had poverty levels that exceeded the national average. Fifteen of the counties had poverty levels that doubled the national average. Most of these counties stand to lose more than $1 million of employment income if federal timber harvests are eliminated. Such a policy would be considered barbaric in many countries!

RANK ORDER OF COUNTY POVERTY LEVELS

[Data Source: U.S. Census Bureau Feb. 1999 Report]

County and State	Poverty Level—	
	Percent	Rank
Sharkey, MS	42.1	1
Perry, AL	41.3	2
Apache, AZ	39.4	3
Webster, WV	35.6	4
Menifee, KY	31.5	5
Whitley, KY	30.7	6
Navajo, AZ	29.0	7
Saguache, CO	28.9	8
San Juan, UT	28.3	9
Tulare, CA	28.2	10
Wayne, MO	28.2	11
Natchitoches, LA	28.0	12
Ciborne, LA	27.5	13
Shannon, MO	27.1	14
Taos, NM	26.8	15
Washington, MO	26.0	16
Newton, AR	25.7	17
Carter, MO	25.5	18
Franklin, MS	25.5	19
Fresno, CA	25.2	20
San Jacinto, TX	25.2	21
Wayne, MS	24.9	22
Houston, TX	24.5	23
Winn, LA	24.3	24
Le Flore, OK	24.1	25
Benton, MS	24.0	26
Catron, NM	23.8	27

RANK ORDER OF COUNTY POVERTY LEVELS—Continued

[Data Source: U.S. Census Bureau Feb. 1999 Report]

County and State	Poverty Level—	
	Percent	Rank
Rio Arriba, NM	23.7	28
Reynolds, MO	23.7	29
San Augustine, TX	23.7	30
Iron, MO	22.7	31
Lake, MI	22.7	32
Randolph, WV	22.6	33
Perry, MS	22.3	34
Scott, AR	22.1	35
Rapides, LA	22.1	36
Shelby, TX	22.1	37
Montgomery, AR	21.7	38
Grant, LA	21.7	39
Dent, MO	21.6	40
Shoshone, ID	21.4	41
Covington, AL	20.9	42
Medera, CA	20.8	43
Duschesne, UT	20.7	44
Kern, CA	20.6	45
Sanders, MT	20.6	46
McCormick, SD	20.5	47
Pocahontas, WV	20.5	48
Coconino, AZ	20.3	49
Yakima, WA	20.2	50
Mineral, MT	20.0	51
Josephine, OR	19.9	52
Okanogan, WA	19.7	53
Del Norte, CA	19.6	54
Powell, MT	19.6	55
Granite, MT	19.4	56
Greenbrier, WV	19.2	57
Jasper, TX	18.7	58
Beltrami, MN	18.6	59
Tehema, CA	18.5	60
Modoc, CA	18.4	61
Lincoln, MT	18.3	62
Vernon, LA	18.3	63
Ferry, WA	18.1	64
Pend Oreille, WA	18.0	65
Angelina, TX	17.6	66
Sabine, TX	17.6	67
Tucker, WV	17.6	68
Klamath, OR	17.2	69
Umatilla, OR	17.0	70
Winston, AL	16.9	71
Trintiy, CA	16.9	72
Boundary, ID	16.7	73
Baker, OR	16.7	74
Houghton, MI	16.7	75
Pendleton, WV	16.6	76
Grays Harbor, WA	16.4	77
Missoula, MT	16.3	78
Shasta, CA	16.0	79
Douglas, OR	16.0	80
Ravalli, MT	16.0	81
Schoolcroft, MI	15.9	82
Cass, MN	15.9	83
Barry, MO	15.8	84
Manistee, MI	15.8	85
Idaho, ID	15.7	86
Lemhi, ID	15.5	87
Chippewa, MI	15.5	88
Lake, OR	15.4	89
Columbia, WA	15.4	90
Polk, AR	15.3	92
Bonner, ID	15.1	92
Curry, OR	15.1	93
Iosoc, MI	15.0	94
Lane, OR	14.9	95
Sawyer, WI	14.9	96
Garfield, UT	14.7	97
Gogebic, MI	14.7	98
Jackson, OR	14.6	99
Alcona, MI	14.6	100
Lassen, CA	14.5	101
Iron, MI	14.5	102
McCurtain, OK	14.4	103
Flathead, MT	14.4	104
Wallowa, OR	14.2	105
Wexford, MI	14.2	106
Chelan, WA	14.2	107
McKean, PA	14.1	108
Lewis, WA	14.1	109
Siskiyou, CA	14.0	110
Adams, ID	14.0	112
Forest, PA	14.0	112
Linn, OR	13.8	113
Ashland, WI	13.7	114
Lake, FL	13.5	115
Grant, OR	13.4	116
Forest, WI	13.2	117
Clearwater, ID	13.1	118
Haines, AK	12.8	119
Ontonagon, MI	12.8	120
Valley, ID	12.6	121
Itasca, MN	12.6	122
Mackinac, MI	12.5	123
Bayfield, WI	12.4	124
Alger, MI	12.3	125
Plumas, CA	12.2	126
Elmore, ID	12.1	127
Custer, SD	12.1	128
Custer, ID	12.0	129
St. Louis, MN	12.0	130
Vilas, WI	11.0	131
Boise, ID	10.8	132
Skamania, WA	10.7	133
Deschutes, OR	10.6	134
Coos, NH	10.6	135

RANK ORDER OF COUNTY POVERTY LEVELS—Continued

[Data Source: U.S. Census Bureau Feb. 1999 Report]

County and State	Poverty Level—	
	Percent	Rank
Warren, PA	10.3	136
Pet/Wrangell/PWI, AK	10.1	137
Florance, WI	9.8	138
Taylor, WI	9.8	139
Sierra, CA	9.4	140
Carrol, NH	9.2	141
Grofton, NH	8.8	142
Oconto, WI	8.8	143
Lake, MN	7.6	144
Elk, PA	7.4	145
Cook, MN	6.9	146
Sika, AK	6.7	147
Price, WI	6.6	148

March 1999 Unadjusted Unemployment Rates by County.—This data was collected at the State level from various State agencies responsible for reporting unemployment. The National average unemployment rate in March of 1999 was 4.3%. The question facing most suburban and urban Congressmen and many Senators is how they would respond if their colleagues proposed a new federal policy which quadruples the unemployment rates in their District. When considered in light of the potential employment income which will be lost to a zero harvest policy, some of these rural forest counties are already in dire straits! Fully one-half of the rural forest counties surveyed have unemployment rates which are at least double the national average.

RANK ORDER OF COUNTY UNEMPLOYMENT LEVELS

[Data Source: U.S. Bureau of Labor Statistics and State Agency Reports]

County and State	Unemployment—	
	Percent	Rank
Sharkey, MS	29.7	1
Adams, ID	22.8	2
Tulare, CA	20.9	3
Clearwater, ID	19.0	4
Grant, OR	18.1	5
Wilkinson, MS	17.9	6
Haines, AK	17.5	7
Fresno, CA	17.1	8
Trinity, CA	16.7	9
Columbia, WA	16.4	10
Ferry, WA	16.2	11
Medera, CA	15.5	12
Shoshone, ID	15.1	13
Lake, OR	15.1	14
Sierra, CA	14.8	15
Kern, CA	14.7	16
Plumas, CA	14.3	17
Idaho, ID	14.2	18
Navajo, AZ	14.1	19
Siskiyou, CA	14.0	20
Wallowa, OR	14.0	21
Apache, AZ	13.8	22
Pend Oreille, WA	13.8	23
Pet/Wrangell/PWI, AK	13.7	24
Lincoln, MT	13.1	25
Modoc, CA	13.0	26
Valley, ID	12.8	27
Catron, NM	12.5	28
Bonner, ID	12.5	29
Boundary, ID	12.4	30
Yakima, WA	11.9	31
Greenbrier, WV	11.8	32
Baker, OR	11.7	33
Tucker, WV	11.7	34
Jasper, TX	11.6	35
Okanogan, WA	11.6	36
Klamath, OR	11.4	37
Alcona, MI	11.4	38
Iosoc, MI	11.4	39
Lake, MI	11.4	40
Taos, NM	11.2	41
Douglas, OR	11.0	42
Forest, PA	11.0	43
Mineral, MT	10.8	44
Lassen, CA	10.7	45
Randolph, WV	10.7	46
Sanders, MT	10.6	47
Natchitoches, LA	10.5	48
Saguache, CO	10.3	49
Ashland, WI	10.2	50
Chelan, WA	10.2	51
Del Norte, CA	10.1	52
Josephine, OR	10.0	53
Duschesne, UT	10.0	54
Skamania, WA	10.0	55
Shasta, CA	9.7	56
Price, WI	9.7	57
Webster, WV	9.7	58
Custer, ID	9.6	59
Curry, OR	9.6	60

RANK ORDER OF COUNTY UNEMPLOYMENT LEVELS—Continued

[Data Source: U.S. Bureau of Labor Statistics and State Agency Reports]

County and State	Unemployment— Percent	Rank
Newton, AR	9.4	61
Carter, MO	9.3	62
Grays Harbor, WA	9.3	63
Boise, ID	9.2	64
Lemhi, ID	9.1	65
Linn, OR	9.1	66
Granite, MT	9.0	67
Manistee, MI	9.0	68
Florance, WI	9.0	69
Franklin, MS	8.9	70
Sabine, TX	8.9	71
Rio Arriba, NM	8.8	72
Tehema, CA	8.8	73
Ontonagon, MI	8.7	74
Schoolcroft, MI	8.7	75
Bayfield, WI	8.7	76
Wayne, MO	8.5	77
Alger, MI	8.5	78
Chippewa, MI	8.5	79
Gogebic, MI	8.5	80
Houghton, MI	8.5	81
Iron, MI	8.5	82
Mackinac, MIO	8.5	83
Wexford, MI	8.5	84
Sawyer, WI	8.5	85
Deschutes, OR	8.3	86
Lewis, WA	8.3	87
Umatilla, OR	8.2	88
Jackson, OR	8.1	89
Garfield, UT	8.1	90
McCurtain, OK	8.0	91
San Juan, UT	8.0	92
Flathead, MT	7.9	93
Forest, WI	7.9	94
Vilas, WI	7.8	95
Le Flore, OK	7.6	96
Perry, MS	7.5	97
Coconino, AZ	7.3	98
Shannon, MO	7.2	99
Menifee, KY	7.1	100
Washington, MO	7.1	101
Ravalli, MT	7.1	102
Cliborne, LA	7.1	103
Grant, LA	7.1	104
Elk, PA	7.1	105
Benton, MS	6.9	106
Cass, MN	6.9	107
Covington, AL	6.8	108
Taylor, WI	6.8	109
Custer, SD	6.8	110
Wayne, MS	6.6	111
San Augustine, TX	6.5	112
Itasca, MN	6.5	113
Oconto, WI	6.5	114
Elmore, ID	6.4	115
Iron, MO	6.3	116
Shelby, TX	6.3	117
Sitka, AK	6.0	118
Winn, LA	6.0	119
McKean, PA	6.0	120
Dent, MO	5.9	121
Lane, OR	5.9	122
Pocahontas, WV	5.7	123
Perry, AL	5.6	124
Rapides, LA	5.6	125
Vernon, LA	5.6	126
Angelina, TX	5.5	127
Powell, MT	5.4	128
Cook, MN	5.2	129
Polk, AR	5.1	130
Beltrami, MN	5.1	131
Reynolds, MO	5.0	132
Pendleton, WV	5.0	133
Whitley, KY	4.8	134
Warren, PA	4.8	135
Winston, AL	4.7	136
Lake, MN	4.6	137
Montgomery, AR	4.5	138
San Jacinto, TX	4.5	139
Coos, NH	4.5	140
Missoula, MT	4.3	141
Houston, TX	4.2	142
Barry, MO	4.0	143
St. Louis, MN	3.7	144
Scott, AR	3.6	145
Carrol, NH	3.4	146
Lake, FL	3.2	147
Grofton, NH	2.4	148

Timber Employment Income Lost by County if Zero Federal Harvest Policy Adopted—This data was generated by desegregating the U.S. Forest Service TSPIRS Timber Employment Income data from a forest-by-forest report, to a county-by-county basis. It is based on the number of acres of each national forest in a county and the amount of employment income generated by the FY 1997 Forest Service timber sale harvest on each Nation Forest. It represents direct, indirect and induced employment income generated as a result of the harvest, manufacturing and shipping of lumber derived from the trees the U.S. Forest Service allowed to be harvested from National Forest lands in FY 1997.

FOREST SERVICE GENERATED TIMBER EMPLOYMENT INCOME LOST IF ZERO HARVEST POLICY IS ADOPTED

[U.S. Forest Service FY 1997 TSPIRS Report]

County and State	Timber income lost— Amount	Rank
Lincoln, MT	$101,760,422	1
Idaho, ID	72,476,050	2
Valley, ID	48,118,770	3
Siskiyou, CA	40,331,023	4
Lane, OR	32,557,484	5
Clearwater, ID	29,714,265	6
Plums, CA	27,871,776	7
Pet/Wrangell/PWI, AK	24,275,086	8
Sanders, MT	23,433,551	9
Scott, AR	23,232,410	10
Flathead, MT	22,776,620	11
Modoc, CA	21,739,914	12
Forest, WI	21,383,601	13
Bayfield, WI	21,012,696	14
Montgomery, AR	21,005,410	15
Lassen, CA	20,919,075	16
Lake, OR	20,911,126	17
Boise, ID	20,646,531	18
Douglas, OR	20,509,552	19
Klamath, OR	20,339,531	20
Trinity, CA	19,761,393	21
Mineral, MT	19,186,111	22
Missoula, MT	17,530,019	23
Shasta, CA	17,483,779	24
Shoshone, ID	17,318,060	25
Sierra, CA	16,653,781	26
Pend Oreille, WA	15,880,684	27
Elmore, ID	15,850,552	28
Lake, MN	15,509,194	29
Coconino, AZ	14,533,534	30
St. Louis, MN	14,185,120	31
Deschutes, OR	14,137,080	32
Ashland, WI	14,049,978	33
Lake, FL	13,987,269	34
Warren, PA	13,894,923	35
Le Flore, OK	13,812,720	36
Chelan, WA	13,778,783	37
Ravalli, MT	13,665,678	38
Grant, OR	13,422,139	39
Cook, MN	13,180,684	40
Adams, ID	13,014,235	41
Itasca, MN	12,891,717	42
McKean, PA	12,795,873	43
Linn, OR	12,755,053	44
Bonner, ID	12,318,467	45
Cass, MN	12,041,721	46
Grofton, NH	11,842,864	47
Skamania, WA	11,782,051	48
Price, WI	11,769,739	49
Forest, PA	11,252,287	50
Boundary, ID	10,931,844	51
Gogebic, MI	10,737,757	52
Elk, PA	10,572,058	53
Tehema, CA	9,931,660	54
Sawyer, WI	9,853,943	55
Fresno, CA	9,739,734	56
Ontonagon, MI	9,657,199	57
Powell, MT	9,647,317	58
Taylor, WI	9,638,095	59
Ferry, WA	9,597,474	60
Curry, OR	9,322,753	61
Jackson, OR	9,253,868	62
Oconto, WI	8,786,515	63
Custer, ID	8,766,834	64
Grant, LA	8,578,181	65
Granite, MT	8,228,367	66
Lemhi, ID	8,227,228	67
McCurtain, OK	7,964,516	68
Coos, NH	7,804,209	69
Natchitoches, LA	7,795,305	70
Garfield, UT	7,728,187	71
Chippewa, MI	7,314,442	72
Haines, AK	6,992,175	73
Wallowa, OR	6,732,097	74
Winn, LA	6,621,141	75
Custer, SD	6,421,727	76
Iron, MI	6,178,210	77
Josephine, OR	6,139,734	78
Rapides, LA	6,097,049	79
Tulare, CA	5,933,423	80
Del Norte, CA	5,753,086	81
Lewis, WA	5,518,925	82
Houghton, MI	5,401,133	83
Carrol, NH	5,289,895	84
Florance, WI	5,285,049	85
Okanogan, WA	5,199,000	86
Vernon, LA	5,116,015	87
Duschesne, UT	5,109,610	88
Sabine, TX	5,097,729	89
Houston, TX	4,978,641	90
Mackinac, MI	4,785,506	91
Newton, AR	4,353,178	92
Kern, CA	4,306,829	93
Sitka, AK	4,294,042	94
Polk, AR	4,226,255	95
Pocahontas, WV	3,938,213	96
Alger, MI	3,852,967	97
Umatilla, OR	3,842,225	98
Medera, CA	3,669,819	99
San Augustine, TX	3,669,790	100

FOREST SERVICE GENERATED TIMBER EMPLOYMENT INCOME LOST IF ZERO HARVEST POLICY IS ADOPTED—Continued

[U.S. Forest Service FY 1997 TSPIRS Report]

County and State	Timber income lost— Amount	Rank
Schoolcroft, MI	3,668,905	101
Baker, OR	3,616,753	102
Perry, MS	3,611,334	103
Iosoc, MI	3,588,232	104
Alcona, MI	3,545,437	105
Lake, MI	3,533,660	106
Vilas, WI	3,491,140	107
San Jacinto, TX	3,241,446	108
Shelby, TX	3,152,744	109
Angelina, TX	3,125,936	110
Wexford, MI	3,032,878	111
Winston, AL	2,933,001	112
Catron, NM	2,796,549	113
Manistee, MI	2,756,818	114
Pendleton, WV	2,756,738	115
Beltrami, MN	2,682,562	116
Randolph, WV	2,596,286	117
Rio Arriba, NM	2,504,243	118
Franklin, MS	2,119,744	119
Wayne, MS	1,999,418	120
Apache, AZ	1,822,186	121
Iron, MO	1,808,307	122
Navajo, AZ	1,807,204	123
Covington, AL	1,800,017	124
Carter, MO	1,733,748	125
Reynolds, MO	1,714,278	126
Wayne, MO	1,682,267	127
San Juan, UT	1,674,575	128
Yakima, WA	1,614,005	129
Shannon, MO	1,591,674	130
Columbia, WA	1,571,947	131
Washington, MO	1,571,040	132
Dent, MO	1,379,909	133
Saguache, CO	1,357,282	134
Sharkey, MS	1,331,119	135
Greenbrier, WV	1,298,983	136
Benton, MS	1,229,758	137
Tucker, WV	1,220,996	138
Menifee, KY	1,219,646	139
Cliborne, LA	1,191,401	140
Whitley, KY	1,154,452	141
Grays Harbor, WA	1,127,836	142
Jasper, TX	1,125,305	143
McCormick, SC	1,077,508	144
Perry, AL	1,076,470	145
Taos, NM	1,056,431	146
Barry, MO	1,047,468	147
Webster, WV	844,004	148

Mr. STUPAK. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise today in opposition to the Wu-Hooley amendment which reduces forest timber sales management by $30 million. Forest products are my district's main industry and have a great financial, environmental, cultural, historical and recreational impact on my constituents.

My constituents depend upon a strong, vibrant national forest. We have been good stewards of our land and its natural resources. The forests depend upon us for proper management, for nurturing and protection. We cannot afford a reduction in the timber sales program.

I have heard it said here tonight we are only going to cut 23 or 30 million out of a $220 million timber sales account. That is greater than a 10-percent cut. This amendment would upset the balanced environmental program in the current Interior bill. The Interior bill eliminates the timber purchaser road credits. It provides only decreased funding for timber management and already increases the wildlife account by $3 million.

Our national forests are in a health crisis. The timber program has already been reduced by 70 percent since 1991. Further reductions are terrible public policy. Where do we go if we stop cutting and continue the reductions in

timber sales on Federal forests? We put more pressure on State and private forests to make up for the lost timber. We do great environmental degradation to those lands, greater erosion of water quality.

Our national forest, as I said, are in a health crisis. More than 40 million acres of the national forests are at high risk for catastrophic fires due to accumulation of dead and dying trees. An additional 26 million acres are at risk from insect and disease. Forests in my district have suffered several fires in the last 2 years. Recently, 6 weeks ago, we had a couple of major fires costing more than $2 million to fight, destroying thousands of acres of timber, cottages, and camps. Careful removal of many of the trees is one of the most efficient, economical and least environmentally impacting management tools available to us to reduce the risk to our national forests and protect adjacent private and State land.

□ 2200

Most Forest Service timber sales are designed to help attain other stewardship objectives. Timber sales are often the most effective method, both ecologically and economically, of achieving desired vegetative management objectives such as thinning dense forest stands or to restore historical ecological conditions, reducing excessive forest fuels, and creating desired wildlife habitat.

Timber sales provide many benefits beyond the revenues earned. From an ecological perspective, timber sales improve forest ecosystem health, reduce the risk and intensity of catastrophic fire, and improve water quality. From an economic point of view, they provide job opportunities, generate individual and business income, and produce incremental tax receipts that various levels of government collect.

We have heard tonight that the home builders would oppose this amendment. Well, the Western Council of Industry Workers, the United Brotherhood of Carpenters and Joiners of America also oppose the Wu-Hooley amendment.

If I may, I would just like to quote from their language on why they are opposed to this amendment. Labor says, ''Legislative efforts to reduce funding for forest management programs seriously jeopardize the livelihoods of our members and tens of thousands of forest product workers nationwide. Job loss within our industry has been severe as the timber sale program has been reduced by almost 70 percent since the early 1990s. More than 80,000 men and women have lost their jobs due to this decline and further cutbacks in these important programs will only add to the unemployment.''

Mr. Chairman, I urge my colleagues to support the timber sale program and reject the Wu-Hooley amendment.

Mr. BOEHLERT. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I will be engaging shortly in a colloquy with the gentleman from Ohio (Mr. REGULA) and the gentleman from Virginia (Mr. GOODLATTE), chairman of the Subcommittee on Department Operations, Oversight, Nutrition, and Forestry. But I rise in opposition to the amendment.

While I strongly believe that we should be providing more funding for the Forest Service's restoration program, I am reluctant to support further cuts in the timber program at this time. The program is funded in the bill at slightly below last year's level, an appropriate figure as we work on a long-range forest policy for this country, a policy that should give greater emphasis to multiple use.

I do expect that, even without cutting the timber program, we will have an opportunity later this year to increase spending for the Forest Service's restoration programs. That is an opportunity we should accept. Ideally, these programs should be funded at the requested level.

Mr. GOODLATTE. Mr. Chairman, will the gentleman yield?

Mr. BOEHLERT. I am pleased to yield to the gentleman from Virginia, the chairman of the Subcommittee on Department Operations, Oversight, Nutrition and Forestry.

Mr. GOODLATTE. Mr. Chairman, I want to say to the gentleman that I thank him, first of all, for his opposition to this amendment. I believe that it would be appropriate to fund the backlog of restoration programs more fully. If more money materializes for the Interior appropriation, I hope that some of those funds would be added to the restoration accounts. I would join with the gentleman from New York in his effort to do that.

Mr. BOEHLERT. Mr. Chairman, I thank the gentleman for his assurances.

Mr. REGULA. Mr. Chairman, will the gentleman yield?

Mr. BOEHLERT. I am glad to yield to the gentleman from Ohio, chairman of the Subcommittee on Interior.

Mr. REGULA. Mr. Chairman, I want to add my support for the restoration programs. If more funding becomes available, I would be pleased to consider adding some of it to these accounts.

Mr. BOEHLERT. Mr. Chairman, I thank both chairmen. With the understanding that there is broad agreement that restoration programs could and should receive additional funds later this year, I urge opposition to the amendment.

Ms. HOOLEY of Oregon. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, first of all, I thank the gentleman from Oregon (Mr. WU) and the gentleman from California (Mr. GEORGE MILLER) for helping to bring this amendment to the floor.

I also thank the gentleman from Ohio (Mr. REGULA), the chairman of the subcommittee, as well as the gentleman from Washington (Mr. DICKS) for all of the hard work they have done in trying to balance all of these competing needs.

We have heard a lot of talk about how much timber we are not going to harvest if we pass this amendment. None of us are talking about reducing the amount of timber cut. Somebody else mentioned, well, we should give them what they requested. The administration requested $23 million less than what the appropriators gave this program. What I am looking for is some balance in this program.

Is the management underfunded? Probably. But is the wildlife and fishery programs even more underfunded? They are tremendously underfunded. My colleagues have to remember, again, the timber sales program will be funded at the administration's request for this under this amendment.

One of the problems that happens in our forest is there is little funding to work proactively on improving and protecting habitat. I think this is interesting. We talk about the timber, but remember, the Forest Service manages more acres of fresh water fish habitat than any other agency. In addition, almost 65 percent of all listed aquatic species of the United States occupy habitat on public lands. We not only need to manage our trees, but we need to manage these resources as well.

I know Oregon and other States with large tracts of Federal lands rely on funding for activities which will restore and enhance existing fish and wildlife habitat. This is particularly important since the northwest has had nine species of salmon and Steelhead listed on the endangered species list. Programs to restore forest and wildlife are chronically underfunded.

We look at the maintenance backlog on the current national forest system, which is over $8 billion, causing a number of water pollution problems from unmaintained roads. This amendment provides the funds necessary to partially address these efforts. It does not fund the whole thing. It just partially addresses these efforts.

First of all, the Forest Service has $1 billion budget. One-third of it is spent to log national forests, while only 11 percent of the agency's total spending goes for fish and wildlife and watershed improvement.

Today, we have an opportunity to address this shortfall. I ask for my colleagues' support for the Wu-Hooley amendment and take a small proactive step toward enhancing fish and wildlife habitat, to better our water quality, and protect our watersheds.

DEPARTMENT OF AGRICULTURE,
OFFICE OF THE SECRETARY,
Washington, DC, July 14, 1999.

HON. DARLENE HOOLEY,
House of Representatives, Longworth House Office Building, Washington, DC

DEAR DARLENE: Yesterday I wrote a letter to Chairman Bill Young expressing my concern about the low funding levels for wildlife and fisheries in the Interior and Related Agencies FY00 bill while funding for the timber program remains at $23 million above the President's request. I understand you may

offer an amendment to equalize these programs, in accordance with the President's budget to assure greater balance among all of the multiple uses and values of our nation's forests. Increasing funding for salmon and other wildlife habitat restoration is one of the administration's top priorities. As I understand your amendment, it is consistent with these priorities, as reflected in the administration budget's request and, therefore, I strongly support it.

Sincerely,

DAN CLICKMAN,
Secretary.

Mr. SHERWOOD. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in strong disagreement with this amendment. Good forestry is good water practice. It is good wildlife practice. If we take 23 million more dollars out of the budget for forest stand improvement, we will, in the long-term, hurt wildlife, will hurt water and watershed.

We have 40 million acres in this country that have been entrusted to us as the stewards for the American people of forests that are in grave danger of catastrophic fire. We are the stewards of the greatest resource man could imagine, our national ground, our national forests. This is a wrong-headed move. We need to put more money into the management of that. We need to move the management of our forest so they are productive, so they are self-sufficient, so they produce game, so that they are in all aspects compatible with a sustainable yield and use by all our people.

Good forest management is not in opposition to any of the goals that have been stated here tonight. Good forest management increases those goals. As we take the dead wood, the downed timber out of our forest, we reduce the chance for a catastrophic fire. We will increase the growth. We will have more oxygen, cleaner water, better forests, and better opportunities for recreation.

I think that this is not fiscal discipline. I think it is fiscal folly. I would very much ask my colleagues to vote no on the Wu amendment.

Mr. TURNER. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in opposition to the Wu amendment, because this amendment could have a very significant adverse effect on my district and the districts of many of us who have national forests within their boundaries.

This amendment has a noble purpose in that it proposes to increase funding for wildlife and fishery habitat. But it also offsets that increase against the Timber Sales Management Program that is very vital to the activity of the national forest that harvests timber and does it in a wise and sound and environmentally correct way.

This particular amendment would take away a level funding by reducing by 10 percent the amount in this bill for the Timber Sales Management Program. Not only is the funding already questionable, but a further 10 percent cut could be devastating to this program.

This cut has several unintended consequences. First of all, it jeopardizes the jobs of many of those who are representative of national forest areas because it threatens the ability of the Forest Service to carry out their timber sales program.

Secondly, the Wu amendment would reduce funds that are available for our school districts and our counties, because, as we all know, half of the proceeds from timber sales, from the national forests, are rebated back to our counties and our school districts. In my district alone, national forest sales has meant $5.6 million to our counties and school districts. This money means quality education and services to those in those counties.

Thirdly, cutting support for the Timber Sales Management Program will have an adverse effect on the health of our forest, one of the objectives that the proponents of the amendment would advocate.

There are over 40 million acres of national forest that are threatened by catastrophic fires, a great risk that has occurred because of accumulation of dead and dying trees. There is an additional 26 million acres of national forest threatened by insect and disease.

We all know dead timber is a catalyst for forest fires. We know that the proper removal and the thinning of our national forest is one of the tools used to efficiently and economically and environmentally correct management of our national forests.

From time to time, it has been suggested that we are overharvesting our national forest. But as has been pointed out by several speakers here tonight, our tree growth in our national forest exceeds our current harvest by over 600 percent.

Forest Service estimates that 23 billion board feet of wood are grown every year in the national forest. Six billion board feet die due to insects, disease, and fire. Less than 3 billion are actually harvested each year.

The Forest Service Timber Management Program is an essential tool in the proper management of our national forest. I know the gentleman from Oregon (Mr. WU) believes very strongly in safeguarding our environment and also could appreciate that shortchanging this management program could have a detrimental impact upon the very objective that the amendment seeks to achieve.

Finally, in response to reports that timber sales and the Timber Sales Program in the national forest is losing money, I think it is important for us to understand that we need to look at the total picture, because the total impact upon our Federal, State, and local governments is very positive in economic terms.

The facts are that, in fiscal year 1997, the harvest of timber in our national forest created 55,000 jobs in this country, provided regional income of over $2 billion, and resulted in $309 million in Federal taxes. So there is a positive economic impact from the harvesting of the timber in the national forest.

Timber Sales Program returned $220 million directly to the school districts and the counties where we have national forests. These dollars are needed for our school children, and they are an offset against the loss that all of our counties and school districts have due to the fact that we cannot tax under the property tax in our local jurisdiction those Federal lands.

The bottom line is the Wu amendment threatens the health of our national forest, it adversely impacts the quality of public education in our school districts with Federal land, and it puts further strains upon our county government. I urge this House to reject the Wu amendment.

Mr. WALDEN of Oregon. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in opposition to the Wu and Hooley amendment. I understand what they are trying to accomplish, trying to get our watershed healthier. But I just came from 3 hours of a hearing in my district in a town where one has to drive 100 miles in any direction before one hits the first stop light.

☐ 2215

It is in a county where we have 15.1 percent unemployment. They have not participated in the economic recovery the rest of this Nation has enjoyed in the 1990s because they are surrounded by public lands and they have to have access to that resource. This amendment will hurt them because it will hurt forests across America, because it will reduce the cut that is available to be done.

The chief of the Forest Service has admitted that he does not have the resources to meet the allowable sale quantity of the cut that is available. That is what I was told from a hearing in the last day or so; that even with this money it will be tight. They have not been meeting their targets. We all know that. This will not help that. This will not help our schools. This will not help jobs.

That is part of why the Western Council of Industrial Workers issued a letter in opposition to this amendment, saying that legislative efforts to reduce funding for forest management programs would seriously jeopardize the livelihoods of our members and tens of thousands of forest products workers Nationwide. Associated Oregon Loggers say the timber sale program is the only major Forest Service program requested for a decrease in funding from fiscal year 1999.

This amendment will hurt. And it will not help clean up our forests. One of the major problems in our forests comes from overgrowth and lack of harvest and the concentration that occurs. And when that occurs, it is like a garden that never gets weeded. The

weeds multiply and disease sets in and they are ripe for fire.

I would ask my colleagues to go to the Malheur National Forest and look at the summit fire and look at the result of that and the loss to taxpayers and the loss to jobs when 40,000 acres burned in a catastrophic fire. Grant County has led the State in unemployment. Every county in my district that relies on timberlands has been adversely affected and this will not help.

I would join my colleagues if they want to do something about pollution to our rivers, if they want to stop allowing some of our urban areas to dump raw sewage into the rivers when their storm systems overflow, or if they want to open up some of the 800 miles of streams that are in pipes throughout the urban areas. That is not very good fish habitat, now is it?

We are willing to do our part in the rural communities if our urban friends will do their part. But taking away from this program will neither help forest health nor help the economic situation nor the schools nor the counties nor the people in those communities. This is a bad amendment and I urge a ''no'' vote.

Mr. HOLT. Mr. Chairman, I move to strike the requisite number of words, and I rise in support of the amendment offered by my colleagues, the gentleman from Oregon (Mr. WU) and the gentlewoman from Oregon (Ms. HOOLEY).

Mr. Chairman, this amendment would reduce the subsidy for timber sales management by $23 million and direct the money to sorely needed forest restoration projects. The reduction would be to the level requested by the administration. Taxpayers should not be asked to subsidize the cost of doing business for the timber industry, especially at the expense of the environment.

According to the General Accounting Office, Forest Service timber sales programs lose money, $995 million in a 2-year period recently. And in that period, taxpayers paid $245 million to construct timber roads in the national forests. These losses and subsidies cost taxpayers and the environment.

The Wu-Hooley amendment would help the Forest Service implement a responsible budget by transferring harmful industry handouts to spending that would promote healthy streams and lakes and would help to protect, restore and improve wildlife habitat.

The economic waste and environmental damage caused by the Forest Service timber programs have gone far enough. I urge my colleagues to support the Wu-Hooley amendment to help move the Forest Service budget in the right direction.

Mrs. CHENOWETH. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in strong opposition to this amendment, which would slash the timber sale funds to only $196.8 million. This critically low level is the amount the administration requested and is $30 million below fiscal year 1999's spending in this program.

Now, it is interesting, even though this is the administration's recommendation, the chief of the Forest Service testified before my subcommittee yesterday that the administration's request is inadequate to address the agency's most urgent forest health concerns. Why is it inadequate? The chief is right here, the Forest Service has identified more than 40 million acres of the national forests that are in extreme risk of catastrophic fires.

I have also heard before my committee testimony that said our national forest is in a state of near collapse. Now, this national trust, this valuable asset that is diminishing every day from lack of care is much like a bridge that needs repair. Mr. Chairman, I can assure my colleagues that if we have a bridge that needs repair, we do not want to risk harm to equipment and especially harm to humans because of catastrophic reactions from lack of care, and care takes money. Now, I am a fiscal conservative. I like to vote for cuts, because I think we need to cut government more, but not here. It is much like a bridge project.

Now, these 40 million acres, most of these lands are located in the west, and that includes 40 million at critical risk plus 29 million acres that are at risk of additional insect infestation. In that regard, Mr. Chairman, I want to show my colleagues a map. This map was put together by the Forest Service, and the areas in red are the areas that are at extreme critical risk. This is the administration and the agency's own map.

On this map we can see some red blobs. The biggest red blob is an area of concentration of near collapse in our national forest in the area of northern Idaho and in western Montana. My colleagues can see why I get so excited about this. These are Federal lands that have been let go to waste. Now, these areas, if we put them together, would amount to almost the size of the State of California. That is a huge amount of land that is going to waste because we are not caring for it properly. And this map, prepared by the Forest Service, does identify those priority areas.

GAO calls these lands a tinderbox. And the forestry experts agree that it is not a matter of if these lands will burn, it is just a matter of when they will burn if we do not invest in taking care of America's garden. The timber sale program is the agency's most effective and efficient tool to address this emergency situation, this state of near collapse in our national forest. It allows the Forest Service to recover some of its costs through the sale of merchantable timber while it provides safe and controlled ways to reduce the highly flammable fuels.

If we wish to preserve these lands as wildlife habitats and ensure good quality of water in the streams, then for goodness sakes we need to prevent forest fires. There is absolutely no logic in the fact that we let these diseased and insect infested areas to continue to expand, because that in and of itself destroys wildlife habitat and it invites fires. The idea that we can let this situation go on and still improve wildlife habitat is the kind of logic that leaks like a sieve.

Mr. Chairman, I must point out that many counties across the country are also directly affected by the continuous annual decline in the Forest Service timber sale program. So I want to urge my colleagues to vote to preserve the Forest Service's ability to manage its forest lands, reduce the risk of fire, protect wildlife habitat and protect our roads, our rural counties and our schoolchildren.

I urge my colleagues to vote ''no'' on this amendment.

Mr. CROWLEY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise today as a member of the Subcommittee on Forests and Forest Health of the Committee on Resources in support of the Wu-Hooley-Miller amendment. This amendment is both fiscally responsible and environmentally sound. It boosts clean water efforts and improves the health of our national forests for recreational and commercial users. The Wu-Hooley-Miller amendment also redirects vital resources towards improving our drinking water, fish and wildlife.

This amendment reduces what is basically a subsidy for timber sales management and directs the Federal funds to desperately needed forest restoration projects. House committees have increased the United States Forest Service timber sales requests by almost $24 million while slashing funding for fish and wildlife programs by the same amount. The Wu-Hooley-Miller amendment would reverse these sorely misplaced budget priorities and fund the restoration of watersheds, national forests and fisheries.

This amendment scales spending on timber sales back to the President's request of $196 million from the amount in the bill now, some $220 million. It redirects the freed-up funds, almost $24 million, to vitally needed watershed improvements and to the protection of fish and wildlife.

Mr. Chairman, as the representative from New York City, I recognize just how important these issues are throughout our Nation. By keeping ecosystems at a healthy level, clean air and water can be supplied to all communities. Protection of watersheds is important for making our communities more livable and making sure that we all have the safest and cleanest water for drinking and for recreation. There is absolutely no reason to put the interest of the timber industry ahead of the health of our forests and drinking water, especially when the two can peacefully coexist.

I strongly support this environmentally sound and fiscally responsible amendment, and I urge my colleagues to do the same.

Mr. Chairman, let me just add that I have the pleasure of representing a portion of Astoria, Queens, and the prime sponsor of this amendment, the gentleman from Oregon (Mr. WU), represents Astoria, Oregon. Our joint support of this amendment is support for forests, fisheries and waterways from Astoria to Astoria and from coast to coast.

I would also like to take a moment to thank my colleague, the gentleman from New York (Mr. HINCHEY), the newest member of the Subcommittee on Interior of the Committee on Appropriations, for all his help and guidance on this matter and on so many other important environmental issues.

Mr. PETERSON of Pennsylvania. Mr. Chairman, I move to strike the requisite number of words.

Here we go again. Rich suburban America says we should not cut timber. They do not live there, they do not understand the forest, but, boy, they are suddenly experts.

We have heard a lot today about forest restoration. How do we restore a forest? We prune it. We manage it. We do not just let it die. Because when we let it die, nature will burn it. History shows that.

Habitat improvement. We could give the whole Forest Service budget to the Fish and Wildlife Service and we could not create habitat. They cannot manufacture it. We do not make it in a factory. It is part of the forest. It is the result of good management of our land.

We have an amendment to cut. Why would we cut less? It must mean we are cutting too much. That must be the reason for the amendment. So let us look. We are growing 23 billion board feet. Six billion are dying naturally. That leaves us 17 billion. Now, we cut 3 billion, so we have 14 billion excess every year. Every 7 years that is 100 billion board feet in inventory.

We will not have enough budget to cut the diseased and dying forest. We have 192 million acres in the Forest Service: 120 is high-grade commercial forest, 60 is potentially available for forestry, and we are practicing limited forestry on 30.

□ 2230

Are we cutting down the American forests? No, we are not. In the West, and I know more about the East because that is the hardwood forest, but this is data on the West, the public land is 50 percent of the softwood inventory in this country. They are providing three percent to the market. We are now at 34 percent import. I guess our goal is to equal oil, where we are more than 50 percent import.

Why practice forestry? We can double and triple the growth of the forest if we manage it. When we cut down the trees that are mature, the trees that are going downhill, the young trees grow two and three times as fast. So we double and triple the growth of the forest.

It is also good for clean air. We do not hear much about that. When the air from Chicago goes over the eastern forest, there is a whole lot less CO2 in it when it meets the ocean. Why? Because of the health of the eastern forest. It is good for wildlife, as I previously stated, because it creates the habitat they need. And when it is all even-aged and there is no sunlight, and that is what happens to an untouched forest, there is no sun, critters leave.

Do my colleagues know what is left? Insects and moles and voles. Not animals, not birds, not wildlife, but bugs.

In Pennsylvania and Ohio, a few years ago we had seven tornadoes that cut paths in the forest half a mile and a mile wide, took every tree down, just destroyed it. That was in 1985. I flew over it 3 weeks ago. From the air we can hardly see the difference. That forest is 25 to 30 feet. It is a high-quality hardwood forest, and it has recovered because nature in the East reproduces.

That forest today is teeming with wildlife, wildlife that never lived there. Birds have been seen there that were never there because it is like a jungle.

We produce another inalienable resource, timber. We used to cut 12 billion board feet. Now we cut about 2 to 3 billion board feet. The timber program has been cut 75 percent since 1991. We are setting the stage for our forests to burn, and the gentlewoman from Idaho explained that so well just a few moments ago.

Practicing forestry is good for clean air. It is good for wildlife habitat. It is good for doubling and tripling this resource. It helps us be self-sufficient. And yes, in rural America it creates a whole lot of jobs.

I have left that for last because I want to tell my colleagues that their suburban ideas are killing rural America. We are in trouble. We are limiting timber production. We have all but stopped oil and gas production. Mineral extraction is being exported more every day, and now agriculture is being squeezed because the dairy farmers are going out of business as we talk.

This is what we do in rural America, my colleagues. Work with us. We can do it right and we can have a healthier economy.

Mr. UDALL of Colorado. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I will be very brief. I rise as a Westerner, and I rise in support of this amendment.

This amendment is about balanced forest management. This amendment is about putting back in the money the administration requested to manage our watersheds and increase the protection of our fisheries. If we do that, if we manage our watersheds, we are going to have more trees in the long-run, healthier forests, and we are going to help those rural economies.

The gentleman from Oregon (Mr. WU) and the gentlewoman from Oregon (Ms. HOOLEY) have brought an important amendment. I urge its adoption. This is a good amendment. This helps our western and eastern forests.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Oregon (Mr. WU).

The question was taken; and the Chairman announced that the noes appeared to have it.

Mr. WU. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to House Resolution 243, further proceedings on the amendment offered by the gentleman from Oregon (Mr. WU) are postponed.

Are there further amendments to the bill?

Mr. DICKS. Mr. Chairman, I ask unanimous consent to withdraw my request for a recorded vote on the Young amendment.

The CHAIRMAN. Is there objection to the request of the gentleman from Washington?

There was no objection.

The CHAIRMAN. The Young amendment passes by voice vote.

SEQUENTIAL VOTES POSTPONED IN THE COMMITTEE OF THE WHOLE

The CHAIRMAN. Pursuant to House Resolution 243, proceedings will now resume on those amendments on which further proceedings were postponed in the following order: An amendment offered by the gentleman from West Virginia (Mr. RAHALL); an amendment offered by the gentleman from Florida (Mr. WELDON); an amendment offered by the gentleman from Pennsylvania (Mr. KLINK); amendment No. 3 offered by the gentleman from California (Mr. FARR); an amendment offered by the gentleman from Colorado (Mr. TANCREDO); and an amendment offered by the gentleman from Oregon (Mr. WU).

The Chair will reduce to 5 minutes the time for any electronic votes after the first vote in this series.

AMENDMENT OFFERED BY MR. RAHALL

The CHAIRMAN. The pending business is the demand for a recorded vote on the amendment offered by the gentleman from West Virginia (Mr. RAHALL) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 273, noes 151, not voting 10, as follows:

[Roll No. 288]

AYES—273

Abercrombie	Baldacci	Becerra
Ackerman	Barcia	Bentsen
Allen	Barrett (WI)	Bereuter
Andrews	Bartlett	Berman
Baird	Bass	Berry

Biggert
Bilbray
Bishop
Blagojevich
Blumenauer
Boehlert
Bonior
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Campbell
Capps
Capuano
Cardin
Carson
Castle
Chabot
Clay
Clayton
Clement
Clyburn
Condit
Conyers
Costello
Coyne
Crowley
Cummings
Danner
Davis (FL)
Davis (IL)
Davis (VA)
Deal
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Diaz-Balart
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Edwards
Ehlers
Ehrlich
Engel
English
Eshoo
Etheridge
Evans
Ewing
Farr
Fattah
Filner
Foley
Forbes
Ford
Fossella
Frank (MA)
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gejdenson
Gephardt
Gilchrest
Gilman
Gonzalez
Goode
Gordon
Goss
Green (TX)
Green (WI)
Greenwood
Gutierrez
Hall (OH)
Hastings (FL)
Hayes
Hill (IN)
Hilliard
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Hooley
Horn
Hulshof
Inslee
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (CT)
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kasich
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kingston
Kleczka
Klink
Kucinich
Kuykendall
LaFalce
LaHood
Lampson
Lantos
Larson
Lazio
Leach
Lee
Levin
Lewis (GA)
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Luther
Maloney (CT)
Maloney (NY)
Markey
Martinez
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McGovern
McHugh
McIntyre
McKinney
Meehan
Meek (FL)
Meeks (NY)
Menendez
Millender-McDonald
Miller (FL)
Miller, George
Minge
Mink
Moakley
Mollohan
Moore
Moran (KS)
Moran (VA)
Morella
Murtha
Nadler
Napolitano
Neal
Oberstar
Obey
Olver
Owens
Pallone
Pascrell
Payne
Pease
Pelosi
Peterson (MN)
Petri
Phelps
Pickett
Pomeroy
Porter
Portman
Price (NC)
Quinn
Rahall
Ramstad
Rangel
Reynolds
Rodriguez
Roemer
Rohrabacher
Ros-Lehtinen
Rothman
Roukema
Roybal-Allard
Rush
Ryan (WI)
Sabo
Sanchez
Sanders
Sandlin
Sanford
Sawyer
Saxton
Scarborough
Schakowsky
Scott
Sensenbrenner
Serrano
Shaw
Shays
Sherman
Sherwood
Shows
Sisisky
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (WA)
Snyder
Spratt
Stabenow
Stark
Strickland
Stupak
Sununu
Sweeney
Talent
Tanner
Tauscher
Taylor (MS)
Terry
Thompson (CA)
Thompson (MS)
Tierney
Toomey
Towns
Traficant
Turner
Udall (CO)
Udall (NM)
Upton
Velazquez
Vento
Visclosky
Walsh
Wamp
Waters
Watt (NC)
Waxman
Weiner
Weldon (PA)
Weller
Wexler
Weygand
Whitfield
Wise
Wolf
Woolsey
Wu

NOES—151

Aderholt
Archer
Armey
Bachus
Baker
Ballenger
Barr
Barrett (NE)
Barton
Bateman
Berkley
Bilirakis
Bliley
Blunt
Boehner
Bonilla
Bono
Brady (TX)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Canady
Cannon
Chambliss
Chenoweth
Coble
Coburn
Collins
Cook
Cooksey
Cox
Cramer
Crane
Cubin
Cunningham
DeLay
DeMint
Dickey
Doolittle
Dreier
Duncan
Dunn
Emerson
Everett
Fletcher
Fowler
Gekas
Gibbons
Gillmor
Goodlatte
Goodling
Graham
Granger
Gutknecht
Hall (TX)
Hansen
Hastings (WA)
Hayworth
Hefley
Herger
Hill (MT)
Hilleary
Hobson
Hoekstra
Hostettler
Houghton
Hunter
Hutchinson
Hyde
Isakson
Istook
Jenkins
John
Johnson, Sam
Jones (NC)
Knollenberg
Kolbe
Largent
Latham
LaTourette
Lewis (CA)
Lewis (KY)
Linder
Lucas (OK)
Manzullo
McCrery
McInnis
McIntosh
McKeon
Metcalf
Mica
Miller, Gary
Myrick
Nethercutt
Ney
Northup
Norwood
Nussle
Ortiz
Ose
Oxley
Packard
Pastor
Paul
Peterson (PA)
Pickering
Pitts
Pombo
Pryce (OH)
Radanovich
Regula
Reyes
Riley
Rogan
Rogers
Royce
Ryun (KS)
Salmon
Schaffer
Sessions
Shadegg
Shimkus
Shuster
Simpson
Skeen
Smith (TX)
Souder
Spence
Stearns
Stenholm
Stump
Tancredo
Tauzin
Taylor (NC)
Thomas
Thornberry
Thune
Tiahrt
Vitter
Walden
Watkins
Watts (OK)
Weldon (FL)
Wicker
Wilson
Young (AK)
Young (FL)

NOT VOTING—10

Baldwin
Brown (CA)
Brown (OH)
Combest
Hoyer
McDermott
McNulty
Rivers
Thurman
Wynn

□ 2256

Mr. PICKERING changed his vote from ''aye'' to ''no.''

Messrs. TRAFICANT, EWING, PETRI, WHITFIELD, Mrs. ROUKEMA, and Messrs. BECERRA, KINGSTON, and DEAL of Georgia changed their vote from ''no'' to ''aye.''

So the amendment was agreed to.

The result of the vote was announced as above recorded.

ANNOUNCEMENT BY THE CHAIRMAN PRO TEMPORE

The CHAIRMAN pro tempore (Mr. LAHOOD). Pursuant to House Resolution 243, the Chair announces that he will reduce to a minimum of 5 minutes the period of time within which a vote by electronic device will be taken on each amendment on which the Chair has postponed further proceedings.

AMENDMENT OFFERED BY MR. WELDON OF FLORIDA

The CHAIRMAN pro tempore. The pending business is the demand for a recorded vote on the amendment offered by the gentleman from Florida (Mr. WELDON) on which further proceedings were postponed and on which the ayes prevailed by voice vote.

The Clerk will designate the amendment.

The Clerk designated the amendment.

RECORDED VOTE

The CHAIRMAN pro tempore. A recorded vote has been demanded.

A recorded vote was ordered.

The CHAIRMAN pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 205, noes 217, not voting 12, as follows:

[Roll No. 289]

AYES—205

Aderholt
Andrews
Archer
Armey
Bachus
Baker
Ballenger
Barr
Barrett (WI)
Bartlett
Barton
Bass
Bateman
Bereuter
Berkley
Biggert
Bilirakis
Blunt
Boehlert
Bonilla
Boswell
Boucher
Brady (TX)
Bryant
Burr
Burton
Callahan
Campbell
Canady
Cannon
Castle
Chabot
Chambliss
Chenoweth
Coble
Coburn
Collins
Cook
Cox
Cramer
Crane
Cubin
Danner
Davis (VA)
Deal
DeLay
DeMint
Dickey
Doolittle
Dreier
Duncan
Dunn
Ehlers
Emerson
Etheridge
Everett
Ewing
Fletcher
Fossella
Fowler
Franks (NJ)
Frelinghuysen
Ganske
Gekas
Gibbons
Gilchrest
Gillmor
Gilman
Goode
Goodlatte
Goodling
Graham
Granger
Green (TX)
Green (WI)
Greenwood
Hall (OH)
Hall (TX)
Hansen
Hastings (WA)
Hayes
Hefley
Herger
Hill (IN)
Hill (MT)
Hobson
Hoekstra
Holt
Horn
Hostettler
Hulshof
Hutchinson
Hyde
Isakson
Istook
Johnson (CT)
Johnson, Sam
Jones (NC)
Kasich
Kelly
King (NY)
Kingston
Kucinich
LaFalce
LaHood
Largent
Latham
Lazio
Leach
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
Lucas (KY)
Lucas (OK)
Manzullo
McCollum
McCrery
McHugh
McInnis
McIntyre
McKinney
Menendez
Metcalf
Mica
Miller (FL)
Moakley
Moran (KS)
Myrick
Northup
Norwood
Nussle
Obey
Ose
Packard
Pease
Peterson (PA)
Petri
Phelps
Pickering
Pickett
Pitts
Porter
Portman
Price (NC)
Quinn
Radanovich
Reynolds
Riley
Roemer
Rogers
Roukema
Ryan (WI)
Ryun (KS)
Salmon
Saxton
Scarborough
Schaffer
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherwood
Shimkus
Shuster
Sisisky
Skelton
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Spence
Stearns
Stenholm
Stump
Sununu
Sweeney
Talent
Tancredo
Tanner
Tauzin
Taylor (NC)
Terry
Thornberry
Thune
Tiahrt
Toomey
Traficant
Turner
Upton
Vitter
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Wexler
Weygand
Whitfield
Wicker
Wilson
Wolf
Young (FL)

NOES—217

Abercrombie
Ackerman
Allen
Baird
Baldacci
Barcia
Barrett (NE)
Becerra
Bentsen
Berman
Berry
Bilbray
Bishop
Blagojevich
Bliley
Blumenauer
Boehner
Bonior
Bono
Borski
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Buyer
Calvert
Camp
Capps
Capuano
Cardin
Carson
Clay
Clayton
Clement
Clyburn
Condit
Conyers
Cooksey
Costello
Coyne
Crowley
Cummings
Cunningham
Davis (FL)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Diaz-Balart
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Edwards
Ehrlich
Engel
English
Eshoo
Evans

Farr
Fattah
Filner
Foley
Forbes
Ford
Frank (MA)
Frost
Gallegly
Gejdenson
Gephardt
Gonzalez
Gordon
Goss
Gutierrez
Gutknecht
Hastings (FL)
Hayworth
Hilleary
Hilliard
Hinchey
Hinojosa
Hoeffel
Holden
Hooley
Houghton
Hoyer
Hunter
Inslee
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Jenkins
John
Johnson, E.B.
Jones (OH)
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind (WI)
Kleczka
Klink
Knollenberg
Kolbe
Kuykendall
Lampson
Lantos
Larson
LaTourette
Lee
Levin
Lewis (CA)
Lewis (GA)
Lowey
Luther
Maloney (CT)
Maloney (NY)
Markey
Martinez
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McGovern
McKeon
Meehan
Meek (FL)
Meeks (NY)
Millender-McDonald
Miller, Gary
Miller, George
Minge
Mink
Mollohan
Moore
Moran (VA)
Morella
Murtha
Nadler
Napolitano
Neal
Nethercutt
Ney
Oberstar
Olver
Ortiz
Owens
Oxley
Pallone
Pascrell
Pastor
Paul
Payne
Pelosi
Peterson (MN)
Pombo
Pomeroy
Price (NC)
Pryce (OH)
Rahall
Ramstad
Rangel
Regula
Reyes
Rodriguez
Rogan
Rohrabacher
Rothman
Roybal-Allard
Rush
Sabo
Sanchez
Sanders
Sandlin
Sanford
Sawyer
Schakowsky
Scott
Serrano
Sherman
Shows
Simpson
Skeen
Slaughter
Smith (WA)
Snyder
Spratt
Stabenow
Stark
Strickland
Stupak
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Tierney
Towns
Udall (CO)
Udall (NM)
Velazquez
Vento
Visclosky
Walden
Waters
Watt (NC)
Waxman
Weiner
Weldon (PA)
Weller
Wise
Woolsey
Wu
Young (AK)

NOT VOTING—12

Baldwin
Brown (CA)
Combest
McDermott
McIntosh
McNulty
Rivers
Ros-Lehtinen
Royce
Thomas
Thurman
Wynn

☐ 2305

Mr. HUNTER changed his vote from ''aye'' to ''no.''

Mr. BAKER and Mr. PICKERING changed their vote from ''no'' to ''aye.''

So the amendment was rejected.

The result of the vote was announced as above recorded.

AMENDMENT OFFERED BY MR. KLINK

The CHAIRMAN. The pending business is the demand for a recorded vote on the amendment offered by the gentleman from Pennsylvania (Mr. KLINK) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will designate the amendment.

The Clerk designated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The CHAIRMAN. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 227, noes 199, not voting 9, as follows:

[Roll No. 290]

AYES—227

Abercrombie
Ackerman
Allen
Andrews
Bachus
Baird
Baldacci
Barcia
Barrett (WI)
Becerra
Bentsen
Berkley
Berman
Berry
Bilbray
Bilirakis
Bishop
Blagojevich
Blumenauer
Boehlert
Bonior
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Campbell
Capps
Capuano
Cardin
Carson
Chabot
Clay
Clayton
Clement
Clyburn
Condit
Conyers
Cook
Costello
Coyne
Cramer
Crowley
Cummings
Danner
Davis (FL)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Duncan
Edwards
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Forbes
Ford
Frank (MA)
Frost
Gejdenson
Gephardt
Gonzalez
Gordon
Green (TX)
Gutierrez
Hall (OH)
Hall (TX)
Hansen
Hastings (FL)
Hefley
Hill (IN)
Hilliard
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Hooley
Horn
Hoyer
Inslee
Jackson (IL)
Jackson-Lee (TX)
Jefferson
John
Johnson, E.B.
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
Kleczka
Klink
Kucinich
LaFalce
Lampson
Lantos
Larson
LaTourette
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Luther
Maloney (CT)
Maloney (NY)
Markey
Martinez
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McGovern
McKinney
Meehan
Meek (FL)
Meeks (NY)
Menendez
Metcalf
Mica
Millender-McDonald
Miller, George
Minge
Mink
Moakley
Mollohan
Moore
Moran (VA)
Murtha
Nadler
Napolitano
Neal
Nussle
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Paul
Payne
Pelosi
Peterson (MN)
Petri
Phelps
Pickett
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Rodriguez
Roemer
Rothman
Roybal-Allard
Royce
Rush
Sabo
Sanchez
Sanders
Sandlin
Sawyer
Schakowsky
Scott
Sensenbrenner
Serrano
Sherman
Shows
Shuster
Sisisky
Skeen
Skelton
Slaughter
Smith (NJ)
Smith (WA)
Spratt
Stabenow
Stark
Stenholm
Strickland
Stupak
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Tierney
Towns
Traficant
Turner
Udall (CO)
Udall (NM)
Velazquez
Vento
Visclosky
Waters
Watt (NC)
Waxman
Weiner
Wexler
Weygand
Wise
Woolsey
Wu

NOES—199

Aderholt
Armey
Baker
Ballenger
Barr
Barrett (NE)
Bartlett
Barton
Bass
Bateman
Bereuter
Biggert
Bliley
Blunt
Boehner
Bonilla
Bono
Brady (TX)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Canady
Cannon
Castle
Chambliss
Chenoweth
Coble
Coburn
Collins
Cooksey
Cox
Crane
Cubin
Cunningham
Davis (VA)
Deal
DeLay
DeMint
Diaz-Balart
Dickey
Doolittle
Dreier
Dunn
Ehlers
Ehrlich
Emerson
English
Everett
Ewing
Fletcher
Foley
Fossella
Fowler
Franks (NJ)
Frelinghuysen
Gallegly
Ganske
Gekas
Gibbons
Gilchrest
Gillmor
Gilman
Goode
Goodlatte
Goodling
Goss
Graham
Granger
Green (WI)
Greenwood
Gutknecht
Hastert
Hastings (WA)
Hayes
Hayworth
Herger
Hill (MT)
Hilleary
Hobson
Hoekstra
Hostettler
Houghton
Hulshof
Hunter
Hutchinson
Hyde
Isakson
Istook
Jenkins
Johnson (CT)
Johnson, Sam
Kasich
King (NY)
Kingston
Knollenberg
Kolbe
Kuykendall
LaHood
Largent
Latham
Lazio
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Manzullo
McCollum
McCrery
McHugh
McInnis
McIntosh
McIntyre
McKeon
Miller (FL)
Miller, Gary
Moran (KS)
Morella
Myrick
Nethercutt
Ney
Northup
Norwood
Ose
Oxley
Packard
Pease
Peterson (PA)
Pickering
Pitts
Pombo
Porter
Portman
Pryce (OH)
Quinn
Radanovich
Ramstad
Regula
Reynolds
Riley
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Roukema
Ryan (WI)
Ryun (KS)
Salmon
Sanford
Saxton
Scarborough
Schaffer
Sessions
Shadegg
Shaw
Shays
Sherwood
Shimkus
Simpson
Smith (MI)
Smith (TX)
Snyder
Souder
Spence
Stearns
Stump
Sununu
Sweeney
Talent
Tancredo
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Thune
Tiahrt
Toomey
Upton
Vitter
Walden
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson
Wolf
Young (AK)
Young (FL)

NOT VOTING—9

Archer
Baldwin
Brown (CA)
Combest
McDermott
McNulty
Rivers
Thurman
Wynn

☐ 2313

Mr. BLAGOJEVICH changed his vote from ''no'' to ''aye.''

So the amendment was agreed to.

The result of the vote was announced as above recorded.

AMENDMENT NO. 3 OFFERED BY MR. FARR OF CALIFORNIA

The CHAIRMAN. The pending business is the demand for a recorded vote on the amendment offered by the gentleman from California (Mr. FARR) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The CHAIRMAN. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 259, noes 166, not voting 9, as follows:

[Roll No 291]

AYES—259

Abercrombie
Ackerman
Allen
Andrews
Baird
Barrett (WI)
Bartlett
Becerra
Bentsen

Bereuter
Berkley
Berman
Biggert
Bilbray
Bilirakis
Blagojevich
Blumenauer
Boehlert
Bonior
Bono
Borski
Boucher
Brady (PA)
Brown (FL)
Brown (OH)
Burton
Campbell
Canady
Capps
Capuano
Cardin
Carson
Castle
Chabot
Clay
Clayton
Clement
Clyburn
Condit
Conyers
Cooksey
Costello
Cox
Coyne
Crane
Crowley
Cummings
Davis (FL)
Davis (IL)
Davis (VA)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Diaz-Balart
Dicks
Dixon
Doggett
Dooley
Doyle
Dunn
Edwards
Ehlers
Ehrlich
Engel
Eshoo
Etheridge
Evans
Ewing
Farr
Fattah
Filner
Foley
Forbes
Ford
Fossella
Frank (MA)
Franks (NJ)
Frelinghuysen
Gallegly
Gejdenson
Gephardt
Gillmor
Gilman
Gonzalez
Gordon
Goss
Granger
Green (TX)
Green (WI)
Greenwood
Gutierrez
Hall (OH)
Hall (TX)
Hastings (FL)
Hilliard
Hinchey
Hinojosa
Hobson
Hoeffel
Holt
Hooley
Horn
Houghton
Hoyer
Hulshof
Hutchinson
Hyde
Inslee
Isakson
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (CT)
Johnson, E. B.
Jones (NC)
Jones (OH)
Kaptur
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kingston
Kleczka
Kolbe
Kucinich
Kuykendall
LaFalce
LaHood
Lampson
Lantos
Larson
LaTourette
Lazio
Leach
Lee
Levin
Lewis (GA)
Lipinski
LoBiondo
Lofgren
Lowey
Luther
Maloney (CT)
Maloney (NY)
Markey
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McGovern
McIntyre
McKinney
Meehan
Meek (FL)
Meeks (NY)
Menendez
Metcalf
Mica
Millender-McDonald
Miller (FL)
Miller, George
Minge
Mink
Moakley
Moore
Moran (VA)
Morella
Myrick
Nadler
Napolitano
Neal
Northup
Obey
Olver
Ose
Owens
Pallone
Pascrell
Pastor
Paul
Payne
Pease
Pelosi
Petri
Phelps
Porter
Portman
Price (NC)
Pryce (OH)
Ramstad
Rangel
Regula
Reyes
Rodriguez
Roemer
Rohrabacher
Ros-Lehtinen
Rothman
Roukema
Roybal-Allard
Royce
Rush
Ryan (WI)
Sabo
Sanchez
Sanders
Sanford
Sawyer
Scarborough
Schakowsky
Scott
Sensenbrenner
Serrano
Sessions
Shaw
Shays
Sherman
Slaughter
Smith (NJ)
Smith (WA)
Snyder
Spratt
Stabenow
Stark
Strickland
Stupak
Talent
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Tierney
Towns
Traficant
Udall (CO)
Udall (NM)
Upton
Velazquez
Vento
Visclosky
Wamp
Waters
Watt (NC)
Waxman
Weiner
Weldon (PA)
Weller
Wexler
Weygand
Whitfield
Wilson
Wolf
Woolsey
Wu
Young (FL)

NOES—166

Aderholt
Archer
Armey
Bachus
Baker
Baldacci
Ballenger
Barcia
Barr
Barrett (NE)
Barton
Bass
Bateman
Berry
Bishop
Bliley
Blunt
Boehner
Bonilla
Boswell
Boyd
Brady (TX)
Bryant
Burr
Buyer
Callahan
Calvert
Camp
Cannon
Chambliss
Chenoweth
Coble
Coburn
Collins
Cook
Cramer
Cubin
Cunningham
Danner
Deal
DeLay
DeMint
Dickey
Dingell
Doolittle
Duncan
Emerson
English
Everett
Fletcher
Fowler
Frost
Ganske
Gekas
Gibbons
Gilchrest
Goode
Goodlatte
Goodling
Graham
Gutknecht
Hansen
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (IN)
Hill (MT)
Hilleary
Hoekstra
Holden
Hostettler
Hunter
Istook
Jenkins
John
Johnson, Sam
Kanjorski
Kasich
Klink
Knollenberg
Largent
Latham
Lewis (CA)
Lewis (KY)
Linder
Lucas (KY)
Lucas (OK)
Manzullo
Martinez
Mascara
McCrery
McHugh
McInnis
McIntosh
McKeon
Miller, Gary
Mollohan
Moran (KS)
Murtha
Nethercutt
Ney
Norwood
Nussle
Oberstar
Ortiz
Oxley
Packard
Peterson (MN)
Peterson (PA)
Pickering
Pickett
Pitts
Pombo
Pomeroy
Quinn
Radanovich
Rahall
Reynolds
Riley
Rogan
Rogers
Ryun (KS)
Salmon
Sandlin
Saxton
Schaffer
Shadegg
Sherwood
Shimkus
Shows
Shuster
Simpson
Sisisky
Skeen
Skelton
Smith (MI)
Smith (TX)
Souder
Spence
Stearns
Stenholm
Stump
Sununu
Sweeney
Tancredo
Tanner
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Thune
Tiahrt
Toomey
Turner
Vitter
Walden
Walsh
Watkins
Watts (OK)
Weldon (FL)
Wicker
Wise
Young (AK)

NOT VOTING—9

Baldwin
Brown (CA)
Combest
Dreier
McDermott
McNulty
Rivers
Thurman
Wynn

□ 2320

So the amendment was agreed to.

The result of the vote was announced as above recorded.

AMENDMENT OFFERED BY MR. TANCREDO

The CHAIRMAN. The pending business is the demand for a recorded vote on the amendment offered by the gentleman from Colorado (Mr. TANCREDO) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will designate the amendment.

The Clerk designated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The CHAIRMAN. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 135, noes 291, not voting 8, as follows:

[Roll No. 292]

AYES—135

Aderholt
Archer
Armey
Bachus
Baker
Barr
Bartlett
Barton
Bass
Bateman
Bilbray
Bliley
Bryant
Burr
Burton
Callahan
Campbell
Canady
Cannon
Chabot
Chambliss
Chenoweth
Coble
Coburn
Collins
Cook
Cox
Crane
Cubin
Cunningham
Deal
DeLay
DeMint
Doolittle
Duncan
Dunn
Everett
Fletcher
Foley
Fossella
Franks (NJ)
Frelinghuysen
Gekas
Goode
Goss
Graham
Green (WI)
Gutknecht
Hansen
Hastings (WA)
Hayes
Hayworth
Hefley
Hill (MT)
Hilleary
Hoekstra
Holden
Hostettler
Hulshof
Hunter
Hutchinson
Hyde
Inslee
Isakson
Istook
Jenkins
Johnson, Sam
Jones (NC)
Kasich
Kuykendall
Largent
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Luther
Manzullo
McInnis
McIntosh
Metcalf
Mica
Miller (FL)
Miller, Gary
Moran (KS)
Myrick
Nethercutt
Norwood
Paul
Pease
Petri
Pitts
Pombo
Ramstad
Riley
Rogers
Rohrabacher
Roukema
Royce
Ryan (WI)
Ryun (KS)
Salmon
Sanchez
Sanford
Scarborough
Schaffer
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Shimkus
Shuster
Simpson
Sisisky
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Spence
Stearns
Stump
Sununu
Tancredo
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thune
Tiahrt
Toomey
Vitter
Wamp
Watts (OK)
Weldon (FL)
Young (AK)

NOES—291

Abercrombie
Ackerman
Allen
Andrews
Baird
Baldacci
Ballenger
Barcia
Barrett (NE)
Barrett (WI)
Becerra
Bentsen
Bereuter
Berkley
Berman
Berry
Biggert
Bilirakis
Bishop
Blagojevich
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonior
Bono
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brady (TX)
Brown (FL)
Brown (OH)
Buyer
Calvert
Camp
Capps
Capuano
Cardin
Carson
Castle
Clay
Clayton
Clement
Clyburn
Condit
Conyers
Cooksey
Costello
Coyne
Cramer
Crowley
Cummings
Danner
Davis (FL)
Davis (IL)
Davis (VA)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Diaz-Balart
Dickey
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Dreier
Edwards
Ehlers
Ehrlich
Emerson
Engel
English
Eshoo
Etheridge
Evans
Ewing
Farr
Fattah
Filner
Forbes
Ford
Fowler
Frank (MA)
Frost
Gallegly
Ganske
Gejdenson
Gephardt
Gibbons
Gilchrest
Gillmor
Gilman
Gonzalez
Goodlatte
Goodling
Gordon
Granger
Green (TX)
Greenwood
Gutierrez
Hall (OH)
Hall (TX)
Hastings (FL)
Herger
Hill (IN)
Hilliard
Hinchey
Hinojosa
Hobson
Hoeffel
Holt
Hooley
Horn
Houghton
Hoyer
Jackson (IL)
Jackson-Lee (TX)
Jefferson
John
Johnson (CT)
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kingston
Kleczka
Klink
Knollenberg
Kolbe
Kucinich
LaFalce
LaHood
Lampson
Lantos
Larson
Latham
LaTourette
Lazio
Leach
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Maloney (CT)
Maloney (NY)
Markey
Martinez
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCrery
McGovern
McHugh
McIntyre
McKeon
McKinney
Meehan
Meek (FL)
Meeks (NY)
Menendez
Millender-McDonald
Miller, George
Minge
Mink
Moakley
Mollohan
Moore
Moran (VA)
Morella
Murtha
Nadler
Napolitano
Neal
Ney
Northup
Nussle
Oberstar

Obey
Olver
Ortiz
Ose
Owens
Oxley
Packard
Pallone
Pascrell
Pastor
Payne
Pelosi
Peterson (MN)
Peterson (PA)
Phelps
Pickering
Pickett
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Quinn
Radanovich
Rahall
Rangel
Regula
Reyes
Reynolds
Rodriguez
Roemer
Rogan
Ros-Lehtinen
Rothman
Roybal-Allard
Rush
Sabo
Sanders
Sandlin
Sawyer
Saxton
Schakowsky
Scott
Serrano
Sherman
Sherwood
Shows
Skeen
Skelton
Slaughter
Smith (WA)
Snyder
Spratt
Stabenow
Stark
Stenholm
Strickland
Stupak
Sweeney
Talent
Tanner
Tauscher
Tauzin
Thompson (CA)
Thompson (MS)
Thornberry
Tierney
Towns
Traficant
Turner
Udall (CO)
Udall (NM)
Upton
Velazquez
Vento
Visclosky
Walden
Walsh
Waters
Watkins
Watt (NC)
Waxman
Weiner
Weldon (PA)
Weller
Wexler
Weygand
Whitfield
Wicker
Wilson
Wise
Wolf
Woolsey
Wu
Young (FL)

NOT VOTING—8

Baldwin
Brown (CA)
Combest
McDermott
McNulty
Rivers
Thurman
Wynn

☐ 2328

Ms. PELOSI and Mr. TALENT changed their vote from ''aye'' to ''no.''

Mr. KASICH and Mr. WAMP changed their vote from ''no'' to ''aye.''

So the amendment was rejected.

The result of the vote was announced as above recorded.

AMENDMENT OFFERED BY MR. WU

The CHAIRMAN. The pending business is the demand for a recorded vote on the amendment offered by the gentleman from Oregon (Mr. WU) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will designate the amendment.

The Clerk designated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The CHAIRMAN. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 174, noes 250, not voting 10, as follows:

[Roll No. 293]

AYES—174

Abercrombie
Ackerman
Allen
Andrews
Barrett (WI)
Becerra
Berkley
Berman
Blagojevich
Blumenauer
Bonior
Borski
Boucher
Brown (FL)
Brown (OH)
Campbell
Capps
Capuano
Cardin
Carson
Castle
Chabot
Clay
Clyburn
Conyers
Costello
Coyne
Crowley
Cummings
Davis (IL)
DeGette
Delahunt
DeLauro
Deutsch
Dingell
Dixon
Doggett
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foley
Forbes
Ford
Fossella
Frank (MA)
Franks (NJ)
Gejdenson
Gephardt
Gilman
Gonzalez
Gordon
Green (TX)
Gutierrez
Hall (OH)
Hastings (FL)
Hill (IN)
Hinchey
Hoeffel
Holt
Hooley
Horn
Hulshof
Inslee
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson, E. B.
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
Kleczka
Kucinich
LaFalce
Lampson
Lantos
Larson
Lazio
Leach
Lee
Levin
Lewis (GA)
Lipinski
LoBiondo
Lofgren
Lowey
Luther
Maloney (CT)
Maloney (NY)
Markey
Martinez
Matsui
McCarthy (MO)
McCarthy (NY)
McGovern
McKinney
Meehan
Meek (FL)
Meeks (NY)
Menendez
Millender-McDonald
Miller, George
Mink
Moakley
Moore
Moran (VA)
Morella
Nadler
Napolitano
Neal
Olver
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Phelps
Pomeroy
Porter
Portman
Price (NC)
Rahall
Ramstad
Rangel
Reyes
Rodriguez
Roemer
Rothman
Roybal-Allard
Rush
Ryan (WI)
Sabo
Sanchez
Sanders
Sawyer
Saxton
Scarborough
Schakowsky
Scott
Serrano
Shays
Sherman
Slaughter
Smith (NJ)
Smith (WA)
Snyder
Spratt
Stabenow
Stark
Tauscher
Tierney
Towns
Udall (CO)
Udall (NM)
Velazquez
Vento
Walsh
Waters
Watt (NC)
Waxman
Weiner
Wexler
Weygand
Woolsey
Wu

NOES—250

Aderholt
Archer
Armey
Bachus
Baird
Baker
Baldacci
Ballenger
Barcia
Barr
Barrett (NE)
Bartlett
Barton
Bass
Bateman
Bentsen
Berry
Biggert
Bilbray
Bilirakis
Bishop
Bliley
Blunt
Boehlert
Boehner
Bonilla
Bono
Boswell
Boyd
Brady (PA)
Brady (TX)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Canady
Cannon
Chambliss
Chenoweth
Clayton
Clement
Coble
Coburn
Collins
Condit
Cook
Cooksey
Cox
Cramer
Crane
Cubin
Cunningham
Danner
Davis (VA)
Deal
DeFazio
DeLay
DeMint
Diaz-Balart
Dickey
Dicks
Dooley
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Ehrlich
Emerson
English
Evans
Everett
Ewing
Fletcher
Fowler
Frelinghuysen
Frost
Gallegly
Ganske
Gekas
Gibbons
Gilchrest
Gillmor
Goode
Goodlatte
Goodling
Goss
Graham
Granger
Green (WI)
Greenwood
Gutknecht
Hall (TX)
Hansen
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (MT)
Hilleary
Hilliard
Hinojosa
Hobson
Hoekstra
Holden
Hostettler
Houghton
Hoyer
Hunter
Hutchinson
Hyde
Isakson
Istook
Jenkins
John
Johnson (CT)
Johnson, Sam
Kasich
King (NY)
Kingston
Klink
Knollenberg
Kolbe
Kuykendall
LaHood
Largent
Latham
LaTourette
Lewis (CA)
Lewis (KY)
Linder
Lucas (KY)
Lucas (OK)
Manzullo
Mascara
McCollum
McCrery
McHugh
McInnis
McIntosh
McIntyre
McKeon
Metcalf
Mica
Miller (FL)
Miller, Gary
Minge
Mollohan
Moran (KS)
Murtha
Myrick
Nethercutt
Ney
Northup
Norwood
Nussle
Oberstar
Obey
Ortiz
Ose
Oxley
Packard
Paul
Pease
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pickett
Pitts
Pombo
Pryce (OH)
Quinn
Radanovich
Regula
Reynolds
Riley
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Roukema
Royce
Ryun (KS)
Salmon
Sandlin
Sanford
Schaffer
Sensenbrenner
Sessions
Shadegg
Shaw
Sherwood
Shimkus
Shows
Shuster
Simpson
Sisisky
Skeen
Skelton
Smith (MI)
Smith (TX)
Souder
Spence
Stearns
Stenholm
Strickland
Stump
Stupak
Sununu
Sweeney
Talent
Tancredo
Tanner
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Thune
Tiahrt
Toomey
Traficant
Turner
Upton
Visclosky
Vitter
Walden
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson
Wise
Wolf
Young (AK)
Young (FL)

NOT VOTING—10

Baldwin
Bereuter
Brown (CA)
Combest
Davis (FL)
McDermott
McNulty
Rivers
Thurman
Wynn

☐ 2335

So the amendment was rejected.

The result of the vote was announced as above recorded.

Ms. ROYBAL-ALLARD. Mr. Chairman, I want to speak briefly about a small but important provision in the Interior Appropriations Bill having to do with breast-feeding.

When the Appropriations Committee marked up the bill on July 1, I offered an amendment which was supported by Chairman RALPH REGULA and Ranking Democrat NORM DICKS, and I appreciate their support as well as the broad support given by the full committee. The amendment was added as a general provision to the bill, and it was approved unanimously.

I would like to highlight the importance of my amendment by sharing several stories, some of which may appear on the surface to be humorous but some of which I assure you illustrate a very serious issue: the issue of breast-feeding.

My first quote is from a story that was recently related to me:

''My friend and I were visiting the Holocaust Museum. I began nursing my son in the back corner of the bookstore. I was harassed by the bookstore clerk and 4 security guards before being allowed to leave.''

In another incident, while visiting the National Museum of Natural History, a guard instructed a Maryland woman who was breast-feeding her child to leave because, and I quote: ''no food or drink is allowed in the museum.'' It is important to note that a mother who was nearby feeding a child with a bottle was undisturbed.

In yet another incident, a mother wrote about a confrontation at the National Gallery of Art.

''I was recently asked to leave the Sargent exhibit for breast-feeding my baby. The guard stated that I was ruining the gallery experience of other patrons—some of whom were viewing a portrait directly opposite me of the Madonna and child—breast feeding.''

Sadly, such incidences even happen in my own state of California.

For example, a park ranger asked a woman visiting Yosemite National Park to stop nursing her child. It was only after the woman and her husband—who happened to be pediatrician—objected, that the ranger backed down.

Although these are just anecdotes, I think they are indicative of a disturbing pattern—nursing mothers with their families on an outing to our parks and museums can't feed their hungry babies.

The undeniable fact of life, however, is that hungry babies demand to be fed no matter where they are.

Unfortunately, we don't know the full extent of the problem because most mothers when confronted, are publicly humiliated and quietly leave without protesting.

However, our national parks and Washington-based museums and cultural attractions—which epitomize family-centered activities—should lead the way in promoting and defending the practice of breast-feeding.

This important provision in the bill simply allows a woman to breast-feed her baby in a national park or a museum, if they are otherwise permitted to be there.

Breast-feeding is a very natural and healthful activity, one of the best things that a mother can do to give her child a healthy start in life.

We know that the benefits are not just confined to infancy—breast-fed babies are healthier, they have fewer allergies, and they have higher IQs.

We know that breast-feeding is also good for mothers because it provides maternal protection against breast cancer and osteoporosis.

I was frankly overwhelmed by the number of colleagues who came to me after my amendment was adopted to express support for protecting breast-feeding.

In fact, based on the feedback we have received for this amendment, I believe this provision has much wider applicability, and I also support legislation introduced by our colleague, CAROLYN MALONEY, to extend this protection for breast-feeding nationwide as 13 states have already done.

In the meantime, we should certainly be supporting family-friendly parks and museums, and I am grateful for the wide support that has permitted it to become part of this bill. I ask that Chairman REGULA and Mr. DICKS try to retain this important provision during conference negotiations with the Senate. It sends a strong signal in support of American families across the Nation, and I believe it is something the House can take enormous pride in.

Mr. POMEROY. Mr. Chairman, I rise today in reluctant opposition to the Sanders Amendment which provides increased funding for the low-income weatherization program.

I have always been a strong supporter of the weatherization program. This program is highly successful in providing critical funding to improve the energy efficiency of homes for low-income households. In my home state of North Dakota which confronts bitterly cold winters every year, the program provides assistance to an average 1,200 households annually. This investment saves a household nearly $200 in annual energy costs, yielding $2.40 in energy, health and safety benefits for every federal dollar invested. In the environment of utility deregulation and welfare reform, I believe that the funding commitment of the federal government to this program must reflect our commitment to energy efficiency and self-sufficiency for low income families, and this can only be done through continued strong funding.

Unfortunately, the amendment before us today, while providing important funding for the weatherization program, cuts funding for the Strategic Petroleum Reserve at a time when we are facing a severely depressed worldwide oil market. To help alleviate the crisis in the oil industry we have used this funding to purchase oil and place it in the strategic reserve. At this time, we cannot cut back on our efforts to assist this industry by cutting funding for the Strategic Petroleum Reserve. The Sanders amendment presents us with a false choice between making an investment to place more oil in the strategic reserve which will aid a depressed industry and funding a program which will provide critical weatherization assistance to low income families. This should not be the trade off.

Ms. MCCARTHY of Missouri. Mr. Chairman, I rise today to express my concern over provisions in H.R. 2466, the Interior Appropriations bill for fiscal year 2000, which limit resources to develop clean technologies essential to achieving economic growth and to reducing greenhouse gas emissions. Consensus exists in the scientific community that global warming is a problem that we must address now. As the world's economic leader, we have the ability and the responsibility to improve the environment and foster economic activity. Technology research and development will put the United States at the forefront of this emerging market and allow our nation to benefit from the global market for energy technologies.

This measure is 15% below the Administration's budget request for energy conservation programs. The energy conservation program of the Department of Energy funds cooperative research and development projects aimed at sustaining economic growth through more efficient energy use. An inadequate appropriation could actually cost more money in the long run through lost efficiency. Activities financed through this program focus on markedly improving existing technologies as well as developing new technologies, which ultimately will displace some of our reliance on traditional fossil fuels.

Mr. Chairman, the world is waiting for the U.S. Congress to act on global climate change. Our country is the world's largest contributor to the problem; we have the greatest resources to help solve it, yet we retreat from the task. The bill is but another symbol of our failure to recognize that we have a global responsibility to help bring the nations of the world back from the brink of a massive alteration of our planet's climate system. Here we have another chance to help turn this problem from an enormous environmental and economic risk into a chance for U.S. industry to lead the world in what will be the energy technologies of the 21st century.

Mr. MARKEY. Mr. Chairman, I rise in support of this amendment. The Weatherization Assistance Program serves a dual purpose. It provides health and economic benefits to the poor, by assisting in keeping low-income homes warm. And it improves the environment by reducing energy loss from those homes. The program achieves these benefits in an efficient and effective manner in cooperation with local groups experienced in on-the-ground work. Funding from the Weathernization Assistance Program is used to leverage other federal and non-federal funds to weatherize roughly 200,000 homes each year. This work is especially important in Massachusetts and other states that face harsh winters; last year $3.8 million went to assist low-income homes in Massachusetts. The amendment sponsored by Mr. SANDERS would provide an additional $13 million to this program, which would only restore it to last year's funding level. I strongly support restoring the funding for this excellent program.

I do, however, regret that the sponsors of this amendment have chosen to take the money from the Strategic Petroleum Reserve. The Strategic Petroleum Reserve is intended to serve the same consumers by ensuring a steady supply of oil in a crisis. Particularly for many low-income residents in the Northeast, adequate and reasonably priced oil supplies are crucial both for transportation and for winter heating. In recent years some of the petroleum reserve has been sold off for budgetary reasons. It is very important to fund the reserve adequately, and I hope that if this amendment passes, members will seek more appropriate offsets in conference.

Despite this reservation, I strongly support this amendment and urge my colleagues to vote for it.

Mr. STEARNS. Mr. Chairman, I commend Chairman REGULA for the wonderful job that he has done in bringing this bill before us on the floor. Preparing an appropriation bills is a difficult task. I appreciate the work that has been done by each of the committee members and the committee staff. Today I have the opportunity to share with my colleagues information about one of America's most important historical incidents, but often forgotten.

I will be withdrawing my amendment in hopes of working with Chairman REGULA in conference to ensure that this land be studied to ensure its preservation in the future.

I rise to offer the Fort King amendment to HR 2466. This amendment is of historical importance not only to Ocala, Florida, home to Fort King, but to the whole nation. This Fort played a direct role in the founding of Florida as a state.

If you have travelled through Florida in the last ten years, it would be hard for you to imagine that the first settlers deemed most of Florida's interior as inaccessible. It is on this land that a little more than a hundred years ago a battle raged.

Beneath the tropical landscape of palm trees and flowers lie the weapons of a forgotten war and the bones of forgotten men. Where broad highways now wrap the state with concrete, tenuous trails were once flattened by Indians' moccasins and soldiers' boots. The dark river waters that now sustain pleasure boats have known far longer the dugout of the Seminole and the log raft of the trooper. In parks where tourists now scatter trash, valiant men once fought and died.

The Florida War was ''the longest, costliest and bloodiest Indian war in United States history'' spanning almost seven years and costing the government thirty million dollars. Before the end more then fifteen hundred soldiers were dead and all but three hundred of the surviving Indians traveled the Trail of Tears to far Oklahoma.

This was a significant incident in our nation's history. On December 28, 1835, Fort King was the site of an outbreak of hostilities between the United States Government and the Seminole Indians. The Seminoles, were led in this attack by Chief Osceola. This attack began the Second Seminole War, which laster longer than any other United States armed conflict, except for the Vietnam War.

Fort King and the surrounding area contain artifacts used in the attack and in the life of the Seminole Indians. This bill would help preserve Seminole history in Florida.

This study would identify a means of preserving and developing Fort King. Preserving our past for our children and grandchildren is imperative. Fort King is a historical gem that should be accessible to all.

I withdraw my amendment and look forward to working with the chairman in ensuring the success of this project.

Mr. HAYWORTH. Mr. Chairman, today I rise to express my opposition to language included in H.R. 2466, the fiscal year (FY) 2000 Interior Appropriations bill that would mandate a ''pro-rata proportionate'' distribution of contract support cost funding for Indian Health Service (IHS) programs administered by tribes and tribal organizations.

I commend Chairman REGULA's inclusion of an additional $35 million over FY 1999 funding for contract support cost funding, for a total of $238.8 million. The increase includes an additional $30 million for existing contracts and $5 million for new and expanded contracts. These additional funds are crucial to meet the federal government's legal obligation to help tribes carry out the management of tribal health care programs.

However, I oppose the legislative provisions within H.R. 2466 that purports to ''fix'' the contract support cost funding backlog by requiring a pro-rata distribution of contract support cost funding for all self-determination contracts and self-governance compacts. This language is inconsistent with an agreement reached on this issue among affected Members of Congress during debate of the FY 1999 Interior Appropriations bill.

Abruptly imposing such a pro-rata system will disrupt on-going, viable tribally operated health care systems. This system disproportionately punishes those tribes with the longest history of providing their own health services and breaks a government commitment to these tribes. This issue is too important and complex to be adequately addressed without full review by the Resources Committee, the committee of jurisdiction.

In addition, the massive redistribution of these funds would cause severe hardships in many of the health care programs serving Native Americans across the United States, a population that already is at the bottom of every health care indicator in the United States.

To date, the Resources Committee has taken many constructive steps in an open process to develop a solution. The Resources Committee held its first hearing on February 24, 1999, at which the committee heard from both government and tribal representatives. The Resources Committee is reviewing a report recently released by the General Accounting Office (GAO) on contract support cost funding and how to ensure more consistency in payments. In addition, the committee is working with the Administration to develop recommendations on contract support cost funding that are fair and within budget. I look forward to participating in a second hearing that is scheduled for August 3, 1999, to discuss both sets of recommendations.

I strongly oppose the pro-rata language in the FY 2000 Interior Appropriations bill. I pledge to continue working with the Resources Committee, tribal organizations, and the Administration, to develop a thoughtful and participatory long-term solution to the contract support cost issue.

Mr. SENSENBRENNER. Mr. Chairman, H.R. 2466, the Department of Interior and Related Agencies Appropriations Act for Fiscal Year 2000 includes funding for the Department of Energy's (DOE's) Clean Coal Technology, Fossil Energy and the Energy Conservation Research and Development programs.

The bill represents the hard work of Mr. REGULA and the members of the subcommittee and reflects Republican commitment to the balanced budget discretionary caps that were agreed to in 1997. Abiding by these caps meant that hard decisions had to be made on a wide variety of issues including those related to research and development at the Department of Energy. While breaking the caps and simply spending more of the taxpayer-earned surplus is the easy thing to do, Mr. REGULA has chosen the right thing to do and reined-in spending.

The Science Committee has responsibility for setting authorization levels for funding research at the Department of Energy. The committee has passed two authorization bills which address Department of Energy funding needs, they are: H.R. 1655, the Department of Energy Research, Development, and Demonstration Authorization Act of 1999 and H.R. 1656, the Department of Energy Commercial Application of Energy Technology Authorization Act of 1999. H.R. 2466 appropriates $524,822,000 for energy conservation programs, H.R. 1655 and H.R. 1656 provide a combined $542,375,000 for similar programs. Furthermore, H.R. 1655 and H.R. 1656 provide $366 million for fossil energy research and development while H.R. 2466 provides $335,292,000 for similar accounts. While H.R. 2466 does not fully fund these accounts to their authorized levels, it is a reasonable attempt to fund R&D in a tight fiscal framework.

In addition, much of the R&D included in H.R. 2466 has a profound impact on climate research. While the administration jumped on the Kyoto bandwagon, I think a more science-based assessment of our climate and energy resources is necessary before we use taxpayers money to support a flawed policy approach.

I have spent a great deal of time analyzing the Kyoto Protocol, the U.N. treaty that mandates the U.S. to cut our greenhouse gas emissions by 7 percent below 1990 levels by 2008–2012.

In 1997, the Science Committee's Subcommittee on Energy and Environment held a series of three ''Countdown to Kyoto'' hearings on the science and economics of climate change. In December 1997, I led the bipartisan congressional delegation at the Kyoto climate change negotiations. Upon my return, I chaired three Science Committee hearings on the outcome and implications of the climate change negotiations. Most recently I attended the latest round of negotiations at Buenos Aires this past November. In the midst of the Buenos Aires negotiations, the Administration signed the Protocol without fanfare. This fact alone should raise our suspicions, giving this administration's willingness to take credit for, well, just about everything. Through all of these experiences, it's become clear to me that Vice President GORE is determined to implement this flawed protocol.

Last October, the administration's own Energy Information Administration found the Kyoto Protocol would have significant negative impacts on the U.S. economy, including increased annual energy costs for the average household of $335 to $1,740; electricity price increases of 20 to 86 percent; gasoline price increases of 14 to 66 cents per gallon; fuel oil price increases of 14 to 76 percent; natural gas price increases of 25 to 147 percent; and actual GDP declines of $60 to $397 billion. In addition, EIA estimates a decline in coal use of 20 to 80 percent, and an average coal price increase by 154 to 866 percent, with additional coal mining job losses of 10,000 to 43,000. This approach is unacceptable.

H.R. 2466 addresses this issue through its inclusion of language, known as the Knollenberg amendment, that prohibits any funds from being used to implement the Kyoto Protocol. This language is consistent with language from Representative ZOE LOFGREN'S amendment that was adopted by the Committee on Science as part of H.R. 1742, the Environmental Protection Agency Office of Research and Development Act of 1999, on May 25, 1999. Mr. KNOLLENBERG's language assures taxpayers that Senate ratification must precede actions to implement the Kyoto Protocol. Given the glaring problems with this unfunded, unsigned, and unratified protocol, such a limitation is proper and necessary and I commend the Appropriations Committee for including it in H.R. 2466.

The CHAIRMAN. Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. LAHOOD) having assumed the chair, Mr. LATOURETTE, Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 2466) making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2000, and for other purposes, pursuant to House Resolution 243, he reported the bill back to the House with sundry amendments

adopted by the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any amendment?

Mr. GOODLING. Mr. Speaker, since Gettysburg is in my district, I demand a separate vote on the Klink amendment.

The SPEAKER pro tempore. Is a separate vote demanded on any other amendment? If not, the Chair will put them en gros.

Mr. LAFALCE. Mr. Chairman, I ask unanimous consent that the vote on the Klink amendment, the vote on the motion to recommit, and the vote on final passage all be confined to 5 minutes apiece.

The SPEAKER pro tempore. Without objection, the Chair will advise all Members that the first vote on the Klink amendment if ordered will be 15 minutes, followed by 5-minute votes on recommittal and passage.

There was no objection.

The SPEAKER pro tempore. The question is on the remaining amendments en gros.

The amendments were agreed to.

The SPEAKER pro tempore. The Clerk will report the amendment on which a separate vote has been demanded.

The Clerk read as follows:

Amendment:

At the end of the bill, insert the following:

SEC. 332. No funds made available under this Act may be used to implement alternatives B, C, or D identified in the Final Management Plan and Environmental Impact Statement for Gettysburg National Military Park dated June 1999.

The SPEAKER pro tempore. The question is on the amendment.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

RECORDED VOTE

Mr. DICKS. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 220, noes 206, not voting 9, as follows:

[Roll No. 294]

AYES—220

Abercrombie	Brady (PA)	DeFazio
Ackerman	Brown (FL)	DeGette
Allen	Brown (OH)	Delahunt
Andrews	Capps	DeLauro
Baird	Capuano	Deutsch
Baldacci	Cardin	Dicks
Barcia	Carson	Dingell
Barrett (WI)	Chabot	Dixon
Becerra	Clay	Doggett
Bentsen	Clayton	Dooley
Berkley	Clement	Doyle
Berman	Clyburn	Duncan
Berry	Condit	Edwards
Bilbray	Conyers	Engel
Bishop	Cook	Eshoo
Blagojevich	Costello	Etheridge
Blumenauer	Coyne	Evans
Boehlert	Cramer	Farr
Bonior	Crowley	Fattah
Borski	Cummings	Filner
Boswell	Danner	Forbes
Boucher	Davis (FL)	Ford
Boyd	Davis (IL)	Frank (MA)
Frost	Lofgren	Reyes
Gejdenson	Lowey	Rodriguez
Gephardt	Lucas (KY)	Roemer
Gonzalez	Luther	Rothman
Goode	Maloney (CT)	Roybal-Allard
Gordon	Maloney (NY)	Rush
Green (TX)	Markey	Sabo
Gutierrez	Martinez	Sanchez
Hall (OH)	Mascara	Sanders
Hall (TX)	Matsui	Sandlin
Hansen	McCarthy (MO)	Sawyer
Hastings (FL)	McCarthy (NY)	Schakowsky
Hefley	McGovern	Scott
Hill (IN)	McIntyre	Serrano
Hilliard	McKinney	Sherman
Hinchey	Meehan	Shows
Hinojosa	Meek (FL)	Shuster
Hoeffel	Meeks (NY)	Sisisky
Holden	Menendez	Skelton
Holt	Mica	Slaughter
Hooley	Millender-McDonald	Smith (NJ)
Horn	Miller, George	Smith (WA)
Hoyer	Minge	Spratt
Inslee	Mink	Stabenow
Jackson (IL)	Moakley	Stark
Jackson-Lee (TX)	Mollohan	Stenholm
Jefferson	Moore	Strickland
John	Moran (VA)	Stupak
Johnson, E. B.	Murtha	Tanner
Jones (NC)	Nadler	Tauscher
Jones (OH)	Napolitano	Taylor (MS)
Kanjorski	Neal	Thompson (CA)
Kaptur	Oberstar	Thompson (MS)
Kelly	Obey	Tierney
Kennedy	Olver	Towns
Kildee	Ortiz	Traficant
Kilpatrick	Owens	Turner
Kind (WI)	Pallone	Udall (CO)
Kleczka	Pascrell	Udall (NM)
Klink	Pastor	Velazquez
Kucinich	Payne	Vento
LaFalce	Pelosi	Visclosky
Lampson	Peterson (MN)	Waters
Lantos	Petri	Watt (NC)
Larson	Phelps	Waxman
LaTourette	Pickett	Weiner
Lee	Pomeroy	Wexler
Levin	Price (NC)	Weygand
Lewis (GA)	Rahall	Wise
Lipinski	Rangel	Woolsey
		Wu

NOES—206

Aderholt	Diaz-Balart	Hyde
Archer	Dickey	Isakson
Armey	Doolittle	Istook
Bachus	Dreier	Jenkins
Baker	Dunn	Johnson (CT)
Ballenger	Ehlers	Johnson, Sam
Barr	Ehrlich	Kasich
Barrett (NE)	Emerson	King (NY)
Bartlett	English	Kingston
Barton	Everett	Knollenberg
Bass	Ewing	Kolbe
Bateman	Fletcher	Kuykendall
Bereuter	Foley	LaHood
Biggert	Fossella	Largent
Bilirakis	Fowler	Latham
Bliley	Franks (NJ)	Lazio
Blunt	Frelinghuysen	Leach
Boehner	Gallegly	Lewis (CA)
Bonilla	Ganske	Lewis (KY)
Bono	Gekas	Linder
Brady (TX)	Gibbons	LoBiondo
Bryant	Gilchrest	Lucas (OK)
Burr	Gillmor	Manzullo
Burton	Gilman	McCollum
Buyer	Goodlatte	McCrery
Callahan	Goodling	McHugh
Calvert	Goss	McInnis
Camp	Graham	McIntosh
Campbell	Granger	McKeon
Canady	Green (WI)	Metcalf
Cannon	Greenwood	Miller (FL)
Castle	Gutknecht	Miller, Gary
Chambliss	Hastert	Moran (KS)
Chenoweth	Hastings (WA)	Morella
Coble	Hayes	Myrick
Coburn	Hayworth	Nethercutt
Collins	Herger	Ney
Cooksey	Hill (MT)	Northup
Cox	Hilleary	Norwood
Crane	Hobson	Nussle
Cubin	Hoekstra	Ose
Cunningham	Hostettler	Oxley
Davis (VA)	Houghton	Packard
Deal	Hulshof	Pease
DeLay	Hunter	Peterson (PA)
DeMint	Hutchinson	Pickering
Pitts	Schaffer	Terry
Pombo	Sensenbrenner	Thomas
Porter	Sessions	Thornberry
Portman	Shadegg	Thune
Pryce (OH)	Shaw	Tiahrt
Quinn	Shays	Toomey
Radanovich	Sherwood	Upton
Ramstad	Shimkus	Vitter
Regula	Simpson	Walden
Reynolds	Skeen	Walsh
Riley	Smith (MI)	Wamp
Rogan	Smith (TX)	Watkins
Rogers	Snyder	Watts (OK)
Rohrabacher	Souder	Weldon (FL)
Ros-Lehtinen	Spence	Weldon (PA)
Roukema	Stearns	Weller
Royce	Stump	Whitfield
Ryan (WI)	Sununu	Wicker
Ryun (KS)	Sweeney	Wilson
Salmon	Talent	Wolf
Sanford	Tancredo	Young (AK)
Saxton	Tauzin	Young (FL)
Scarborough	Taylor (NC)	

NOT VOTING—9

Baldwin	McDermott	Rivers
Brown (CA)	McNulty	Thurman
Combest	Paul	Wynn

☐ 2356

So the amendment was agreed to.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore (Mr. LAHOOD). The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT OFFERED BY MR. OBEY

Mr. OBEY. Mr. Speaker, I offer a motion to recommit.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. OBEY. In its present form I am, Mr. Speaker.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. OBEY moves that the bill, H.R. 2466 be recommitted to the Committee on Appropriations with instructions to report back forthwith with an amendment as follows:

On page 6, line 13, after ''$20,000,000'' insert: ''(increased by $28,000,000)''

On page 13, line 23, after ''$42,000,000'' insert: ''(increased by $27,000,000)''

On page 17, line 13, after ''$45,449,000'' insert: ''(increased by $4,000,000)''

On page 19, line 16, after ''$102,000,000'' insert: ''(increased by $28,000,000)''

On page 71, line 19, after ''$159,000,000'' insert: ''(increased by $13,000,000)''

On page 87, line 19, after ''$83,500,000'' insert: ''(increased by $10,000,000)''

On page 88, line 18, after ''$96,800,000'' insert: ''(increased by $10,000,000)''

Mr. OBEY (during the reading). Mr. Speaker, I ask unanimous consent that the motion to recommit be considered as read and printed in the RECORD.

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

There was no objection.

The SPEAKER pro tempore. The gentleman from Wisconsin (Mr. OBEY) is recognized for 5 minutes.

Mr. OBEY. Mr. Speaker, I would simply ask every Member how many times have you told your constituents that you are for a program but you just cannot help them because we do not have the resources? How many times have you told your constituents you want to

protect national parks, you want to protect wildlife refuges but you simply do not have room in the budget?

□ 0000

Well, tonight we have unusual circumstances. Tonight Members can do something about it.

With the passage of the Young amendment, there is now room in this bill to do the following. We can restore $87 million to the President's budget for the Land Legacy Program to protect our national parks, to protect our wildlife refuges, to protect our precious natural resources.

Members can restore $13 million to the Strategic Petroleum Reserve, which was cut earlier in debate on this bill, and still keep the Sanders amendment on weatherization.

Members can restore $20 million to the President's budget for the National Endowment for the Arts and Humanities.

Those who went down to the rally 2 weeks ago when the Denver Broncos were in town and told everybody that they are for urban parks programs, they can vote to put their vote where their rhetoric was 2 weeks ago and vote to put $4 million into the urban parks initiative.

Members can do all of that and still stay below the 302(b) allocation, still stay below the budget, and still bring this bill in below last year's spending.

We have a lot of talk around this town about legacies. I think it is important to remember one that is not often talked about. For every child born in this country, that child's share of our precious national assets, like national parks and wildlife refuges and all the rest, is the dollar equivalent to about $17,000 per child.

That legacy is worth investing in. That legacy is worth protecting and cherishing and nourishing. Members can do that tonight by voting for this motion to recommit.

This motion to recommit will not kill the bill, it will mean the bill will be reported back to the House forthwith, with these fix-up items. It will mean that it will make this bill just a little bit better than it is, and it will mean that it can be passed by the House on a bipartisan basis. I urge a yes vote on the motion.

The SPEAKER pro tempore (Mr. LAHOOD). Is the gentleman from Florida (Mr. YOUNG) opposed to the motion to recommit?

Mr. YOUNG of Florida. The gentleman from Florida is opposed to the motion, Mr. Speaker.

The SPEAKER pro tempore. The gentleman from Florida (Mr. YOUNG) is recognized for 5 minutes.

Mr. YOUNG of Florida. Mr. Speaker, when the House earlier this evening overwhelmingly adopted the Young amendment, it did so with the intent of reducing the overall amount appropriated in this bill. That was the intent. That is why the amendment was offered.

This motion to recommit will undo the good work that the House did earlier this evening, so I would ask my colleagues to stick with their original vote when they overwhelmingly voted for the Young amendment. Defeat this motion to recommit the bill. Let us get on to final passage and try to get home sometime this morning.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

RECORDED VOTE

Mr. OBEY. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 187, noes 239, not voting 9, as follows:

[Roll No. 295]

AYES—187

Abercrombie	Gephardt	Minge
Ackerman	Gonzalez	Mink
Allen	Green (TX)	Moakley
Andrews	Gutierrez	Mollohan
Baird	Hall (OH)	Moore
Baldacci	Hastings (FL)	Moran (VA)
Barcia	Hill (IN)	Morella
Barrett (WI)	Hilliard	Murtha
Becerra	Hinchey	Nadler
Bentsen	Hinojosa	Napolitano
Berkley	Hoeffel	Neal
Berman	Holden	Oberstar
Blagojevich	Holt	Obey
Blumenauer	Hooley	Olver
Bonior	Hoyer	Ortiz
Borski	Inslee	Owens
Boswell	Jackson (IL)	Pallone
Boucher	Jackson-Lee (TX)	Pascrell
Boyd	Jefferson	Pastor
Brady (PA)	John	Payne
Brown (FL)	Johnson (CT)	Pelosi
Brown (OH)	Johnson, E. B.	Pomeroy
Capps	Jones (OH)	Price (NC)
Capuano	Kanjorski	Rahall
Cardin	Kaptur	Rangel
Carson	Kennedy	Reyes
Clay	Kildee	Rodriguez
Clayton	Kilpatrick	Rothman
Clement	Kind (WI)	Roybal-Allard
Clyburn	Kleczka	Rush
Conyers	Klink	Sabo
Costello	Kucinich	Sanchez
Coyne	LaFalce	Sanders
Crowley	Lampson	Sandlin
Cummings	Lantos	Sawyer
Danner	Larson	Schakowsky
Davis (FL)	Lee	Scott
Davis (IL)	Levin	Serrano
DeFazio	Lewis (GA)	Sherman
DeGette	Lipinski	Slaughter
Delahunt	Lofgren	Smith (WA)
DeLauro	Lowey	Snyder
Deutsch	Luther	Spratt
Dicks	Maloney (CT)	Stabenow
Dingell	Maloney (NY)	Stark
Dixon	Markey	Strickland
Doggett	Martinez	Stupak
Dooley	Mascara	Tauscher
Doyle	Matsui	Thompson (CA)
Edwards	McCarthy (MO)	Thompson (MS)
Engel	McCarthy (NY)	Tierney
Eshoo	McGovern	Towns
Etheridge	McKinney	Turner
Evans	Meehan	Udall (CO)
Farr	Meek (FL)	Udall (NM)
Fattah	Meeks (NY)	Velazquez
Filner	Menendez	Vento
Ford	Millender-McDonald	Visclosky
Frank (MA)	Miller, George	Waters
Frost	Nadler	Watt (NC)
Gejdenson	Oberstar	Waxman
Weiner	Weygand	Woolsey
Wexler	Wise	Wu

NOES—239

Aderholt	Goode	Pickering
Archer	Goodlatte	Pickett
Armey	Goodling	Pitts
Bachus	Gordon	Pombo
Baker	Goss	Porter
Ballenger	Graham	Portman
Barr	Granger	Pryce (OH)
Barrett (NE)	Green (WI)	Quinn
Bartlett	Greenwood	Radanovich
Barton	Gutknecht	Ramstad
Bass	Hall (TX)	Regula
Bateman	Hansen	Reynolds
Bereuter	Hastert	Riley
Berry	Hastings (WA)	Roemer
Biggert	Hayes	Rogan
Bilbray	Hayworth	Rogers
Bilirakis	Hefley	Rohrabacher
Bishop	Herger	Ros-Lehtinen
Bliley	Hill (MT)	Roukema
Blunt	Hilleary	Royce
Boehlert	Hobson	Ryan (WI)
Boehner	Hoekstra	Ryun (KS)
Bonilla	Horn	Salmon
Bono	Hostettler	Sanford
Brady (TX)	Houghton	Saxton
Bryant	Hulshof	Scarborough
Burr	Hunter	Schaffer
Burton	Hutchinson	Sensenbrenner
Buyer	Hyde	Sessions
Callahan	Isakson	Shadegg
Calvert	Istook	Shaw
Camp	Jenkins	Shays
Campbell	Johnson, Sam	Sherwood
Canady	Jones (NC)	Shimkus
Cannon	Kasich	Shows
Castle	Kelly	Shuster
Chabot	King (NY)	Simpson
Chambliss	Kingston	Sisisky
Chenoweth	Knollenberg	Skeen
Coble	Kolbe	Skelton
Coburn	Kuykendall	Smith (MI)
Collins	LaHood	Smith (NJ)
Condit	Largent	Smith (TX)
Cook	Latham	Souder
Cooksey	LaTourette	Spence
Cox	Lazio	Stearns
Cramer	Leach	Stenholm
Crane	Lewis (CA)	Stump
Cubin	Lewis (KY)	Sununu
Cunningham	Linder	Sweeney
Davis (VA)	LoBiondo	Talent
Deal	Lucas (KY)	Tancredo
DeLay	Lucas (OK)	Tanner
DeMint	Manzullo	Tauzin
Diaz-Balart	McCollum	Taylor (MS)
Dickey	McCrery	Taylor (NC)
Doolittle	McHugh	Terry
Dreier	McInnis	Thomas
Duncan	McIntosh	Thornberry
Dunn	McIntyre	Thune
Ehlers	McKeon	Tiahrt
Ehrlich	Metcalf	Toomey
Emerson	Mica	Traficant
English	Miller (FL)	Upton
Everett	Miller, Gary	Vitter
Ewing	Moran (KS)	Walden
Fletcher	Myrick	Walsh
Foley	Nethercutt	Wamp
Forbes	Ney	Watkins
Fossella	Northup	Watts (OK)
Fowler	Norwood	Weldon (FL)
Franks (NJ)	Nussle	Weldon (PA)
Frelinghuysen	Ose	Weller
Gallegly	Oxley	Whitfield
Ganske	Packard	Wicker
Gekas	Paul	Wilson
Gibbons	Pease	Wolf
Gilchrest	Peterson (PA)	Young (AK)
Gillmor	Petri	Young (FL)
Gilman	Phelps	

NOT VOTING—9

Baldwin	McDermott	Rivers
Brown (CA)	McNulty	Thurman
Combest	Peterson (MN)	Wynn

□ 0009

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

Pursuant to clause 10 of rule XX, the yeas and nays are ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 377, nays 47, not voting 11, as follows:

[Roll No. 296]

YEAS—377

Abercrombie	DeLauro	Johnson (CT)
Ackerman	DeLay	Johnson, E. B.
Aderholt	DeMint	Johnson, Sam
Allen	Deutsch	Jones (NC)
Andrews	Diaz-Balart	Jones (OH)
Archer	Dickey	Kaptur
Armey	Dicks	Kasich
Bachus	Dingell	Kelly
Baird	Dixon	Kildee
Baker	Dooley	Kilpatrick
Baldacci	Doolittle	Kind (WI)
Ballenger	Doyle	King (NY)
Barcia	Dreier	Kingston
Barr	Duncan	Kleczka
Barrett (NE)	Dunn	Klink
Barrett (WI)	Edwards	Knollenberg
Bartlett	Ehlers	Kolbe
Barton	Ehrlich	Kucinich
Bass	Emerson	Kuykendall
Bateman	Engel	LaFalce
Becerra	English	LaHood
Bentsen	Eshoo	Lampson
Bereuter	Etheridge	Lantos
Berkley	Everett	Largent
Berman	Ewing	Latham
Biggert	Farr	LaTourette
Bilbray	Fletcher	Lazio
Bilirakis	Foley	Leach
Bishop	Ford	Levin
Bliley	Fossella	Lewis (CA)
Blumenauer	Fowler	Lewis (GA)
Blunt	Frank (MA)	Lewis (KY)
Boehlert	Franks (NJ)	Linder
Boehner	Frelinghuysen	Lipinski
Bonilla	Frost	LoBiondo
Bono	Gallegly	Lofgren
Borski	Ganske	Lowey
Boswell	Gekas	Lucas (KY)
Boucher	Gilchrest	Lucas (OK)
Boyd	Gillmor	Luther
Brady (PA)	Gilman	Maloney (CT)
Brady (TX)	Gonzalez	Maloney (NY)
Brown (FL)	Goode	Manzullo
Brown (OH)	Goodlatte	Martinez
Bryant	Gordon	Mascara
Burr	Goss	Matsui
Burton	Graham	McCarthy (MO)
Buyer	Granger	McCarthy (NY)
Callahan	Green (TX)	McCollum
Calvert	Green (WI)	McCrery
Camp	Greenwood	McGovern
Campbell	Gutknecht	McHugh
Canady	Hall (OH)	McInnis
Cannon	Hall (TX)	McIntosh
Capps	Hansen	McIntyre
Capuano	Hastert	McKeon
Cardin	Hastings (FL)	Meehan
Carson	Hastings (WA)	Meek (FL)
Castle	Hayes	Meeks (NY)
Chabot	Hayworth	Metcalf
Chambliss	Herger	Mica
Chenoweth	Hill (IN)	Millender-McDonald
Clay	Hill (MT)	
Clayton	Hilleary	Miller (FL)
Clement	Hilliard	Miller, Gary
Clyburn	Hinchey	Minge
Coble	Hinojosa	Mink
Coburn	Hobson	Moakley
Collins	Hoeffel	Mollohan
Condit	Hoekstra	Moore
Cook	Holt	Moran (KS)
Cooksey	Hooley	Moran (VA)
Costello	Horn	Morella
Cox	Houghton	Murtha
Coyne	Hoyer	Myrick
Cramer	Hulshof	Nadler
Crane	Hunter	Napolitano
Crowley	Hutchinson	Neal
Cubin	Hyde	Nethercutt
Cummings	Inslee	Ney
Cunningham	Isakson	Northup
Danner	Istook	Norwood
Davis (FL)	Jackson-Lee (TX)	Oberstar
Davis (VA)	Jefferson	Ortiz
Deal	Jenkins	Ose
DeFazio	John	Owens
DeGette	Johnson, Sam	Oxley
Packard	Sanders	Thomas
Pallone	Sandlin	Thompson (CA)
Pascrell	Sawyer	Thompson (MS)
Pastor	Saxton	Thornberry
Pease	Schaffer	Thune
Pelosi	Scott	Tierney
Peterson (MN)	Serrano	Toomey
Peterson (PA)	Sessions	Towns
Petri	Shadegg	Traficant
Phelps	Shaw	Turner
Pickett	Shays	Udall (CO)
Pitts	Sherman	Udall (NM)
Pombo	Sherwood	Upton
Pomeroy	Shimkus	Velazquez
Porter	Shows	Vento
Portman	Shuster	Visclosky
Price (NC)	Sisisky	Vitter
Pryce (OH)	Skeen	Walden
Quinn	Skelton	Walsh
Radanovich	Smith (MI)	Wamp
Rahall	Smith (NJ)	Waters
Ramstad	Smith (TX)	Watkins
Rangel	Smith (WA)	Watt (NC)
Regula	Snyder	Watts (OK)
Reyes	Spence	Waxman
Reynolds	Spratt	Weldon (FL)
Riley	Stabenow	Weldon (PA)
Rodriguez	Stenholm	Weller
Roemer	Strickland	Wexler
Rogan	Stump	Weygand
Rogers	Stupak	Whitfield
Ros-Lehtinen	Sununu	Wicker
Roukema	Sweeney	Wilson
Roybal-Allard	Talent	Wise
Rush	Tanner	Wolf
Ryan (WI)	Tauscher	Wu
Ryun (KS)	Tauzin	Young (AK)
Sabo	Taylor (MS)	Young (FL)
Salmon	Taylor (NC)	
Sanchez	Terry	

NAYS—47

Berry	Holden	Rothman
Blagojevich	Hostettler	Royce
Bonior	Jackson (IL)	Sanford
Conyers	Kanjorski	Scarborough
Davis (IL)	Kennedy	Schakowsky
Delahunt	Larson	Sensenbrenner
Doggett	Lee	Simpson
Evans	Markey	Slaughter
Fattah	McKinney	Souder
Filner	Menendez	Stark
Forbes	Miller, George	Stearns
Gejdenson	Obey	Tancredo
Gephardt	Olver	Tiahrt
Gibbons	Paul	Weiner
Goodling	Payne	Woolsey
Hefley	Rohrabacher	

NOT VOTING—11

Baldwin	McDermott	Rivers
Brown (CA)	McNulty	Thurman
Combest	Nussle	Wynn
Gutierrez	Pickering	

□ 0015

Mr. TANCREDO, Mr. PAYNE and Ms. SCHAKOWSKY changed their vote from ''aye'' to ''no.''

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2490, TREASURY AND GENERAL GOVERNMENT APPROPRIATIONS ACT, 2000

Mr. DIAZ-BALART, from the Committee on Rules, submitted a privileged report (Rept. No. 106–234) on the resolution (H. Res. 246) providing for consideration of the bill (H.R. 2490) making appropriations for the Treasury Department, the United States Postal Service, the Executive Office of the President, and certain Independent Agencies, for the fiscal year ending September 30, 2000, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2415, AMERICAN EMBASSY SECURITY ACT OF 1999

Mr. DIAZ-BALART, from the Committee on Rules, submitted a privileged report (Rept. No. 106–235) on the resolution (H. Res. 247) providing for consideration of the bill (H.R. 2415) to enhance security of United States missions and personnel overseas, to authorize appropriations for the Department of State for fiscal year 2000, and for other purposes, which was referred to the House Calendar and ordered to be printed.

ANNOUNCEMENT BY COMMITTEE ON RULES REGARDING AMENDMENT PROCESS FOR H.R. 1995, THE TEACHER EMPOWERMENT ACT

Mr. DIAZ-BALART. Mr. Speaker, a ''Dear Colleague'' letter will be delivered to each Member's office tomorrow notifying them of the plan of the Committee on Rules to meet the week of July 19 to grant a rule which may limit the amendment process on H.R. 1995, the ''Teacher Empowerment Act.''

Any Member who wishes to offer an amendment should submit 55 copies and a brief explanation of the amendment by noon on Monday, July 19, to the Committee on Rules in room H–312 of the Capitol. Amendments should be drafted to the text of the bill as reported by the Committee on Education and the Workforce. The bill is available at the Committee on Education and the Workforce and is expected to be available on their committee web site tomorrow morning.

Members should use the Office of Legislative Counsel to make sure that their amendments are properly drafted and should check with the Office of the Parliamentarian to be certain their amendments comply with the rules of the House.

TIMBER SALES MANAGEMENT PROGRAM

(Mr. GOODLATTE asked and was given permission to address the House for 1 minute.)

Mr. GOODLATTE. Mr. Speaker, I yield to the gentleman from South Carolina (Mr. SANFORD) for the purposes of engaging in a colloquy.

Mr. SANFORD. Mr. Speaker, I thank the gentleman from Virginia (Mr. GOODLATTE) for yielding to me. I would just like to raise with this House the fact that as the gentleman knows, it had been my intention to offer an amendment today on the Timber Sales Management Program to reduce the overall spending. To basically bring it in line with what the administration had proposed.

□ 0020

I believe it would save $23 million. But after conversations with the gentleman from Virginia (Mr. GOODLATTE) and with several on his staff, I came to the conclusion that actually that would have been counterproductive, that it may in fact have cost taxpayers money.

But I think that the problem that I was trying to address was this problem of money-losing timber sales is one that has to be addressed. I mean, it is a miracle to me that we can have basically the equivalent of $220 billion in assets, which is basically the timber on national forests, and yet still have it as a money-losing process.

So I look forward to engaging with the gentleman from Virginia and others on his subcommittee this year in looking for ways to ease the regulatory burden on the National Forest Service so that they can begin to make money, because, if not, I think that we really need to begin looking at the selling off of national forests.

Mr. GOODLATTE. Mr. Speaker, I thank the gentleman from South Carolina for his comments, for his forbearance on the amendment he was considering offering. I would say to the gentleman that I wholeheartedly agree with him that there needs to be reform of the management of our national forests, particularly with the way that timber sales are managed, because there is a tremendous amount of waste that does not occur on the vast amount of land we have in this country that is privately owned that also harvests a substantial amount of timber, in fact, far more than is taken from our Federal lands.

So there are a number of reforms that need to take place to streamline that process, to make sure that we protect the environment, but also to make sure that we follow good, sound business practices in our national forests. I look forward to working with the gentleman from South Carolina in that regard.

Mr. SANFORD. Mr. Speaker, one last point on that very front. It is amazing to me that we can have a land block the size of Texas.

COMMUNICATION FROM THE CHAIRMAN OF THE COMMITTEE ON THE BUDGET REGARDING REVISIONS TO ALLOCATION FOR THE HOUSE COMMITTEE ON APPROPRIATIONS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio, Mr. KASICH, is recognized for 5 minutes.

Mr. KASICH. Mr. Speaker, pursuant to Sec. 314 of the Congressional Budget Act, I hereby submit for printing in the CONGRESSIONAL RECORD revisions to the allocation for the House Committee on Appropriations pursuant to House Report 106–163 to reflect $144,000,000 in additional new budget authority and $146,000,000 in additional outlays for the Earned Income Tax Credit. This will increase the allocation to the House Committee on Appropriations to $538,296,000,000 in budget authority and $578,347,000,000 in outlays for fiscal year 2000.

As reported by the House Committee on Appropriations, H.R. 2490, a bill making appropriations for Treasury, Postal Service, and General Government Appropriations Bill for fiscal year 2000, includes $144,000,000 in budget authority and $146,000,000 in outlays for the Earned Income Tax Credit.

These adjustments shall apply while the legislation is under consideration and shall take effect upon final enactment of the legislation.

Questions may be directed to Art Sauer or Jim Bates.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. MCNULTY (at the request of Mr. GEPHARDT) for after 11:00 a.m. today and for the balance of the week on account of illness in the family.

Ms. BALDWIN (at the request of Mr. GEPHARDT) for today and the balance of the week on account of illness in the family.

Mrs. THURMAN (at the request of Mr. GEPHARDT) for today and the balance of the week on account of illness in the family.

Mr. WYNN (at the request of Mr. GEPHARDT) for today on account of a family emergency.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. SANFORD) to revise and extend their remarks and include extraneous material:)

Mr. DAVIS of Virginia, for 5 minutes, July 21.

Mr. MORAN of Kansas, for 5 minutes, today and July 15.

Mr. BURTON of Indiana, for 5 minutes, July 21.

Mr. PORTMAN, for 5 minutes, July 21.

Mr. SCHAFFER, for 5 minutes, today.

Mr. KOLBE, for 5 minutes, July 21.

Mr. WOLF, for 5 minutes, July 21.

Mrs. MORELLA, for 5 minutes, July 21.

Mr. CALVERT, for 5 minutes, July 19.

Mr. KASICH, for 5 minutes, today.

ADJOURNMENT

Mr. SANFORD. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 12 o'clock and 24 minutes a.m.), the House adjourned until today, Thursday, July 15, 1999, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

3017. A communication from the President of the United States, transmitting notification that the President has requested and made available appropriations of $100,000,000 in budget authority for the Department of Health and Human Services' Low Income Home Energy Assistance Program; (H. Doc. No. 106–94); to the Committee on Appropriations and ordered to be printed.

3018. A letter from the Secretary of Health and Human Services, transmitting the ninth annual report on the renovation of the Pentagon Reservation; to the Committee on Armed Services.

3019. A letter from the Acquisition and Technology, Under Secretary of Defense, transmitting the report regarding the Department of Defense Strategy to Address Low-Level Exposures to Chemical Warfare Agents, May 1999; to the Committee on Armed Services.

3020. A letter from the Assistant Secretary, Office of Special Education and Rehabilitative Services, Department of Education, transmitting Special Education—Training and Information for Parents of Children with Disabilities, pursuant to 20 U.S.C. 1232(f); to the Committee on Education and the Workforce.

3021. A letter from the Corporation for National Service, transmitting their 1998 Annual Report; to the Committee on Education and the Workforce.

3022. A letter from the Acting Assistant Administrator, Environmental Protection Agency, transmitting two reports regarding the latest data available in the Toxics Release Inventory; to the Committee on Commerce.

3023. A letter from the Secretary of Health and Human Services, transmitting a report regarding Infertility and Sexually Transmitted Diseases; to the Committee on Commerce.

3024. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting certification of a proposed license for the export of defense articles or defense services sold commercially under a contract to Saudi Arabia [Transmittal No. DTC 139–98], pursuant to 22 U.S.C. 2776(c); to the Committee on International Relations.

3025. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting certification of a proposed license for the export of defense articles or defense services sold commercially under a contract to Norway, Ukraine, Russia, and the United Kingdom [Transmittal No. DTC 6–99], pursuant to 22 U.S.C. 2776(c); to the Committee on International Relations.

3026. A letter from the Acting Deputy Under Secretary, International Programs, Office of the Under Secretary of Defense, transmitting a copy of Transmittal No. 06–99 which constitutes a Request for Final Approval for the Memorandum of Agreement between the U.S. and Italy concerning technology demonstration and system prototype projects, pursuant to 22 U.S.C. 2767(f); to the Committee on International Relations.

3027. A letter from the President and Chief Executive Officer, Overseas Private Investment Corporation, transmitting the annual report of the Corporation for Fiscal Year 1998, pursuant to 22 U.S.C. 2200a; to the Committee on International Relations.

3028. A letter from the Secretary of the Interior, transmitting the Semiannual Report of the Office of Inspector General for the 6-month period of October 1, 1998, through March 31, 1999, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Government Reform.

3029. A letter from the Chairman, Consumer Product Safety Commission, transmitting the Semiannual Report of the Inspector General for the period October 1, 1998

through March 31, 1999, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Government Reform.

3030. A letter from the Corporation for National Service, transmitting the Inspector General's Semi-Annual Report and the Corporation's Report of Final Action, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Government Reform.

3031. A letter from the Assistant Secretary for Management and Chief Financial Officer, Department of the Treasury, transmitting notification of a vacancy in an office within the Department; to the Committee on Government Reform.

3032. A letter from the Assistant Secretary for Management and Chief Financial Officer, Department of the Treasury, transmitting notification of a vacancy in an office within the Department; to the Committee on Government Reform.

3033. A letter from the District of Columbia Auditor, transmitting a report entitled, ''Audit of Advisory Neighborhood Commission 4B for the period 10/01/95 through 09/30/98''; to the Committee on Government Reform.

3034. A letter from the Chairman, Federal Housing Finance Board, transmitting a report on the activities of the Board's Office of the Inspector General for the six-month period ending March 31, 1999, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Government Reform.

3035. A letter from the Chairman, Federal Maritime Commission, transmitting the Commission's Final Annual Performance Plan for FY 2000; to the Committee on Government Reform.

3036. A letter from the Chairman, Board of Governors, Federal Reserve System, transmitting the Semiannual Report to Congress prepared by the Board's Inspector General, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Government Reform.

3037. A letter from the Chairman, National Science Board, transmitting the Acting Inspector General's Semiannual Report to Congress, covering the period of October 1, 1998, through March 31, 1999, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Government Reform.

3038. A letter from the Office of the Attorney General, transmitting the Semiannual Management Report and the Office of the Inspector General Semiannual Report for the period October 1, 1998 to March 31, 1999, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Government Reform.

3039. A letter from the Board of Directors, Panama Canal Commission, transmitting the semiannual report of the Inspector General of the Panama Canal Commission, covering October 1, 1998 through March 31, 1999, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Government Reform.

3040. A letter from the Acting Director, United States Information Agency, transmitting the Inspector General's Semiannual Report for the period October 1, 1998, through March 31, 1999, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Government Reform.

3041. A letter from the Chairman, Federal Election Commission, transmitting the Commission's 1998 Annual Report, pursuant to 2 U.S.C. 438(a)(9); to the Committee on House Administration.

3042. A letter from the Commissioner, Bureau of Reclamation, Department of the Interior, transmitting a modification report describing the need for the safety modifications and the proposed corrective actions, along with other pertinent technical information applicable to Willow Creek Dam, Sun River Project, Montana; to the Committee on Resources.

3043. A letter from the Secretary of Labor, transmitting the first Self-Employment Assistance Program Report; to the Committee on Ways and Means.

3044. A letter from the Commissioner, Social Security Administration, transmitting the 1999 Annual Report of the Supplemental Security Income Program; to the Committee on Ways and Means.

3045. A letter from the Director, Office of Thrift Supervision, transmitting the Office's 1998 Annual Consumer Report, pursuant to 12 U.S.C. 1462a(g); jointly to the Committees on Banking and Financial Services and Commerce.

3046. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting notification that the President has issued the required determination to waive certain restrictions on the maintenance of a Palestine Liberation Organization Office and on expenditure of PLO funds through October 21, 1999 [Presidential Determination No. 99–25]; jointly to the Committees on International Relations and Appropriations.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. GOODLING: Committee on Education and the Workforce. H.R. 1995. A bill to amend the Elementary and Secondary Education Act of 1965 to empower teachers, improve student achievement through high-quality professional development for teachers, reauthorize the Reading Excellence Act, and for other purposes; with an amendment (Rept. 106–232, Pt. 1). Referred to the Committee of the Whole House on the State of the Union.

Mr. YOUNG of Florida: Committee on Appropriations. Report on Revised Suballocation of Budget Allocations for Fiscal Year 2000 (Rept. 106–233). Referred to the Committee of the Whole House on the State of the Union.

Mr. SESSIONS: Committee on Rules. House Resolution 246. Resolution providing for consideration of the bill (H.R. 2490) making appropriations for the Treasury Department, the United States Postal Service, the Executive Office of the President, and certain Independent Agencies, for the fiscal year ending September 30, 2000, and for other purposes (Rept. 106–234). Referred to the House Calendar.

Mr. DIAZ-BALART: Committee on Rules. House Resolution 247. Resolution providing for consideration of the bill (H.R. 2415) to enhance security of United States missions and personnel overseas, to authorize appropriations for the Department of State for fiscal year 2000, and for other purposes (Rept. 106–235). Referred to the House Calendar.

DISCHARGE OF COMMITTEE

Pursuant to clause 5 of rule X, the Committee on Armed Services discharged. H.R. 1995 referred to the Committee of the Whole House on the State of the Union.

TIME LIMITATION OF REFERRED BILL

Pursuant to clause 5 of rule X the following action was taken by the Speaker:

H.R. 1995. Referred to the Committee on Armed Services extended for a period ending not later than July 14, 1999.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions were introduced and severally referred, as follows:

By Mr. DOGGETT (for himself, Mr. WAXMAN, Mr. MATSUI, Mr. HANSEN, Mr. MEEHAN, Mr. PALLONE, Ms. PELOSI, Mrs. LOWEY, Mr. BROWN of Ohio, Mr. LAFALCE, Ms. DEGETTE, and Ms. JACKSON-LEE of Texas):

H.R. 2503. A bill to amend the Internal Revenue Code of 1986 to deter the smuggling of tobacco products into the United States, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. BACHUS (by request):

H.R. 2504. A bill to authorize the United States participation in and appropriations for United States contributions to various international financial institutions, and for other purposes; to the Committee on Banking and Financial Services.

By Mr. KILDEE (for himself, Mrs. JOHNSON of Connecticut, Ms. WOOLSEY, Mrs. MORELLA, Mrs. MALONEY of New York, Mr. CLAY, Mr. GEORGE MILLER of California, Mr. MARTINEZ, Mrs. MINK of Hawaii, Mrs. MCCARTHY of New York, Ms. SANCHEZ, Ms. DELAURO, Mrs. LOWEY, Mr. HOYER, Ms. PELOSI, Ms. MILLENDER-MCDONALD, Ms. KILPATRICK, Mrs. CAPPS, Ms. NORTON, and Ms. BALDWIN):

H.R. 2505. A bill to amend the Elementary and Secondary Education Act of 1965 and the National Education Statistics Act of 1994 to ensure that elementary and secondary schools prepare girls to compete in the 21st century, and for other purposes; to the Committee on Education and the Workforce.

By Mr. BILIRAKIS (for himself, Mr. BROWN of Ohio, Mr. GREENWOOD, and Mrs. THURMAN):

H.R. 2506. A bill to amend title IX of the Public Health Service Act to revise and extend the Agency for Health Care Policy and Research; to the Committee on Commerce.

By Mr. BURTON of Indiana:

H.R. 2507. A bill to amend the Internal Revenue Code of 1986 to allow all taxpayers a credit against income tax for up to $200 of charitable contributions; to the Committee on Ways and Means.

By Mr. CAMPBELL:

H.R. 2508. A bill to amend title VII of the Civil Rights Act of 1964 to clarify the intent of Congress to hold individuals responsible for discriminatory acts committed by them in employment; to the Committee on Education and the Workforce.

H.R. 2509. A bill to require implementation of an alternative program for providing a benefit or employment preference under Federal law; to the Committee on the Judiciary.

H.R. 2510. A bill to amend title VII of the Civil Rights Act of 1964 to establish criminal liability for unlawful discrimination based on disparate treatment; to the Committee on Education and the Workforce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. DEMINT (for himself, Mr. BLILEY, Mr. DELAY, Mr. WATTS of Oklahoma, Mr. OBERSTAR, Mr. LAFALCE, Mr. SHOWS, Mr. LARGENT, Mr. WELDON of Florida, Mr. SMITH of New Jersey, Mr. PITTS, Mr. MCINTOSH, Mr. SPENCE, Mrs. MYRICK, Mr. JONES of North Carolina, Mr. TERRY, Mr.

LATOURETTE, Mr. ADERHOLT, Mr. GARY MILLER of California, Mr. POMBO, Mr. DOOLITTLE, Mr. CHABOT, Mr. TANCREDO, Mr. RYUN of Kansas, Mr. HILLEARY, and Mr. PICKERING):

H.R. 2511. A bill to amend the Public Health Service Act to make grants to carry out certain activities toward promoting adoption counseling, and for other purposes; to the Committee on Commerce.

By Ms. ESHOO (for herself, Mr. FORBES, Mrs. MALONEY of New York, Mr. ACKERMAN, Mr. ANDREWS, Ms. BALDWIN, Mr. BARRETT of Wisconsin, Mr. BERMAN, Mr. BLAGOJEVICH, Mr. BONIOR, Mr. BORSKI, Mr. BOUCHER, Ms. BROWN of Florida, Mr. BROWN of California, Mr. BROWN of Ohio, Mrs. CAPPS, Mr. CAPUANO, Mr. CARDIN, Ms. CARSON, Mrs. CHRISTENSEN, Mr. CLAY, Mr. CLEMENT, Mr. CLYBURN, Mr. CONYERS, Mr. CUMMINGS, Mr. DAVIS of Illinois, Mr. DELAHUNT, Ms. DELAURO, Mr. DIXON, Mr. ENGEL, Mr. EVANS, Mr. FARR of California, Mr. FILNER, Mr. FRANK of Massachusetts, Mr. GONZALEZ, Mr. GREEN of Texas, Mr. GUTIERREZ, Mr. HALL of Ohio, Mr. HASTINGS of Florida, Mr. HINCHEY, Mr. HOEFFEL, Mr. HOLT, Ms. JACKSON-LEE of Texas, Mrs. JONES of Ohio, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. KENNEDY of Rhode Island, Ms. KILPATRICK, Mr. KUCINICH, Mr. LAMPSON, Mr. LANTOS, Ms. LEE, Mr. LEWIS of Georgia, Ms. LOFGREN, Mrs. LOWEY, Mr. LUTHER, Mrs. MCCARTHY of New York, Mr. MCDERMOTT, Mr. MCGOVERN, Mr. MCNULTY, Mr. MALONEY of Connecticut, Mr. MARKEY, Mr. MARTINEZ, Mr. MEEHAN, Mrs. MEEK of Florida, Mr. MEEKS of New York, Mr. MENENDEZ, Ms. MILLENDER-MCDONALD, Mr. GEORGE MILLER of California, Mr. MOAKLEY, Mr. MORAN of Virginia, Mr. NADLER, Mrs. NAPOLITANO, Mr. NEAL of Massachusetts, Ms. NORTON, Mr. OLVER, Mr. OWENS, Mr. PALLONE, Ms. PELOSI, Mr. PASCRELL, Mr. PAYNE, Mr. RANGEL, Ms. RIVERS, Mr. RODRIGUEZ, Mr. ROTHman, Ms. ROYBAL-ALLARD, Mr. RUSH, Mr. SANDERS, Ms. SCHAKOWSKY, Mr. SERRANO, Mr. SHERMAN, Mr. SHAYS, Ms. SLAUGHTER, Ms. STABENOW, Mr. STARK, Mr. THOMPSON of Mississippi, Mr. TIERNEY, Mr. TOWNS, Ms. VELAZQUEZ, Mr. VENTO, Mr. WAXMAN, Mr. WEINER, Mr. WEXLER, Ms. WOOLSEY, and Mr. WYNN):

H.R. 2512. A bill to amend the Forest and Rangeland Renewable Resources Planning Act of 1974 and related laws to strengthen the protection of native biodiversity and ban clearcutting on Federal lands, to designate certain Federal lands as Ancient Forests, Roadless Areas, Watershed Protection Areas, and Special Areas where logging and other intrusive activities are prohibited, and for other purposes; to the Committee on Agriculture, and in addition to the Committees on Resources, and Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. PEASE:

H.R. 2513. A bill to direct the Administrator of General Services to acquire a building located in Terre Haute, Indiana, and for other purposes; to the Committee on Government Reform, and in addition to the Committee on Transportation and Infrastructure, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. SHAW:

H.R. 2514. A bill to amend the Internal Revenue Code of 1986 to allow issuance of tax-exempt private activity bonds to finance public-private partnership activities relating to school facilities in public elementary and secondary schools, and for other purposes; to the Committee on Ways and Means.

By Mr. WEINER:

H.R. 2515. A bill to provide for the recognition of Jerusalem as the capital of Israel; to the Committee on International Relations.

By Mr. WELDON of Pennsylvania:

H.R. 2516. A bill to suspend temporarily the duty on atmosphere firing; to the Committee on Ways and Means.

H.R. 2517. A bill to suspend temporarily the duty on ceramic coater; to the Committee on Ways and Means.

H.R. 2518. A bill to suspend temporarily the duty on capacitance tester and reeler; to the Committee on Ways and Means.

H.R. 2519. A bill to suspend temporarily the duty on vision inspection systems; to the Committee on Ways and Means.

By Mr. LAZIO (for himself, Mr. DOOLEY of California, Mr. BOEHLERT, Mr. KIND, Mr. CASTLE, Mr. MORAN of Virginia, Mr. SAXTON, Mr. ROEMER, Mr. GANSKE, Mr. MALONEY of Connecticut, Mr. GILCHREST, Mr. PRICE of North Carolina, and Mr. SMITH of Washington):

H.R. 2520. A bill to authorize the President to enter into agreements to provide regulatory credit for voluntary early action to mitigate potential environmental impacts from greenhouse gas emissions; to the Committee on Commerce.

By Mr. WELDON of Pennsylvania:

H.R. 2521. A bill to suspend temporarily the duty on anode presses; to the Committee on Ways and Means.

H.R. 2522. A bill to suspend temporarily the duty on rackers; to the Committee on Ways and Means.

H.R. 2523. A bill to suspend temporarily the duty on epoxide resins; to the Committee on Ways and Means.

H.R. 2524. A bill to suspend temporarily the duty on trim and form; to the Committee on Ways and Means.

By Mr. LINDER (for himself and Mr. PETERSON of Minnesota):

H.R. 2525. A bill to promote freedom, fairness, and economic opportunity by repealing the income tax and other taxes, abolishing the Internal Revenue Service, and enacting a national sales tax to be administered primarily by the States; to the Committee on Ways and Means.

By Mr. WELDON of Pennsylvania:

H.R. 2526. A bill to suspend temporarily the duty on certain assembly machines; to the Committee on Ways and Means.

By Mr. CROWLEY (for himself, Mr. WEINER, Mr. CAMPBELL, Mr. HOLDEN, Mr. ABERCROMBIE, Mr. SHOWS, Mr. GILCHREST, Mr. MEEHAN, Mr. WAXMAN, Mr. ETHERIDGE, Mr. GUTIERREZ, Mr. LEWIS of Georgia, Mr. STUPAK, Ms. SCHAKOWSKY, and Mr. WU):

H. Con. Res. 154. Concurrent resolution congratulating Ehud Barak on his election as Prime Minister of Israel and encouraging Israel and her neighbors, Syria and Lebanon, to establish a lasting peace agreement; to the Committee on International Relations.

By Mr. SCHAFFER (for himself, Mr. KOLBE, Mrs. MYRICK, Mr. HOSTETTLER, Mr. PAUL, Mr. BUYER, Mr. CALVERT, Mr. SESSIONS, Mr. SALMON, and Mr. TANCREDO):

H. Con. Res. 155. Concurrent resolution expressing the sense of the Congress that the Federal Government should not directly invest Social Security trust funds in private financial markets; to the Committee on Ways and Means.

By Ms. ROYBAL-ALLARD (for herself, Mrs. CAPPS, Mrs. MALONEY of New York, and Mrs. KELLY):

H. Res. 248. A resolution commending and congratulating the United States Women's National Soccer Team for winning the 1999 Women's World Cup soccer tournament; to the Committee on Government Reform.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

Omitted from the Record of July 13, 1999

H.R. 5: Mr. FOLEY, Mr. RILEY, Mr. OSE, Mr. ISAKSON, Mr. EVERETT, and Ms. GRANGER.

H.R. 41: Mr. SESSIONS.

H.R. 53: Mr. CALVERT.

H.R. 82: Mr. GALLEGLY, Ms. ROS-LEHTINEN, Mrs. KELLY, Mr. MARTINEZ, and Mr. EVANS.

H.R. 165: Mr. UDALL of New Mexico.

H.R. 218: Mr. FORBES.

H.R. 219: Mr. BARCIA.

H.R. 323: Mr. EHLERS, and Ms. LEE.

H.R. 329: Mr. BORSKI.

H.R. 347: Mr. COBURN and Mr. CUNNINGHAM.

H.R. 353: Mr. LUTHER, Mrs. MCCARTHY of New York, Mr. SPENCE, and Mr. BASS.

H.R. 354: Mr. ROYCE.

H.R. 357: Mr. MCNULTY.

H.R. 371: Mr. BILIRAKIS.

H.R. 372: Ms. DELAURO and Mr. FRANK of Massachusetts.

H.R. 383: Mr. ANDREWS.

H.R. 405: Mr. SMITH of New Jersey, Mr. BOUCHER, and Mr. ADERHOLT.

H.R. 415: Mr. HASTINGS of Florida.

H.R. 534: Mr. TURNER.

H.R. 557: Mr. EHLERS and Mr. ISAKSON.

H.R. 566: Mr. FORBES and Mr. ENGEL.

H.R. 601: Mr. BOUCHER, Mr. SISISKY, Mr. RAHALL, Mr. HALL of Texas, Mr. SHOWS, and Mr. STUPAK.

H.R. 637: Mr. KUCINICH and Ms. ESCHOO.

H.R. 675: Mr. KLINK.

H.R. 684: Mr. LANTOS.

H.R. 721: Mr. RILEY, Mr. ROYCE, and Mr. SISISKY.

H.R. 735: Mr. GOODLATTE.

H.R. 754: Mr. FORBES.

H.R. 771: Mr. MCCOLLUM.

H.R. 785: Mr. CLEMENT.

H.R. 796: Mr. SKELTON and Mr. LEVIN.

H.R. 798: Mr. MOLLOHAN and Ms. BALDWIN.

H.R. 802: Mr. GORDON.

H.R. 832: Mr. SKELTON.

H.R. 844: Mr. BUYER, Mr. BECERRA, and Mr. LEVIN.

H.R. 845: Mr. FOLEY.

H.R. 853: Mr. TOOMEY.

H.R. 854: Mr. WYNN.

H.R. 860: Mr. STUMP.

H.R. 895: Mr. DAVIS of Illinois.

H.R. 965: Mr. LIPINSKI and Mr. RYAN of Wisconsin.

H.R. 976: Mr. KLECZKA, Mr. INSLEE, and Mr. CLEMENT.

H.R. 997: Mr. WELDON of Florida, Mr. DOOLEY of California, and Mr. WHITFIELD.

H.R. 1004: Mr. LAHOOD.

H.R. 1068: Mr. BISHOP and Mr. GOODE.

H.R. 1070: Mr. WU.

H.R. 1083: Mr. WHITFIELD.

H.R. 1095: Mr. ACKERMAN, Ms. NORTON, Ms. BROWN of Florida, Ms. JACKSON-LEE of Texas, Mr. MORAN of Virginia, Mr. MEEHAN, Mr. WEXLER, and Mr. WU.

H.R. 1102: Mr. STRICKLAND and Mr. BALDACCI.

H.R. 1111: Mr. STUPAK, Mr. MASCARA, and Mr. KLECZKA.

H.R. 1130: Ms. SCHAKOWSKY.

H.R. 1144: Mr. DAVIS of Illinois.

H.R. 1150: Mr. GARY MILLER of California.

H.R. 1172: Mr. DAVIS of Illinois, Mr. PASTOR, Mr. BARR of Georgia, Mr. COLLINS, Mr.

CHAMBLISS, Mr. FARR of California, Mr. DEAL of Georgia, Mr. HULSHOF, Mrs. MORELLA, Mr. BECERRA, Mr. PORTMAN, Mr. MINGE, Mr. RILEY, and Mr. GREEN of Texas.

H.R. 1179: Mrs. CUBIN.

H.R. 1180: Mr. GARY MILLER of California, Mrs. MCCARTHY of New York, Mr. NADLER, Ms. JACKSON-LEE of Texas, Mr. HUTCHINSON, Mr. DAVIS of Illinois, and Ms. MILLENDER-MCDONALD.

H.R. 1190: Mr. GEKAS and Mr. TOOMEY.

H.R. 1193: Mr. SHAYS, Mr. LAZIO, Mr. LAFALCE, Mr. HILLIARD, and Mr. BRADY of Pennsylvania.

H.R. 1194: Mr. DAVIS of Illinois and Mr. HYDE.

H.R. 1202: Ms. LOFGREN, Mrs. MEEK of Florida and Mr. DELAURO.

H.R. 1217: Mr. KENNEDY of Rhode Island and Mr. DUNCAN.

H.R. 1221: Mr. WELDON of Florida, Mr. DAVIS of Florida, Mr. WHITFIELD, and Mr. DAVIS of Illinois.

H.R. 1244: Mr. WELLER.

H.R. 1281: Mr. MCINTOSH.

H.R. 1304: Mr. HOLDEN, Mr. GILCHREST, and Mr. ESCHOO.

H.R. 1358: Ms. ROYBAL-ALLARD.

H.R. 1381: Mr. DUNCAN, Mr. BARTLETT of Maryland, and Mr. SHUSTER.

H.R. 1441: Mr. HYDE, Mr. BARR of Georgia, Mr. CRANE, Mr. JONES of North Carolina, Mr. MCINTOSH, and Mr. CHAMBLISS.

H.R. 1442: Mrs. THURMAN, Mr. GARY MILLER of California, and Mr. BRYANT.

H.R. 1494: Mr. DAVIS of Virginia.

H.R. 1511: Mr. HUTCHINSON.

H.R. 1581: Mr. ACKERMAN, Ms. HOOLEY of Oregon, Mr. PORTER, Mr. LEVIN, Ms. LEE, Mr. BLUMENAUER, Mrs. MEEK of Florida, Mr. ROEMER, Mrs. ROUKEMA, Mr. WHITFIELD, Mr. EVANS, Mr. HORN, and Mr. THOMPSON of Mississippi.

H.R. 1592: Mr. HANSEN, Mr. FLETCHER, Mr. GRAHAM, Mr. TALENT, and Mr. NEY.

H.R. 1598: Mr. HEFLEY.

H.R. 1621: Mr. ROTHMAN, Mr. MCGOVERN, Mr. HUNTER, Mr. RAHALL, Mr. SHERMAN, Mr. GOODLATTE, Ms. KAPTUR, Mr. SANDERS, Mr. HINOJOSA, Mr. MARTINEZ, Ms. RIVERS, Mr. BORSKI, Mr. MALONEY of Connecticut, Mr. DOYLE, and Mr. LEWIS of Georgia.

H.R. 1777: Mr. HOUGHTON.

H.R. 1795: Mr. VENTO, Mr. BLAGOJEVICH, Mr. ISAKSON, Ms. SCHAKOWSKY, Mr. POMEROY, Ms. RIVERS, Mr. CAPUANO, Mr. WATTS of Oklahoma, Mr. BALLENGER, Mr. WELDON of Pennsylvania, Mrs. MINK of Hawaii, and Mr. BILBRAY.

H.R. 1798: Mr. WYNN.

H.R. 1820: Mr. BONIOR, Ms. PELOSI, Mr. MEEKS of New York, and Mr. PASTOR.

H.R. 1824: Ms. PRYCE of Ohio and Ms. KAPTUR.

H.R. 1837: Mr. RILEY, Mr. BEREUTER, Mr. SHOWS, Mr. HANSEN, Mrs. CUBIN, Mr. CANADY of Florida, Ms. HOOLEY of Oregon, Mr. GOODLATTE, Mr. HEFLEY, and Mr. CUMMINGS.

H.R. 1838: Mr. MCNULTY, Mr. HASTINGS of Florida, and Mr. SUNUNU.

H.R. 1842: Mr. EDWARDS.

H.R. 1845: Mr. MENENDEZ, Mr. CLEMENT, Mr. KUCINICH, Mr. VISCLOSKY, and Mr. BLAGOJEVICH.

H.R. 1858: Mr. MCINTOSH.

H.R. 1871: Mr. BLAGOJEVICH, Mr. UNDERWOOD, Mr. FILNER, Mrs. MINK of Hawaii, Ms. CARSON, and Mr. MCDERMOTT.

H.R. 1884: Mr. RYAN of Wisconsin.

H.R. 1885: Mr. HUTCHINSON and Ms. SLAUGHTER.

H.R. 1899: Mr. WEXLER, Mr. DELAHUNT, Mr. GUTIERREZ, Ms. JACKSON-LEE of Taxas, Mr. OBERSTAR, and Mrs. MINK of Hawaii.

H.R. 1907: Mr. FROST, Mr. LANTOS, Mr. SWEENEY, and Mr. SHERMAN.

H.R. 1926: Mr. ARMEY, Mr. BISHOP, and Mr. JENKINS.

H.R. 1933: Mr. NORWOOD.

H.R. 1935: Mr. FARR of California, Ms. MCKINNEY, and Mr. MARKEY.

H.R. 1941: Mr. CONYERS, Ms. LEE, Mr. WYNN, Ms. ROYBAL-ALLARD, Mr. MCDERMOTT, Mr. FRANK of Massachusetts, Ms. WOOLSEY, Mr. OLVER, and Mr. DIXON.

H.R. 1942: Mr. PORTMAN.

H.R. 1954: Mrs. CUBIN.

H.R. 1977: Mr. KASICH.

H.R. 1991: Mr. TURNER.

H.R. 1955: Mr. COX.

H.R. 1998: Mr. TIERNEY, Ms. LEE, Mr. HEFLEY, and Mr. NEAL of Massachusetts.

H.R. 1999: Mr. VENTO, Ms. SLAUGHTER, and Mr. PETERSON of Minnesota.

H.R. 2000: Mr. TANCREDO, Mr. SAXTON, Mr. BOUCHER, Mr. MALONEY of Connecticut, Mr. HALL of Texas, Mr. ABERCROMBIE, Mr. SPRATT, and Mr. STUPAK.

H.R. 2005: Ms. KAPTUR.

H.R. 2030: Mr. ROMERO-BARCELO.

H.R. 2066: Mr. CUNNINGHAM, Mr. HAYES, Mr. NEY, Mr. ENGLISH, Mr. WICKER, Mr. DICKS, Mrs. MEEK of Florida, and Mr. WELDON of Pennsylvania.

H.R. 2088: Mr. GOODLATTE and Mr. HULSHOF.

H.R. 2120: Mr. MORAN of Virginia, Ms. CARSON, Mr. SABO, Mr. SERRANO, Mr. CROWLEY, and Mr. DELAHUNT.

H.R. 2128: Mr. METCALF, Ms. EDDIE BERNICE JOHNSON of Texas, Mrs. CUBIN, Mr. CUNNINGHAM, Mr. ISAKSON, and Mr. FLETCHER.

H.R. 2129: Mr. GILLMOR and Mr. HAYES.

H.R. 2162: Mr. PETERSON of Pennsylvania and Mr. OSE.

H.R. 2170: Mr. CAPUANO, Mr. BISHOP, Mr. CLYBURN, Mr. PAYNE, Mr. PHELPS, Mr. PICKETT, Mr. MASCARA, and Mr. BROWN of Ohio.

H.R. 2172: Mr. ENGLISH, Mr. STUPAK, and Mr. BILBRAY.

H.R. 2187: Mr. HALL of Texas.

H.R. 2202: Mr. VENTO and Mr. TIERNEY.

H.R. 2221: Mr. HOSTETTLER.

H.R. 2235: Mr. CLAY and Mr. COSTELLO.

H.R. 2240: Mr. GREEN of Texas, Mr. KANJORSKI, Mr. BALDACCI, Mr. Slaughter, Ms. KUPTUR, Mr. KILPATRICK, Mr. EVANS, Mr. SANDLIN, Mr. GREENWOOD, and Mr. BARCIA.

H.R. 2241: Mr. BALDACCI, Mr. FRANK of Massachusetts, Mr. MOAKLEY, Mr. BAIRD, and Mr. RIVERS.

H.R. 2242: Mr. NUSSLE.

H.R. 2247: Mrs. BONO and Mr. NEY.

H.R. 2260: Mr. KLINK, Mr. SIMPSON, Mr. DIAZ-BALART, Mr. TIAHRT, Mrs. KELLY, Mr. FLETCHER, Mr. RILEY, Mr. GUTKNECHT, Mr. LATHAM, Mr. WHITFIELD, Mr. CRANE, Mr. BACHUS, Mrs. CUBIN, Mr. BARRETT of Nebraska, Mr. SWEENEY.

H.R. 2265: Ms. DELAURO, Ms. SLAUGHTER, Mrs. FOWLER, Mrs. MCCARTHY of New York, Mr. RUSH, Ms. STABENOW, Mr. FILNER, Mr. WEYGAND, Mr. KUCINICH, Mr. EDWARDS, Mr. CARDIN, and Mr. BROWN of California.

H.R. 2289: Mr. WATTS of Oklahoma, Mr. LUCAS of Oklahoma, Mr. COOK, Mr. ORTIZ, and Mrs. MEEK of Florida.

H.R. 2294: Ms. SLAUGHTER, Mr. ALLEN, and Mr. BENTSEN.

H.R. 2295: Mr. GALLEGLY.

H.R. 2305: Mr. BLUMENAUER.

H.R. 2308: Mr. BEREUTER, Mr. INSLEE, and Mr. DAVIS of Illinois.

H.R. 2338: Mr. ENGLISH.

H.R. 2341: Mr. DEAL of Georgia, Mr. PHELPS, Mr. BRADY of Pennsylvania, Ms. LEE, Mr. WAXMAN, Mr. RUSH, Mr. SHOWS, and Mr. RAHALL.

H.R. 2350: Mr. TERRY, Mr. GARY MILLER of California, Mr. RADANOVICH, Mr. KINGSTON, Mr. CHAMBLISS.

H.R. 2369: Mr. SMITH of New Jersey, Mr. INSLEE, Mr. WELDON of Pennsylvania, Mr. GUTIERREZ, Mr. FRANKS of New Jersey, Mr. COOK, and Mr. RAHALL.

H.R. 2376: Mr. TOOMEY.

H.R. 2377: Mr. WAXMAN, and Mr. BORSKI.

H.R. 2280: Mr. DOOLEY of California, Mr. ACKERMAN, and Mr. PASTOR.

H.R. 2383: Mr. HAYWORTH.

H.R. 2399: Mr. PORTER.

H.R. 2446: Mr. MCGOVERN, Ms. MCCARTHY of Missouri, Mr. INSLEE, Mrs. MEEK of Florida, Ms. LEE, Ms. HOOLEY of Oregon, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. OLVER, Mr. ABERCROMBIE, Mr. ACKERMAN, Mr. DAVIS of Illinois, and Mr. EVANS.

H.R. 2470: Mr. COOK.

H.J. Res. 55: Mr. WALDEN of Oregon.

H. Con. Res. 34: Mr. DAVIS of Illinois.

H. Con. Res. 39: Mr. HALL of Texas.

H. Con. Res. 46: Ms. JACKSON-LEE of Texas.

H. Con. Res. 58: Mr. OXLEY and Mr. NEY.

H. Con. Res. 77: Mrs. THURMAN.

H. Con. Res. 78: Mr. CUMMINGS and Mr. PALLONE.

H. Con. Res. 80: Mr. ROTHMAN, Mr. KLINK, Mr. FARR of California, Mr. FORBES, Mr. ACKERMAN, Ms. CARSON, Mr. STARK, Mrs. BONO, and Mrs. MCCARTHY of New York.

H. Con. Res. 100: Ms. KILPATRICK, Mrs. CAPPS, Mr. ROYCE, Mr. MEEHAN, Mr. COYNE, Mr. FARR of California, Mr. HOLT, and Ms. CARSON.

H. Con. Res. 109: Ms. NORTON.

H. Con. Res. 112: Mr. CUNNINGHAM, Mr. BEREUTER, Mr. ISAKSON, Ms. DUNN, Mr. HALL of Ohio, and Mrs. MORELLA.

H. Con. Res. 124: Mr. ENGEL, Ms. SCHAKOWSKY, Ms. STABENOW, Mr. INSLEE, Mr. NADLER, Mr. ROMERO-BARCELO, Mr. WEINER, Ms. LEE, Mr. BRADY of Pennsylvania, Mr. SISISKY, Mr. FARR of California, Mr. MEEKS of New York, and Mr. CUMMINGS.

H. Con. Res. 128: Mr. LEWIS of Georgia, Mrs. MCCARTHY of New York, Mr. MALONEY of Connecticut, Mr. MEEHAN, Mr. HINCHEY, Mr. NEAL of Massachusetts, Mr. DAVIS of Illinois, Mr. VENTO, and Mr. RUSH.

H. Con. Res. 133: Mr. MATSUI.

H. Con. Res. 146: Mr. HASTINGS of Florida and Mr. BROWN of Ohio.

H. Con. Res. 147: Mr. MCNULTY, Mr. CAPUANO, Ms. SLAUGHTER, Mrs. MINK of Hawaii, Mr. MCDERMOTT, Mr. GILCHREST, Mr. SAWYER, Mr. HASTINGS of Florida, Ms. WATERS, Mr. SANDLIN, Ms. MILLENDER-MCDONALD, Mr. KENNEDY of Rhode Island, Mr. DOYLE, Mr. GUTIERREZ, Mr. STUPAK, Mr. WAXMAN, Mr. FROST, Mrs. MEEK of Florida, Ms. RIVERS.

H. Res. 89: Mr. BARRETT of Wisconsin.

H. Res. 202: Mr. BARRETT of Wisconsin.

[Submitted July 14, 1999]

H.R. 123: Mr. BARTON of Texas.

H.R. 135: Mr. SHERMAN.

H.R. 329: Mr. LIPINSKI.

H.R. 338: Mr. MATSUI.

H.R. 346: Mr. CANNON.

H.R. 405: Mr. BACHUS.

H.R. 443: Mr. KLECZKA, Mr. JACKSON of Illinois, and Mr. RANGEL.

H.R. 448: Mr. RYAN of Wisconsin.

H.R. 461: Mr. OSE.

H.R. 528: Mr. OSE.

H.R. 531: Mr. WATT of North Carolina and Mr. LUCAS of Kentucky.

H.R. 534: Mr. GREEN of Wisconsin.

H.R. 555: Mr. OWENS.

H.R. 595: Mr. JACKSON of Illinois.

H.R. 614: Mr. OSE.

H.R. 664: Mr. WISE.

H.R. 670: Ms. KAPTUR, Mr. MASCARA, Mr. EVANS, Mr. BOSWELL, Mr. OWENS, Mr. HYDE, Mr. BARCIA, Mr. SHADEGG, Mr. SHAW, Ms. PELOSI, Mr. OSE, and Mr. RUSH.

H.R. 680: Mr. WU and Mr. PETRI.

H.R. 732: Ms. MCCARTHY of Missouri and Mr. WU.

H.R. 772: Mr. HOLDEN.

H.R. 773: Ms. ROS-LEHTINEN.

H.R. 828: Mr. NEAL of Massachusetts and Mr. WHITFIELD.

H.R. 872: Mr. DAVIS of Illinois
H.R. 965: Mr. GORDON.
H.R. 987: Mrs. CUBIN.
H.R. 998: Mrs. CLAYTON and Mr. WATTS of Oklahoma.
H.R. 1032: Mr. SANDLIN.
H.R. 1080: Mr. HOEFFEL and Mr. BORSKI.
H.R. 1112: Ms. KAPTUR.
H.R. 1144: Mr. PICKERING, Mr. TALENT, and Mr. UDALL of New Mexico.
H.R. 1145: Mr. FROST and Mr. HINCHEY.
H.R. 1286: Mr. GILMAN.
H.R. 1291: Mr. COOK and Mr. SANDLIN.
H.R. 1300: Ms. EDDIE BERNICE JOHNSON of Texas, Mr. KIND, and Mr. ACKERMAN.
H.R. 1344: Mr. RYUN of Kansas, Mr. BONILLA, and Mr. TURNER.
H.R. 1363: Mr. GOODLATTE.
H.R. 1383: Mr. SISISKY, Mr. BLILEY, Mr. SPRATT, Mr. MALONEY of Connecticut, and Mr. GOODE.
H.R. 1432: Mr. CAPUANO, Mr. MALONEY of Connecticut, and Mr. SWEENEY.
H.R. 1441: Mr. CHABOT.
H.R. 1445: Ms. PELOSI, Mr. WYNN, Mr. SMITH of New Jersey, and Mr. OBERSTAR.
H.R. 1488: Mr. KING, Mr. OBERSTAR, Mrs. JONES of Ohio, Ms. KAPTUR, Mr. PORTER, Mrs. MORELLA, and Mr. LIPINSKI.
H.R. 1494: Mr. HYDE.
H.R. 1514: Ms. LEE, Mr. HOLT, Mr. SANDLIN, Ms. JACKSON-LEE of Texas, Mrs. KELLY, Mr. DAVIS of Illinois, and Ms. WATERS.
H.R. 1531: Mr. OWENS.
H.R. 1592: Mr. LAFALCE, Mrs. CUBIN, Mr. MATSUI, Mr. HILL of Indiana, Mr. MCINTYRE, and Mr. KLINK.
H.R. 1601: Mrs. BONO, Mr. GUTKNECHT, Mr. RILEY, Mr. CHAMBLISS, and Ms. BERKLEY.
H.R. 1604: Mr. GRAHAM and Mr. VITTER.
H.R. 1621: Mr. TURNER, Mr. POMEROY, and Mr. WHITFIELD.
H.R. 1628: Mrs. THURMAN.
H.R. 1704: Mr. PETERSON of Pennsylvania.
H.R. 1719: Mr. FROST, Ms. HOOLEY of Oregon, Mr. WEINER, and Ms. SCHAKOWSKY.
H.R. 1720: Mr. FROST, Ms. HOOLEY of Oregon, Mr. WEINER, and Ms. SCHAKOWSKY.
H.R. 1721: Mr. FROST, Ms. HOOLEY of Oregon, Mr. WEINER, and Ms. SCHAKOWSKY.
H.R. 1722: Mr. FROST, Ms. HOOLEY of Oregon, Mr. WEINER, and Ms. SCHAKOWSKY.
H.R. 1723: Mr. FROST, Ms. HOOLEY of Oregon, Mr. WEINER, and Ms. SCHAKOWSKY.
H.R. 1724: Mr. FROST, Ms. HOOLEY of Oregon, Mr. WEINER, and Ms. SCHAKOWSKY.
H.R. 1726: Mr. FROST, Ms. HOOLEY of Oregon, Mr. WEINER, and Ms. SCHAKOWSKY.
H.R. 1731: Mr. DUNCAN, Mr. LARGENT, and Mr. THOMPSON of California.
H.R. 1732: Mr. PETERSON of Minnesota.
H.R. 1750: Mr. BLAGOJEVICH.
H.R. 1791: Mrs. THURMAN.
H.R. 1827: Mr. CALVERT.
H.R. 1830: Mr. PASTOR.
H.R. 1840: Mr. IASAKSON.
H.R. 1841: Mr. MCGOVERN.
H.R. 1850: Mr. BORSKI.
H.R. 1686: Mr. SANDLIN.
H.R. 1885: Mr. BALDACCI.
H.R. 1887: Ms. PELSOI, Mr. MORAN of Virginia, and Mr. SHERMAN.
H.R. 1907: Mr. DOOLEY of California.
H.R. 1912: Mr. WOLF.
H.R. 1929: Mr. GUTIERREZ.
H.R. 1932: Mr. CLEMENT, Mr. BISHOP, Mr. COOK, Mrs. NAPOLITANO, Mr. NADLER, and Mr. GUTIERREZ.
H.R. 1976: Mr. KUYKENDALL.
H.R. 2004: Mr. SHOWS.
H.R. 2028: Mr. POMBO, Mr. PAUL, Mr. HILLEARY, Mr. DOOLITTLE, Mr. JONES of North Carolina, Mr. DEMINT, Mr. TANCREDO, Mr. LARGENT, Mr. RYAN of Wisconsin, Mr. HOEKSTRA, Mr. CHABOT, and Mr. TERRY.
H.R. 2056: Mr. ENGLISH and Mr. CANNON.
H.R. 2124: Mr. BARTON of Texas, Mr. PAUL and Mr. WELDON of Pennsylvnia.
H.R. 2202: Mr. DINGELL, Mr. SANDERS and Mr. FALEOMAVAEGA.
H.R. 2204: Mr. KUCINICH.
H.R. 2221: Mr. SUNUNU, Mr. LARGENT, Mr. POMBO, Mr. HILLEARY, Mr. JONES of North Carolina, Mr. MANZULLO and Mr. WHITEFIELD.
H.R. 2258: Ms. SCHAKOWSKY.
H.R. 2260: Mr. SAM JOHNSON of Texas and Mr. UPTON.
H.R. 2282: Mr. CANADY of Florida and Ms. DANNER.
H.R. 2283: Mr. SHOWS.
H.R. 2306: Mr. KENNEDY of Rhode Island.
H.R. 2337: Ms. RIVERS.
H.R. 2386: Mr. CONYERS.
H.R. 2405: Mr. LEE and Mr. OWENS.
H.R. 2418: Mr. JEFFERSON, Mr. FROST, Mr. BENTSEN, Ms. JACKSON-LEE of Texas, Mr. DEUTSCH, Mr. WALDEN of Oregon, Mr. BACHUS, and Mr. KLECZKA.
H.R. 2419: Mrs. NORTHUP, Mr. MCHUGH, Mr. BARTON of Texas, Mr. FOLEY, Mrs. JOHNSON of Connecticut, Mr. SUNUNU, Mrs. KELLY, and Mr. METCALF.
H.R. 2436: Mr. BLILEY and Mr. SHOWS.
H.R. 2444: Mr. KENNEDY of Rhode Island.
H.R. 2456: Mr. GIBBONS.
H.R. 2470: Mr. HILLIARD.
H.R. 2488: Mr. CRANE, Mr. ENGLISH, Mr. MCINNIS, and Mr. HILL of Montana.
H.R. 2499: Ms. KAPTUR.
H.J. Res. 41: Mr. ACKERMAN, Mr. ANDREWS, Mr. BALDACCI, Mr. BECERRA, Mr. BENTSEN, Mr. BISHOP, Mr. BLUMENAUER, Mr. BONIOR, Mr. BOUCHER, Ms. BROWN of Florida, Mr. BROWN of Ohio, Mr. CLAY, Mrs. CLAYTON, Mr. CLYBURN, Mr. CONYERS, Mr. CUMMINGS, Mr. DAVIS of Florida, Ms. DELAURO, Mr. DOOLEY of California, Mr. EDWARDS, Mr. ENGEL, Mr. EVANS, Mr. FALEOMAVAEGA, Mr. FARR of California, Mr. FILNER, Mr. FORD, Mr. FROST, Mr. FRANK of Massachusetts, Mr. HASTINGS of Florida, Mr. HILLIARD, Mr. HINOJOSA, Mr. HOEFFEL, Ms. HOOLEY of Oregon, Mr. HORN, Mr. JACKSON of Illinois, Mr. KIND, Mr. LANTOS, Mr. LEVIN, Mr. LEWIS of Georgia, Ms. LOFGREN, Mr. MCDERMOTT, Mr. MCGOVERN, Mr. MCNULTY, Mr. MALONEY of Connecticut, Mr. MARTINEZ, Mr. MATSUI, Mr. MEEHAN, Mrs. MEEK of Florida, Ms. MILLENDER-MCDONALD, Mr. MORAN of Virginia, Mrs. MORELLA, Ms. NORTON, Mr. OWENS, Mr. PASCRELL, Mr. PASTOR, Mr. RANGEL, Mr. RODRIGUEZ, Mr. ROMERO-BARCELÓ, Mr. RUSH, Mr. SABO, Ms. SANCHEZ, Mr. SANDERS, Mr. SERRANO, Mr. SHERMAN, Mr. SISISKY, Ms. SLAUGHTER, Mr. STARK, Mr. THOMPSON of Mississippi, Mr. TOWNS, Mr. VENTO, Ms. WATERS, Mr. WATT of North Carolina, Mr. WAXMAN, Mr. WEXLER, and Ms. WOOLSEY.
H.J. Res. 46: Mr. SESSIONS.
H.J. Res. 55: Mr. CALVERT.
H. Con. Res. 57: Ms. ESHOO.
H. Con. Res. 62: Mr. GOODE, Mr. BOUCHER, Mr. SABO, Mr. MCGOVERN, and Mr. DUNCAN.
H. Con. Res. 79: Mr. BARTON of Texas and Mr. STEARNS.
H. Con. Res. 110: Mr. JENKINS, Mr. ETHERIDGE, Mr. NETHERCUTT, Mr. HILLIARD, Mr. HOLDEN, Mr. HILLEARY, Mr. NADLER, Mr. FRELINGHUYSEN, Mrs. WILSON, Mr. PASTOR, and Mr. TIAHRT.
H. Con. Res. 124: Mr. RUSH and Mr. FRELINGHUYSEN.
H. Con. Res. 134: Mr. RUSH and Mr. SANDLIN.
H. Con. Res. 146: Mr. ENGLISH.
H. Res. 208: Mr. OWENS.
H. Res. 214: Ms. DANNER and Mr. GILCHREST.

AMENDMENTS

Under clause 8 of rule XVIII, proposed amendments were submitted as follows:

H.R. 434

OFFERED BY MR. TRAFICANT

AMENDMENT NO. 1: Page 58, line 3, after the comma insert ''and subject to paragraph (3),''.

Page 58, line 20, strike ''The'' and insert ''Subject to paragraph (3), the''.

Page 59, after line 5, add the following:

(3) RECIPROCITY REQUIREMENT.—The United States shall eliminate the quotas of exports from a country under paragraph (1), and the President shall continue the no quota policy for a country in sub-Saharan Africa under paragraph (2), only if the President determines that the country imposes no quotas on exports of textile and apparel articles from the United States to that country.

H.R. 434

OFFERED BY MR. TRAFICANT

AMENDMENT NO. 2: Page 62, line 18, strike the first period and insert the following: '', and if the President determines that—

''(i) the eligible country in sub-Saharan Africa provides duty-free treatment to such article that is a product of the United States; and

''(ii) all workers employed in the production of the articles that is attributable to the percentage referred to in paragraph (2)(A), as modified by this subparagraph, are citizens of that country.

In applying paragraph (2)(A) for purposes of this subparagraph, '50 percent' shall be substituted for '35 percent' in paragraph (2)(A)(ii).''.Offered by Mr. Traficant of Ohio

H.R. 434

OFFERED BY MR. TRAFICANT

AMENDMENT NO. 3: Page 64, line 16, strike ''2009'' and insert ''2000''.

H.R. 2415

OFFERED BY MR. TRAFICANT

AMENDMENT NO. 4: Page 84, after line 16, insert the following:

TITLE VIII—RESTRICTING UNITED STATES ASSISTANCE FOR RECONSTRUCTION EFFORTS IN KOSOVA TO UNITED STATES-PRODUCED ARTICLES AND SERVICES

SEC. 801. RESTRICTION ON UNITED STATES ASSISTANCE FOR RECONSTRUCTION EFFORTS IN KOSOVA TO UNITED STATES-PRODUCED ARTICLES AND SERVICES.

(a) PROHIBITION.—Notwithstanding any other provision of law, United States assistance for reconstruction efforts in Kosova due to the armed conflict or atrocities that have occurred in the Federal Republic of Yugoslavia since March 24, 1999, may only consist of articles produced in the United States, services provided by United States persons, or any other related form of United States in-kind assistance.

(b) RULE OF CONSTRUCTION.—A determination as to whether or not an article is produced in the United States in accordance with subsection (a) shall be consistent with the opinions, decisions, rules, or any guidance issued by the Federal Trade Commission regarding the use of unqualified ''Made in U.S.A.'' or ''Made in America'' claims in labels on products introduced, delivered for introduction, sold, advertised, or offered for sale in commerce.

(c) DEFINITIONS.—In this section:

(1) ARTICLE.—The term ''article'' includes any agricultural commodity, steel, construction material, communications equipment, construction machinery, farm machinery, or petrochemical refinery equipment.

(2) FEDERAL REPUBLIC OF YUGOSLAVIA.—The term ''Federal Republic of Yugoslavia'' means the Federal Republic of Yugoslavia (Serbia and Montenegro) and includes Kosova.

(3) MADE IN AMERICA.—The term ''Made in America'' has the meaning given unqualified

''Made in U.S.A.'' or ''Made in America'' claims for purposes of laws administered by the Federal Trade Commission.

(4) UNITED STATES PERSON.—The term ''United States person'' means any United States national, including any United States corporation, partnership, other legal entity, organization, or association that is beneficially owned by United States nationals or controlled in fact by United States nationals.

(4) PRODUCED.—The term ''produced'', with respect to an item, includes an item mined, manufactured, made, assembled, grown, or extracted.

(5) SERVICE.—The term ''service'' includes any engineering, construction, telecommunications, or financial service.

H.R. 2415

OFFERED BY MR. TRAFICANT

AMENDMENT NO. 5: Page 84, after line 16, insert the following:

TITLE VIII—LIMITATION ON PROCUREMENT OUTSIDE THE UNITED STATES

SEC. 801. LIMITATION ON PROCUREMENT OUTSIDE THE UNITED STATES.

(a) IN GENERAL.—Funds made available for assistance for fiscal year 2000 under the Foreign Assistance Act of 1961, the Arms Export Control Act, or any other provision of law described in this Act for which amounts are authorized to be appropriated for such fiscal years, may be used for procurement outside the United States or less developed countries only if—

(1) such funds are used for the procurement of commodities or services, or defense articles or defense services, produced in the country in which the assistance is to be provided, except that this paragraph only applies if procurement in that country would cost less than procurement in the United States or less developed countries;

(2) the provision of such assistance requires commodities or services, or defense articles or defense services, of a type that are not produced in, and available for purchase from, the United States, less developed countries, or the country in which the assistance is to be provided;

(3) the Congress has specifically authorized procurement outside the United States or less developed countries; or

(4) the President determines on a case-by-case basis that procurement outside the United States or less developed countries would result in the more efficient use of United States foreign assistance resources.

(b) EXCEPTION.—Subsection (a) shall not apply to assistance for Kosovo or the people of Kosovo.

H.R. 2466

OFFERED BY: MR. SANFORD

AMENDMENT NO. 22: At the end of the bill, insert after the last section (preceding the short title) the following:

SEC. __. The amount otherwise provided by this Act for ''DEPARTMENT OF AGRICULTURE—FOREST SERVICE—NATIONAL FOREST SYSTEM'' is hereby reduced by $23,115,000.

H.R. 2490

OFFERED BY: MR. ANDREWS

AMENDMENT NO. 4: At the end of the bill, insert after the last section (preceding the short title) the following new section:

SEC. ___. None of the funds made available in this Act may be used by the United States Customs Service to admit for importation into the United States any item of children's sleepwear that does not have affixed to it the label required by the flammability standards issued by the Consumer Product Safety Commission under the Flammable Fabrics Act (15 U.S.C. 1191 et seq.) and in effect on September 9, 1996.

H.R. 2490

OFFERED BY: MR. ANDREWS

AMENDMENT NO. 5: At the end of title I, before the short title, insert the following new section:

RELEASE OF FROZEN ASSETS

SEC. 120. No funds made available by this Act may be obligated or expended for offices, salaries, or expenses of the Department of the Treasury in excess of the amounts made available for such purposes for fiscal year 1999 until the Secretary of the Treasury has, pursuant to section 1610(f) of title 28, United States Code, released property described in section 1610((f)(1)(A) of such title, to satisfy all pending judgments for which such property is subject to execution or attachment in aid of execution under section 1610(f) of such title.

H.R. 2490

OFFERED BY: MR. MALONEY

AMENDMENT NO. 6: At the end of the bill, insert after the last section (preceding the short title) the following new section:

SEC. ___. None of the funds made available in this Act may be used to implement, administer, or enforce any prohibition on women breastfeeding their children in Federal buildings or on Federal property.

H.R. 2490

OFFERED BY: MR. NEY

AMENDMENT NO. 7: Page 51, line 1, after the dollar amount, insert the following: ''(reduced by $160,000)''.

H.R. 2490

OFFERED BY: MR. NEY

AMENDMENT NO. 8: Page 2, line 20, after the dollar amount, insert the following: ''(reduced by $9,440,000)''.

H.R. 2490

OFFERED BY: MR. NEY

AMENDMENT NO. 9: Page 60, line 3, after the dollar amount, insert the following: ''(reduced by $80,000)''.

H.R. 2490

OFFERED BY: MR. SANFORD

AMENDMENT NO. 10: Strike section 644 (relating to compensation of the President).

H.R. 2490

OFFERED BY: MR. SPRATT

AMENDMENT NO. 11: In title I, in the item relating to ''DEPARTMENTAL OFFICES—SALARIES AND EXPENSES'', after the last dollar amount, insert the following: ''(reduced by $500,000)''.

In title I, in the item relating to ''INTERNAL REVENUE SERVICE—PROCESSING, ASSISTANCE, AND MANAGEMENT'', after the first dollar amount, insert the following: ''(increased by $500,000)''.

H.R. 2490

OFFERED BY: MR. TRAFICANT

AMENDMENT NO. 12. At the end of the bill, insert after the last section (preceding the short title) the following new section:

SEC. ___. (a) The General Accounting Office shall conduct a study to determine the extent to which the incidence of seemingly random yet recurrent violence on the part of employees and former employees of the United States Postal Service might be related to the levels of workplace-related problems and frustrations experienced by postal workers generally.

(b) In conducting the study, the General Accounting Office shall investigate—

(1) the number of formal or informal proceedings brought by postal employees in recent years in which supervisor abuse or other similar mistreatment by the Postal Service was alleged, and how those proceedings were resolved;

(2) the degree of postal employee satisfaction or dissatisfaction with the different procedures and mechanisms available to them for having their workplace-related frustrations and complaints heard and resolved, particularly any procedures or mechanisms provided pursuant to collective bargaining; and

(3) the number of violent incidents committed by employees or former employees of the Postal Service in recent years, and whether workplace-related problems or frustrations may have been a contributing factor.

(c) The matters to be investigated under subsection (b)(1) shall specifically include discrimination on the basis of gender, race, or disability; sexual harassment; retaliatory assignments; and irregularities in hiring, training, promotions, and disciplinary actions.

(d) The General Accounting Office shall transmit to the Congress and the United States Postal Service, within 1 year after the date of enactment of this Act, a report containing the findings and conclusions of its study, together with recommendations for any legislation or administrative actions which it considers appropriate.

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PROCEEDINGS AND DEBATES OF THE *106th* CONGRESS, FIRST SESSION

Vol. 145 WASHINGTON, WEDNESDAY, JULY 14, 1999 *No. 99*

Senate

The Senate met at 9:30 a.m. and was called to order by the President pro tempore [Mr. THURMOND].

PRAYER

The Chaplain, Dr. Lloyd John Ogilvie, offered the following prayer:

Almighty God, You are the healing power for the physical and emotional illnesses of Your people. Through the ages You have guided the development of medical science in the discovery of cures for the diseases of humankind. You use surgeons, physicians, nurses, technicians, and pharmacologists to facilitate Your healing. Throughout history, You have motivated the building of hospitals for the care of the sick, and You have made medical science and the practice of medicine a divine calling. Now, at the end of the 20th century, when commercialism often blocks humanitarianism, guide the Senators in their debate of health care issues. May their deliberations on differing plans to assure patients' rights bring them to compromises and solutions that are right and just for the future of all Americans. We pray that Your abundant healing mercy be the ambience of their attitude in this crucial debate. O Divine Healer, Source of the miracle of healing, grant this Senate the miracle of agreement. In Your reconciling power. Amen.

PLEDGE OF ALLEGIANCE

The PRESIDENT pro tempore. Senator ALLARD is now designated to lead the Senate in the Pledge of Allegiance.

The Presiding Officer (Mr. ALLARD) led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

SCHEDULE

Mr. LOTT. Mr. President, today the Senate will immediately proceed to a period of morning business until 10 a.m. I see Senator GRAMS is here for some remarks after my opening statement.

Following morning business, the Senate will resume consideration of the Patients' Bill of Rights Plus, and a number of amendments will be offered, I am sure, throughout the day. Debate will resume on the pending Dodd amendment regarding coverage of clinical trials.

As we go forward today, I remind Senators that we will continue to have what I am sure everybody will agree has been a good debate. I assume there will be several amendments offered today, and so there will be votes, I hope, even this morning or early afternoon and then throughout the rest of the afternoon. By previous consent, the Senate will complete action, I remind Senators, on the pending bill during tomorrow's session of the Senate. We may go into the evening, but it will be a normal evening. We have tried to make sure we had full time allocated for this debate and amendments. We agreed in the beginning that we would at least have normal days or more.

Actually, so far, on Monday we spent 6 hours 17 minutes on this bill. The average Mondays are 4 hours 46 minutes. On Tuesday we spent 7 hours 5 minutes. The average Tuesdays are 7 hours and 30 minutes. The average Wednesdays are usually around 9 hours 39 minutes. So we are going to stay right on track. I encourage my colleagues to make their best case, offer their amendments, make their speeches, but at the end of this week I hope we will come to a conclusion that will produce a bill which will address the important areas of patients' rights, consumer rights, protections they need, the right to access of documents, the rights that they should have to care, including emergency instances, but there has to be a prudent standard; there has to be some common sense applied to all of this.

I would also say at this point how proud I have been of the only doctor we have in the Senate. I think we are really blessed and privileged to have Dr. BILL FRIST here. Not only is he an outstanding human being but, unlike a lot of us, he knows what he is talking about. Having been a highly acclaimed heart surgeon, having a family that has been involved in hospital care, he has an extent of knowledge when it comes to clinical tests or how patients are treated, what procedures are necessary, most of us just do not have. So it has been a real pleasure to watch him at work over the past few days.

The Senate may consider any available appropriations bills when we complete the Patients' Bill of Rights. I remind Senators we are scheduled to have a vote on the Abraham-Domenici Social Security lockbox on Friday. There have been indications that the President supports a lockbox concept. I asked him in our meeting on Monday: Mr. President, what is your plan? Do you support the House version, which is a real lockbox? The Senate version is really tight because it bases the lockbox on the declining debt that would result from locking the Social Security funds up and not allowing them to be spent for anything but Social Security. Or the House version, which is a more procedural effort to keep these funds from being spent, requiring a supermajority vote, for instance, in the Senate of 60 votes in order to spend that money for anything but Social Security, which I think it should not be. Or is there some compromise version?

Senator DASCHLE and I have communicated on that a couple times over the past 2 days. We hope that maybe we can come to some agreement and get this Social Security lockbox done, set those moneys aside so that we can move on and deal with other issues such as Medicare reform and returning

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

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some of the tax overpayment to working American families.

So after the Patients' Bill of Rights, we do have the vote scheduled on Friday on the lockbox for Social Security, and then we are looking at other appropriations bills that we could go to Friday or early next week or the intelligence authorization bill. We will confer with leadership on both sides before that announcement is made.

With that, I thank my colleagues, and I yield the floor so that Senator GRAMS can make his statement.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, leadership time is reserved.

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, there will now be a period for the transaction of morning business not to extend beyond the hour of 10 a.m. with Senators permitted to speak therein for not to exceed 5 minutes each. Under the previous order, the Senator from Minnesota, Mr. GRAMS, is recognized to speak for up to 15 minutes.

The Senator from Minnesota.

Mr. REID. Mr. President, parliamentary inquiry.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. It is my further understanding that under the unanimous consent agreement of last night the Senator from Wisconsin is to be recognized for 10 minutes and the Senator from Rhode Island is to be recognized for 5 minutes. Is that true?

The PRESIDING OFFICER. The Senator is correct.

Mr. REED addressed the Chair.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. REED. Further parliamentary inquiry. Would that carry us past the 10 o'clock hour?

The PRESIDING OFFICER. The Senate then would go past the 10 o'clock hour.

Mr. REED. I thank the Chair.

The PRESIDING OFFICER. The Senator from Minnesota.

PATIENTS' BILL OF RIGHTS

Mr. GRAMS. Mr. President, I rise today to talk a little bit about the health care bill we are debating in this Chamber.

Our colleagues on the other side of the aisle have day after day asserted that their Patients' Bill of Rights legislation is better than the Patients' Bill of Rights Plus legislation, of which I am a proud cosponsor.

If we are to believe that raising the cost of every insured individual's premiums by 6.1 percent and increasing the number of uninsured by roughly 1.8 million people is what is good for America, then, yes, this could be called a better bill. I, however, don't think those statistics suggest it's a better bill. Most Americans who know that this legislation increases costs and increases the number of uninsured do not think it is a better bill at all.

I firmly believe that the Patients' Bill of Rights Plus, S. 300, is a much more productive solution to problems facing Americans in the health care market today.

Mr. President, eight to ten percent of Minnesotans are uninsured today. Now, we in Minnesota enjoy a lower uninsured rate than the national average and we have historically had one of the lowest uninsured populations in the country.

However, if S. 6 is adopted into law, I could expect to see about 36,000 more Minnesotans become uninsured. Nationally, about 15 percent of our population today is without insurance. They may be uninsured for a number of reasons, but I bet the biggest obstacle for most people is access, and access is determined by costs. They simply cannot afford the costs of insurance.

These uninsured Americans would be left even further behind if we adopt the Kennedy-Daschle health care bill. Our colleagues make no effort whatsoever to address the problems of the uninsured. I do not think this is good policy, I do not think it is good for the Nation, and it certainly is not good for those already uninsured or those who will be forced to drop health care insurance because of increased costs.

Thankfully, we have an alternative, and it is called the Health Care Access and Equity Act of 1999, or S. 1274. I was pleased to introduce this legislation along with my colleagues Chairman ROTH and also Senator ABRAHAM of Michigan. When we introduced this bill on June 24, we did so with the support of 15 of our colleagues.

The Health Care Access and Equity Act does several things to increase access to health insurance, but one of the most important components is the full deductibility of health insurance costs for those without access to health insurance coverage through their employer. The Health Care Access and Equity Act of 1999 presents us with the opportunity to create the most comprehensive tax deductible coverage system in our Nation's history. It achieves this by eliminating one of the most discriminatory portions of the Tax Code: the disparate treatment between an employer purchasing a health plan as opposed to an individual purchasing health insurance on their own.

When employers purchase a health care plan for their employees, he or she can fully deduct the cost of providing that insurance, effectively lowering the actual cost of providing that coverage. However, when an employee purchases an individual policy on their own, they must do so with after-tax dollars and cannot fully deduct the cost of that plan. They do not have the ability or the advantage offered to employers to reduce the actual costs of their policy by deducting the premiums from their taxes every year. Therefore, health insurance is too costly and, for many, they usually wind up without health coverage. The Health Care Access and Equity Act will end this discrimination within the Tax Code and make health care available for many more Americans.

Let's make the same tax incentives for purchasing health insurance now available to employers apply to everybody. Let's level the playing field, and we will have taken the next logical step in the evolution of our health care system.

I believe Congress should be doing what it can to lower the cost of health insurance, making it more affordable—not by proposing legislation that will raise the costs and will make health insurance more and more difficult to afford.

I have a chart with me that shows the impact my legislation would have for my constituents. As you can see, it would reduce health insurance costs by anywhere from $796 to $1,384 for a family of four living in Mankato, MN, and also $887 to about $1,542 for a family of four living in St. Paul, or the Twin Cities. This is because they could deduct their premiums on their taxes, and this is what they would save off their tax bills which they could use then to pay for health insurance policies, thus making health care more affordable.

These are very significant costs which could make health insurance coverage available for many more people in my State, as well as across the country, who are currently in the individual health insurance market, and that is more than my colleagues on the other side of the aisle can say about their bill.

It seems most proposals before the Senate are just out there forcing some Federal definition of quality health plans onto the consumers and then sticks them with the bill, the increased cost for those mandates. It is not good policy, it does nothing for those who are uninsured, and it will not help those who will be forced to drop their health insurance because they can no longer afford the increase in those health care premiums.

Even without the increased costs associated with the so-called Patients' Bill of Rights legislation, employers are already anticipating premium increases of between 7 to 10 percent over and above the costs that would be forced to go up under the plan by Senator KENNEDY. Add on to that the costs of the Patients' Bill of Rights and you get higher numbers across the board, you get higher premiums, higher uninsured and higher frustration because any raise in pay that a middle-class worker might expect will now go toward even higher health care premium costs.

It is estimated that benefit mandates comprise over 20 percent of the price of health plan premiums already in the

State of Minnesota, and if you add on top of that the 5- to 6-percent tax on health plans and we are getting close to one-third of that premium being attributed to taxes or mandates.

You might say: Employers can cover the premium increases. Some may, but some may not. Regardless, the money employers use to cover higher health insurance premiums could be used to increase the employee's salary. By increasing the employers' costs, Congress will force employees to forego a pay increase. My colleagues across the aisle may believe this is a good direction for the country to go in, but I do not, and I know that most Minnesotans do not agree.

If all this were not bad enough, 57 percent of small businesses say they will stop providing health insurance for their employees if they are exposed to the Kennedy-Daschle bill's liability provisions. This is not just a threat. Most small businesses are not able to absorb higher operating expenses without cutting back or eliminating some costs, and that could mean as well some jobs that would be lost.

Let's talk about the liability issue a little bit.

Under Senator KENNEDY's legislation, employees will be able to sue their employers for something the employer is not obligated to provide. That sounds a little strange to me, so I have to say it again. People will be able to sue their employer if they are unhappy with something their employer is not in any way obligated to provide.

Proponents of increasing costs through liability will say: We have carved out employers from the liability provisions so only insurers, HMOs, and third-party plan administrators would be liable. This may be true in theory, but what they will not tell you is that there is already no way to separate the two under recent guidance from the Department of Labor. The guidance clarifies that employers have a fiduciary obligation to monitor plan quality. This responsibility renders so-called carve-outs ineffective because there is no way employers can completely absolve themselves of benefit decisions under their health plan which is required under the Democrats' illusionary carve-outs.

As I have mentioned before, the Kennedy-Daschle approach will increase costs, and even if employers could meet the guidelines for that liability exemption, the costs are still passed on to the employers and, of course, those costs are then passed on to their employees. Essentially, the Kennedy-Daschle liability provision does not guarantee quality health care. What it does guarantee is increased health premium costs for every American.

What fork in the road is this country taking when a notion such as this is given any serious discussion? Isn't it apparent to supporters of the Kennedy bill that if companies are exposed to this type of liability they would just drop insurance coverage for their employees?

I have never believed we need more litigation in this country, and this is certainly not an exception. We all want patients to have protection as much as anyone else. Yet how do we ensure patients are receiving the health care they need in a timely fashion?

I believe a strong, independent, quick, and easily accessible appeals process for those who have been denied health care services they and their physicians believe is necessary is what is needed and appropriate means to resolve coverage disputes. Again, as an original cosponsor of the Patients' Bill of Rights Plus legislation, I support an idea for this strong, independent, external appeals process to ensure people receive the health care they need and to make sure they get it when they need it.

Perhaps the best part of the appeals process is the fact that the external appeal is binding on the health plan but not binding on the person who is appealing. What does that exactly mean?

It means if you were denied care you and your physician believe is necessary, go through the appeals process and the appeals board agrees with you, the health plan then is legally bound to pay for that care. However, if you are unsatisfied with the outcome of the appeals process, you can then sue the health plan under current law, which allows the collection of attorney's fees, the cost benefit, court costs, injunctive relief, and other equitable relief.

No one can sue their way to good health, but we can give them the tools they need to get the care they need when they need it, and the Patients' Bill of Rights Plus gives consumers those tools.

The Kennedy-Daschle bill also includes a provision which, on the surface, also sounds very reasonable. It allows physicians and patients to determine what is medically necessary. Who could be against that? But what they do not tell you is creating such a standard could, under some circumstances, work against the patient's best interest. I will give an example of how this could happen.

Under Senator KENNEDY's bill, health plans would be required to cover the costs of whatever setting or duration of care a physician decides is ''medically necessary.'' The bill goes on to define medical necessity as whatever is consistent with generally accepted principles of professional medical practice.

This effectively prohibits health plans from intervening in situations when it is clearly in the patient's best interest. For instance, the Centers for Disease Control figures indicate that approximately 349,000 unnecessary caesarean sections were performed in 1991. While decisions regarding these individual procedures were based on generally accepted principles, a large number of women were needlessly subjected to major surgery and risk of infection.

Another shortcoming of the generally accepted principles of medical practice is the variance in treatments from region to region. Let's take a look at what the Dartmouth Atlas of Health Care 1998 says about treatments for breast cancer;

> Once diagnosed, surgery is universally recommended for the treatment of breast cancer. There are two principle surgical approaches: breast sparing surgery (lumpectomy, which is followed by radiation therapy) and mastectomy (complete removal of the breast). Randomized clinical trials have shown that these two approaches have nearly identical rates of cancer cure. . . . Despite scientific evidence that the survival rate is the same for breast sparing surgery and for mastectomy, and in spite of wide consensus that patient preferences should determine which treatment is chosen, the wide variations in surgical rates suggest that physician, rather than patient, preferences are the deciding factor on most cases.

That's what the Dartmouth Atlas of Health Care 1998 has to say about the choice between lumpectomies and mastectomies. Let me tell you about a related incident which actually happened in my state of Minnesota.

Several years ago, one of the major health plans in Minnesota received a telephone call from a Minnesota physician seeking authorization to perform an outpatient mastectomy on a woman suffering from breast cancer. This physician wanted to admit a woman to a same-day surgical center, remove her breast and then send her home later that day.

The health plan's medical director had never heard of an outpatient mastectomy being done before. In answer to questioning by the health plan, the physician admitted he had done the procedure only one time before. When asked why he wanted to do this procedure on an outpatient basis, he told the plan it was at the request of the patient. The plan's representative told the physician to wait and make no plans to do the procedure outpatient.

The health plan then went to the patient and asked why she would want to procedure done as an outpatient. She told the plan's representative that the physician told her the plan was ordering him to do the procedure on an outpatient basis. ''You know how insurance companies are,'' she said he told her.

When the plan told her they hadn't ordered the physician to do the procedure outpatient, she began to cry. She did not want the procedure done outpatient.

The health plan called the physician back and told him that due to the lack of medical necessity, they were denying his request for authorization to do the mastectomy on an outpatient basis. The patient had the mastectomy as an inpatient, and because of complications, she ended up staying in the hospital for several days.

Mr. President, this women was a single-mother of three who would have been totally incapable of caring for herself, much less her three children, if the physician had done the procedure outpatient as he originally requested.

This example demonstrates how health plans can and do contribute to

quality in our health care system. Are there problems in some areas? Have mistakes been made? Yes. But, let's think about the consequences of what we do here today. Will the Kennedy bill really make health care better? More quality oriented? I don't think it will.

New breakthroughs in pharmaceuticals and medical devices are unveiled almost daily. Many of these breakthroughs come from Minnesota companies and research facilities. These breakthroughs represent opportunities for individuals to live longer, healthier, more productive lives. I believe it would be difficult for physicians, or anyone, to be able to keep up with all the latest technology and treatments by themselves. Yet, that's what we're forcing them to do if the medical necessity provision included in the Kennedy bill passes as written. Further, if plans are required to pay for whatever procedure, treatment, drug or device providers offer, we could be putting patient's health, and perhaps their lives, at stake.

To show the inconsistency of President Clinton and Senator KENNEDY display by insisting the medical necessity provision be part of the Patients' Bill of Rights, they directly contradict a report issued in February by the Office of Inspector General of the Department of Health and Human Services. The report found that the majority of all Medicare fee-for-service fraud cases is a lack of medical necessity. You may recall Secretary Shalala holding a press conference in response to this report calling on America's seniors to be more vigilant when receiving health care services to assure that fraud is not being committed.

If the administration is urging consumers and health plans to take action in order to reduce fraud in the Medicare program, why is it proposing to bar health plans from using the very same tools to prevent fraud in their programs?

While I'm thinking about Medicare and the Patients' Bill of Rights, it was President Clinton who insisted, under the threat of a veto, a provision be included in the Balanced Budget Act which denies seniors one of the most basic patient's rights—the ability to use their own money to pay for the health care services they believe are necessary. Our Democratic colleagues agreed with the President and have stalled reconsideration of this egregious violation of a basic right. I am hopeful we can get to that patient's right later this year.

The problems our health care system faces are not just the result of managed care. If it were, Minnesota, where 90 percent of health care consumers are in managed care organizations, would not have the longest life expectancy in the United States. The Twin Cities of Minneapolis and St. Paul would not have the lowest health care costs of the top 20 metropolitan areas in the United States, and we wouldn't have an uninsured rate half the national average. Minnesota has found a way to live and thrive with managed care. It's not without problem, but for the vast majority of Minnesotans, it works well. With all due respect to my colleague from Massachusetts, Minnesotans don't want his definition of a quality health plan and we don't want him to tell us what protections we need or don't need.

During my first term in Congress, President Clinton introduced the Health Security Act, which is now commonly referred to as ''Clinton Care.'' I was opposed to the President's legislation because it was nothing short of a government take-over of the best health care system in the world. I remain opposed to this type of legislation because it is too prescriptive, too centralized and limits health care choices.

Over the past two years, we've seen bill after bill introduced which propose, in the name of quality health care, to allow federal bureaucrats, Congress and lawyers to practice medicine without a license. Benefit mandates are thrown around Congress as if there were no consequences. I've heard it referred to as legislating by body part.

We are told by those on the other side of the aisle, ''we need to have benefit mandates so Americans can receive quality health care,'' and ''let's preempt the states because they don't know what they're doing.'' I disagree, and the very individuals who regulate HMOs and every other type of health plan for the respective states—the insurance commissioners—also strongly disagree. In fact, State insurance commissioners have already spoken to Congress on this issue. The National Association of Insurance Commissioners wrote this to Chairman JEFFORDS in March of this year.

> It is our belief that states should and will continue the efforts to develop creative, flexible, market-sensitive protections for health consumers in fully insured plans, and Congress should focus attention on those consumers who have no protections in self-funded ERISA plans.

The letter goes on to explain very precisely their view of pending legislation:

> The states have already adopted statutory and regulatory protections for consumers in fully insured plans and have tailored these protections to fit the needs of their states' consumers and health care marketplaces. In addition, many states are supplementing their existing protections during the current legislative session based upon particular circumstances within their own states. We do not want states to be preempted by Congressional or administrative actions.

There has been a lot of smoke blown around here about how many health-based organizations have endorsed this bill or that bill, but when it comes to regulating health insurance policies, I believe we need to put more stock in the option of those who are currently responsible for regulating health insurance—our state insurance commissioners. They know best what the people in their states need—they know best how to achieve their goals, and Congress should know better than to question their ability or willingness to meet those challenges.

As we get deeper and deeper into the details of the Kennedy-Daschle bill, I am reminded of something Minority Leader DASCHLE said in the opening hours of this debate. He claimed that the reason insurance companies call them HMOs ''is that H-M-O stands for their patient philosophy: Having Minimal Options.'' Mr. President, I suggest that it is the Kennedy-Daschle bill that would take away options and our colleagues should be willing to admit it.

We have seen our colleagues' true motives when they backed President Clinton's Health Security Act, when they backed President Clinton taking away a senior's right to use their own earnings to pay for medical services without the government and now we see it with the Kennedy-Daschle Patients' Bill of Rights. Consumer's options are becoming minimal and we have government to thank for that.

To suggest that our bill—the only one expanding options for the American people by eliminating restrictions on medical savings accounts, allowing the self-employed to fully deduct the cost of purchasing health insurance, and permitting the carryover of unused funds in flexible spending accounts—limits Americans choices, ignores the contents of our bill and ignores the reality of the Kennedy-Daschle bill.

Another issue I would like to talk about is something I have taken great interest in over the past three years—emergency medical services. This is perhaps one area in our debate which Republicans and Democrats have agreed is important enough to ensure access for Americans in need of immediate care. Every proposal in Congress contains some form of the prudent layperson standard for emergency services. That is with good reason.

The Federal Government has some precedence in dealing with access to emergency care through a law enacted in the 1980s called EMTALA, or The Emergency Medical Treatment and Active Labor Act. This act requires hospitals to treat everyone and anyone who enters their emergency department regardless of ability to pay as a precondition to participation in the Medicare program.

All the proposals before Congress with the prudent layperson standard include some reference to EMTALA. Where I have concern is the lack of any mention of ambulance services in any Patients' Bill of Rights legislation. While there has been some mention of ambulance services being included as part of the ancillary services clause under EMTALA, this simply will not work.

I will remind my colleagues that EMTALA only affects what happens once an individual arrives at a hospital's emergency room door. It covers none of the pre-hospital care people receive from courageous EMS personnel

all over the Nation whose sole function is to get the sickest among us to the emergency room quickly, efficiently and safely so emergency physicians can tend to our condition.

Contrary to what most people think, EMS personnel do not make diagnoses. They do not make decisions about whether a patient should or should not be transported to an emergency room based on their medical condition. Ambulance personnel respond to calls initiated in any number of ways, arrive at the location, assess the patient's condition, stabilize them and ready them for transportation to a facility with the personnel trained to make a diagnosis.

The reason I wanted to bring this to everyone's attention is because I believe many of us have not taken the time to fully understand the function ambulance services performs in the health care delivery system. We cannot afford to continue ignoring the important role EMS plays in health care.

For the past 3 years, I have introduced legislation which would address some of the problems ambulance services faces every day. My most recent iteration is S. 911, the Emergency Medical Services Efficiency Act. I invite any and all of my colleagues to join me as a cosponsor of this important legislation. I am hopeful we can include several of its provisions in the Patients' Bill of Rights legislation before us today.

For every 1 percent increase in premiums, there are an additional two to four thousand uninsured in Minnesota. Whether it's a family of four in Ada, Minnesota or a single mother of two in Zumbrota, I don't want to be responsible for any Minnesotan losing their health insurance coverage. I believe if I were to vote for the Kennedy-Daschle bill, I would be doing just that—ensuring that 36,000 Minnesotans will be forced to drop their coverage because they can no longer afford it.

That is something I, along with 97 of my colleagues in the Senate, voted not to do in a sense-of-the-Senate resolution last year. I urge my colleagues to honor the promise they made in that vote and defeat the government-centered, one-size-fits-all vision of health care illustrated by the Kennedy-Daschle Patients' Bill of Rights. Patients will get a bill all right—one taken out of their paychecks every month.

I urge my colleagues to say yes to creating choices, yes to protecting consumers who aren't currently protected, yes to being mindful of costs, and yes to increasing the number of insured—they can do all that with one vote for the Patients' Bill of Rights Plus.

The PRESIDING OFFICER. Under the previous order, the Senator from Rhode Island is recognized to speak for up to 5 minutes.

Mr. REED. Thank you, Mr. President.

PATIENTS' BILL OF RIGHTS

Mr. REED. Mr. President, I will discuss several issues that are central to the debate we are having on managed care in the Patients' Bill of Rights.

First, I was very disappointed that the Senate rejected Senator KENNEDY's amendment which would have extended the protections of the Patients' Bill of Rights to all privately insured Americans. Those in favor of much more limited coverage, very much restricted coverage, argue that the cost in the Democratic alternative would cause many Americans to lose their health insurance through increased premiums. They argue, as we have heard time and time again, that premiums would rise and that employers would drop coverage.

When you actually talk to many employers, particularly those in small businesses who are represented by the American Small Business Alliance, for example, they tell quite a different story. They talk about a situation in which they have already seen premiums rise, but they get very little for what they pay for.

For example, Mr. Brian McCarthy, President of McCarthy Flowers and Cabs, from Scranton, PA, had this to say. His words:

> Workers who spend time out sick or are consumed in battles with their health plan wreak havoc on the bottom line. That lost productivity costs my business a lot more than the modest premium increases that may result from this legislation.

He went on to add:

> The Patients' Bill of Rights is about giving people the care they need and deserve, and it clearly gives small businesses a better deal for their health care dollar.

That is not the voice of a Senator, but of a small businessperson who has seen the effects of managed care on his own bottom line.

Another small business owner, Mr. Tom Reed, who owns Lake Motors in Eagle Lake, TX, said:

> My premiums go up now and I get nothing, or sometimes even less coverage. The Patients' Bill of Rights at least will give me something tangible, bringing me better value for the health care money I spend.

Those are the words of businesspeople who are struggling with the issues. They are in favor of this legislation because they want to get what they have been paying a lot for, and that is quality health care. They will only get that with the Democratic Patients' Bill of Rights.

There have been studies that have supported these anecdotal comments. The Kaiser-Harvard Program on Health Policy surveyed small business executives from the small business sector, and they found that 88 percent support independent appeals such as those that are in the Democratic alternative; 75 percent support the right to see a specialist without prior approval; 61 percent favor giving people the right to sue their health plan; and fewer than 1 percent suggested that they might drop coverage if rates increased.

These are small business executives. This is compelling and persuasive evidence that, in order to be responsive to the needs of small businesses throughout the country, it is imperative that we pass the Democratic alternative.

There is another aspect of this legislation which deserves discussion, and that is the fact that health care plans, HMOs, are immune from liability because of what is apparently a loophole in the ERISA law.

A physician can be sued for malpractice, a physician can be sued for making misjudgments, but an insurance company, often working through nonphysicians, administrators, and reviewers, are immune from such suits.

This aspect of accountability is critical to making sure that we have rights that are enforceable and that actually produce tangible results throughout the country.

In another survey, the Kaiser Family Foundation found that 73 percent of those surveyed believe that patients should be able to hold their managed care plans accountable through the courts.

This is not to suggest that anyone is encouraging a mass exodus to the courthouse. In fact, there is quite a bit of experience that suggests this probably will not happen.

In Texas, in May of 1997, bipartisan legislation was passed making it the first State where managed care organizations can be sued for medical malpractice. Like the Democratic plan, the Texas liability law is closely tied to tough, independent external review processes. In fact, you cannot take advantage of the right to sue until you have been through this independent review process.

Despite all the warnings about a flurry of lawsuits—the same thing we are hearing today—this has not been the experience in Texas. Neither has the State experienced increased premiums. What has happened is that both sides now are claiming success. HMOs are saying: Look, this is working. And consumers are saying: This is helping us out. In fact, according to Texas State Senator David Sibley——

The PRESIDING OFFICER. The time has expired.

Mr. REED. I ask unanimous consent for an additional minute

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

Mr. REED. I thank the Chair.

According to one of the sponsors, Texas State Senator David Sibley, who is Republican, in his words, stated:

> [T]he Texas experience has been very positive. . . . Both sides are claiming victory: the HMOs are saying ''see how well it works; people aren't filing many reviews.'' The consumer groups are saying that HMOs are being more responsive and are looking more carefully at the needs of patients before they deny claims.

Mr. REID. Will the Senator yield?

Mr. REED. Yes.

Mr. REID. Is the Senator aware that George W. Bush, Governor of the State

of Texas, vetoed the initial HMO bill in the State of Texas?

Mr. REED. I was not aware of that. But I think experience is showing that it would have been an error because the law is working very well. We have a rare historic opportunity to do something to help the American people. It has been done already by the great State of Texas in many respects, but we can do much more, and we shall do much better. I would like to see the same type of protections that are available to the good people of Texas afforded to everyone in this great country.

I thank the Chair and yield the floor.

The PRESIDING OFFICER. Under the previous order, the Senator from Wisconsin, Mr. FEINGOLD, is recognized to speak up to 10 minutes.

THE IMPORTANCE OF PATIENT PROTECTIONS

Mr. FEINGOLD. Mr. President, I rise today to speak about the importance of passing a meaningful Patients' Bill of Rights package that will ensure that managed care companies cannot put their cost-control measures ahead of the well-being of their patients. This legislation is absolutely vital to protecting the quality of health care for all Americans.

Many of my colleagues have spoken on various aspects of this issue over the past few weeks. But I would like to bring my colleagues' statements ''home'' by speaking a bit about what we mean when we talk about ''Protecting Patients' Rights.'' We are talking about the grim reality that the American health care system is no longer controlled by those who best understand how to treat patients—our physicians.

Instead, managed care companies, primarily HMOs but also other health insurance providers, have become so involved in the business of health care that they control nearly every aspect of health care including where the health care is provided, and by whom. Of greatest concerns to me the most is that these managed care organizations can decide whether that health care can be provided at all—they make the key medical decisions. In other words,, regardless of whether that care is determined to be medically necessary by the physician who is treating you, managed care administrators can override your doctor's medical decisions and refuse to cover the care that you need.

How does this happen? Well, managed care companies control costs by limiting supply—screening which health care providers its enrollees are permitted to see, requiring patients to go through insurance company gatekeepers prior to seeing a specialist, tracking physician practice patterns to ensure that doctors are complying with HMOs' cost-control efforts. Some HMOs go so far as to impose a gag-rule on doctors, prohibiting physicians in their system from discussing treatment options that the HMO administrators deem too expensive.

Managed care companies control how—or even whether—we receive health care. Their control over what goes on in the examination room can be matched only by their significant political clout in Washington, which they've gained in part through generous political donations. Mr. President, during earlier remarks I gave on the Patients' Bill of Rights, I talked about the power special interests wield in the health care debate, but I want to remind my colleagues and the public of those remarks, because I think it's vital that we keep the power of these wealthy interests in mind throughout this discussion.

During the last election cycle, managed care companies and their affiliated groups spent more than $3.4 million on soft money contributions, PAC, and individual contributions—roughly double what they spent during the last mid-term elections.

Managed care giant United HealthCare Corporation gave $305,000 in soft money to the parties, and $65,500 in PAC money to candidates;

Blue Cross/Blue Shield's national association gave more than $200,000 in soft money and nearly $350,000 in PAC money;

And the managed care industry's chief lobby, the American Association of Health Plans, has given nearly $60,000 in soft money in the last two years.

Mr. President, these numbers are just the tip of the iceberg, but I mention them today to present a clearer picture of the power the managed care industry wields in Washington as we debate managed care reform. As we talk here on the floor about why Americans have such an important stake in this body passing the Patients' Bill of Rights, we should also be aware of what a huge stake the industry has in stopping this legislation, and how they have used the campaign finance system to protect their interests.

Regardless of how you feel about any particular Patients' Bill of Rights proposal, I think any reasonable person would agree that an arrangement where someone has financial incentives to deny health care to my family and me—that the very existence of such incentives has to raise flags. As a parent, and as a consumer, I want to be sure that managed care cost-control systems don't compromise the quality of health care for my family and me.

So I want to make it clear that the central goal of protecting patients' rights is to ensure that medical necessity is what drives our health care. That's what we're talking about. We need to be sure that the people making health care decisions are licensed health care professionals, not administrative personnel whose primary mission is to protect their bottom line. I do not think that is an outrageous, pie-in-the-sky goal. I think it's a common sense expectation when I buy health insurance for my family, and I don't think any of my colleagues would demand any less from their own health insurance.

During the year or so since Senators DASCHLE and KENNEDY first introduced the Patients' Bill of Rights, I have had the opportunity to visit every county in my state to speak with my constituents and to find out what issues they care about. I can tell you that health care—the quality of health care, the availability of health care—is consistently one of the top issues that my constituents raise with me. In general, the quality of health care in Wisconsin is quite good. Wisconsin was one of the first states to regulate HMOs as insurance providers, and the state has developed a set of basic, common sense patient protections—many of which are included in S. 6, the Democratic Patients' Bill of Rights.

Mr. President, I would like to share a story that was told to me by a pediatrician who practices in Madison, Wisconsin. This pediatrician told me about a newborn infant she saw who looked fine upon first examination, but on the second day, the pediatrician detected a heart murmur. Knowing that this newborn urgently needed to see a specialist, the pediatrician immediately called for a referral to a pediatric cardiologist, which in this particular HMO requires first going through an adult cardiologist for the referral to a pediatric specialist. By sheer luck, a pediatric cardiologist happened to be in the hospital on a separate matter and was able to examine the baby.

The pediatric cardiologist ordered an echocardiogram and diagnosed coarctation, a tightening or narrowing of the aorta that is specific to newborns. That pediatric cardiologist happened to be in the right place at the right time—but under usual circumstances, time would have been lost while a referral was sought from an adult cardiologist. As a result, that baby immediately began receiving medication—prostaglandin—intravenously until she could be transported to Children's Hospital in Milwaukee to receive emergency heart surgery. The baby survived and is doing well.

When I heard this story, apart from relief that the baby survived, my first question was, ''What would have happened if you and the baby's parents had to go through the normal processes of the HMO's rules?'' The pediatrician told me that that process, even if expedited, would have taken at least 24 hours, which didn't sound very long until the pediatrician informed me that the untreated coarctation would have resulted in the baby's death within a few hours.

I am greatly relieved and happy that this particular baby was cared for and survived. But what I find frightening, though, is that this baby survived almost as a fluke, in spite of the system. The Patients' Bill of Rights includes a guarantee of access to pediatric specialists. Fortunately for the family of

the baby with the heart murmur, many pieces fell into place to save the baby, including a dedicated and vigilant pediatrician willing to be an advocate for her patient and a pediatric specialist in the right place at the right time. This situation didn't turn into a horror story. But we simply cannot let these sorts of happy endings happen only by chance. We must enact meaningful patient protections, such as guaranteed access to pediatric specialists as contained in the Democratic Patients' Bill of Rights but lacking in the Republican bill, to ensure that people get the care that they need.

The patient protections we are talking about ought to be part of the deal when you enroll in health insurance. These are pretty basic concerns, Mr. President, concerns that I think may get obscured sometimes when we get into jargon like ''prudent layperson,'' ''point of service,'' and so on. So when we speak about protecting patients' rights, I want to be clear that we are talking about how to make sure that corporate cost-control concerns don't result in people being denied the care that they need.

I thank the Chair.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

PATIENTS' BILL OF RIGHTS ACT OF 1999

The PRESIDING OFFICER. The Senate will now resume consideration of S. 1344, which the clerk will report.

The legislative clerk read as follows:

A bill (S. 1344) to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage.

Pending:

Daschle amendment No. 1232, in the nature of a substitute.

Dodd amendment No. 1239 (to amendment No. 1232), to provide coverage for individuals participating in approved clinical trials and for approved drugs and medical devices.

The PRESIDING OFFICER. Who yields time on the pending amendment?

Mr. REID. Mr. President, I yield the Senator from California 7 minutes.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. I thank the Chair, and I thank the Democratic whip for yielding me this time.

Mr. President, I rise in favor of the Dodd amendment, which deals with access to clinical trials and access to prescription drugs. I think this is a very important amendment, and I am very proud to speak in favor of it.

Yesterday, as I left the floor of the Senate, I realized what the score was for the people: Zero. In very close votes in each case, this Republican majority voted, with rare exception, for the HMOs and against the patients of this country. It is stunning to me to see that, a most amazing thing.

As I discussed some of what happened yesterday with my Democratic friends, who happened to be women, we were all stunned at the vote against a very straightforward amendment by Senator ROBB which basically said, after a mastectomy, a doctor should determine the length of stay. It is stunning to me that that couldn't pass the Senate. The hold and the grip of the HMOs is extraordinary.

There is a cartoon in today's Washington Post that I find very interesting. It pictures huge campaign contributions. The Senator from Wisconsin talks about that all the time. I am not surprised people are cynical. All I hope is that they wake up and listen to this debate. This amendment on clinical trials is one they ought to listen to.

What is a clinical trial? A clinical trial occurs when there is a promising new therapy for a condition, a disease for which traditional therapies are not working for everyone. So what happens is people will enroll in these clinical trials; usually, they are pretty desperate at that point because their disease is not responding well to the traditional therapies. They want to get into this trial, and they want to see if they have a chance at surviving. The good news about this for society is not only will this individual have a chance of surviving, but we learn about the therapy, and, of course, it is the way we have seen therapies move into the mainstream of treatment.

Well, what is happening now with the HMOs—because they are so interested in their profits and paying their CEOs $30 million, in one case, and $50 million a year in another case—is they are cutting back on costs. So where they used to pay the costs associated with a clinical trial, not for the experimental therapy itself, because that is paid by the company that invented it, but by the associated costs, if there are reactions to the therapy, et cetera, they are cutting back on this treatment. So by their refusal to pay for the patient cost, many research institutions—particularly cancer centers—are cutting back on the clinical trials because there is a lack of payment by the HMOs, and we are running into a real serious problem.

When you continually put profit before patient care, when you continually put dollar signs ahead of vital signs, what happens is we are losing the opportunity to test these promising treatments for cancer, for Alzheimer's, for Parkinson's, for diabetes, for AIDS—you name the disease. By the way, if you ask the average American what they fear most, they will tell you it is illness; it is cancer; it is heart disease; it is stroke; it is the loss of a loved one.

So what we have is a situation where HMOs are refusing to pay the patient costs in clinical trials, and clinical trials are being cut back at the very time when we are making tremendous strides in learning more about therapies. This is a sad day.

So what we do in this amendment is essentially say let's go back to the way it always was, where the HMOs pay for the costs associated with these clinical trials for their patients. If we don't pass this amendment and this trend continues, we will reverse the trend of finding better cures for disease.

The other thing this amendment does, which is really important, is it deals with access to prescription drugs. Nearly all the HMOs have developed what is called a formulary, which is a limited list of prescription drugs for which the HMO will pay. They do this to receive discounts from drug companies and to limit the number of medications for which they pay. This is a cost-saving measure. I don't have a problem with this—except when the formulary drug isn't right for the patient, except when a doctor says the drug his patient needs is not in the formulary. What this amendment says is that the HMO must pay for the drug that a doctor determines his patient needs, even if it isn't in the list that the HMO provided.

It also says in this amendment that HMOs cannot classify a drug that is approved by the FDA as experimental, which is one of the ways they get around having to pay for a drug. They say to a patient: Well, I know your doctor wants you to use this drug, but it is experimental.

Well, if a drug is approved by the FDA, the Food and Drug Administration, then it is clear that the drug has been approved and ought to be available.

So this is a very important measure. This will ensure we keep making progress on clinical trials. This will ensure people get access to the needed drugs. I hope we will stand up, not as we did yesterday, because this Senate sat down for the people and stood up for the big money interests in this society, the HMOs and their bottom line. Let's stand up for the people and let's support this Dodd amendment.

I yield the floor.

The PRESIDING OFFICER. Who yields time?

Mr. FRIST. Mr. President, very quickly, let me state where we are, and then I will yield to the Senator from Florida.

We are presently considering an underlying amendment on clinical trials which was put forth by Senator DODD. It is an issue we have discussed a great deal in committee. It deserves discussion and it deserves a great deal of debate because it is important. As one who has been a principal investigator in clinical trials and has been involved in clinical investigations and trials for pharmaceutical agents and the application of medical devices, such as cardiac valves and stints, all of which I am familiar, it allows me to say it is critically important we debate and address

this issue, that we make sure we do move forward in a direction to capture and support the great benefits which are available in clinical trials.

A clinical trial is fairly straightforward in patient care. It is to figure out whether or not something works or whether it is harmful or not harmful. It is necessary to use and investigate patient populations where one group of the population receives it and one group does not receive it, to see what the adverse effects are, what works and what does not work. It is the accepted way of making and capturing the great advances which we all know are both being realized, but even more exciting—whether it is in the field of cancer or heart disease or bone disease or stroke—is that we are going to make our great breakthroughs.

In the underlying bill we are considering, we have a study by the Institute of Medicine to look at the factors which might hinder patient participation in those trials and also to figure out what the cost of these trials are, because you have one population that is not getting either a specific device or pharmaceutical agent and one population that does. But to compare these two populations, you need to do more testing, more examinations. If you have side effects or an adverse reaction from a medication, maybe you have to have a longer hospitalization or new treatments.

Well, the challenge we have as a nation is to figure out what that additional cost is. There have been only three good studies completed to date to determine the difference between those incremental costs to carry out that investigation. What we are considering is a new mandate and whether or not that new mandate should be placed on the HMOs' backs, or the private sector's back, in order to make the great advances in which we all want to participate. If we open that door—and I think we can go further than what is in the underlying bill—we have to be very careful not to impose a huge, very expensive mandate on our private health insurance system—something we haven't been able to do in Medicare, the public system. We have struggled with it, and we haven't been able to figure it out with the public dollars. So before we put in a huge mandate, we have to be careful not to dump on the private sector something we haven't been able to do in the public sector. That is the essence of the bill we will be passing over the next 48 hours.

I think we can make great strides. Probably the first thing to do is to look at the clinical trials. In this body, no Member has spent as much—or more—time looking at this issue of clinical trials than the Senator from Florida.

I yield 10 minutes to the Senator from Florida.

The PRESIDING OFFICER (Mr. ROBERTS). The Senator from Florida.

Mr. MACK. Thank you, Mr. President. I thank Senator FRIST for yielding me time. I also appreciate greatly the comments made with respect to the clinical trials. Again, I look forward to continuing to work with him in the future on this issue.

Mr. President, I want to respond to one provision of the amendment offered last night by my friend from Connecticut, Senator DODD. This provision goes to a concern that has been raised by patients throughout our country—the issue of health coverage for patients who are participating in clinical trials.

As Members of the United States Senate, we must seek legislative solutions to a wide array of public policy issues. These issues include health policy, as we are doing today. They include tax policy, economic policy, foreign policy, and education policy. The list is quite expansive. Frequently, we find ourselves divided on issues of the day.

However, I can think of no issue which better unites Republicans and Democrats, conservatives and liberals, as the issue of biomedical research.

In addition to Senator DODD, we are fortunate to have many, many leaders in the Senate on this important issue. Senator SPECTER and Senator HARKIN are leading the historic bipartisan effort to double funding for the National Institutes of Health. Senator JEFFORDS, Senator FIRST, Senator KENNEDY, and Senator MIKULSKI have worked hard in their committee to authorize and oversee the activities of the HIH. Any many more of my colleagues have each contributed in their own way to help make funding for HIH the national priority it is today. As I said, few issues unite the Senate like medical research.

One of the highlights during my 17 years as a Member of the Senate and House of Representatives has been to meet the scientists who are revolutionizing the way man fights disease, and to improve our quality of life. It doesn't matter if they are a young bench scientist or a Nobel Laureate, their mission remains the same—to find ways to detect and treat diseases. Today, there is a level of commitment and enthusiasm to this monumental endeavor that I've never seen before. Today, researchers dare to use the word, ''cure.'' That wasn't the case very long ago.

As we work to make sure that scientists have the necessary resources to continue their remarkable progress, we must also address the ethical, legal and social implications of biomedical research. Science is moving faster than public policy can keep pace. It's as though science is on the Concorde, and Congress stalled at Kitty Hawk trying to get off the ground.

There are very difficult, complex scientific issues which require Congressional action, but these issues also require thoughtful and careful deliberation. For example, Congress has been working for many years to ensure that health plans do not discriminate against people because of their genetic information. As a cancer survivor, I know how important it is to have confidence in knowing that a genetic test will be used for information, not discrimination. I've been part of a bipartisan effort to resolve this issue, starting with legislation introduced by our former colleague, Senator Mark Hatfield.

Genetic nondiscrimination is a very complex issue with wide-ranging ramifications. There have been many questions to answer. Congress has struggled with how best to define medical and scientific terms. We have examined the impact of our actions on the cost and availability of health insurance. Frequently, we have determined that much more information was needed before deciding the best approach.

We have addressed the issue of genetic nondiscrimination with thoughtful deliberation, and I believe the Congress must take the same thoughtful, deliberative approach when it comes to coverage of clinical trials.

There are many questions to be answered. What are the cost implications? How will this new benefit impact the availability of health insurance? What impact will coverage of clinical trials have on health insurance premiums? How will it impact small business owners, who are struggling to provide health insurance for their employees? What is the best approach to defining medical and scientific terms, such as ''routine patient costs''?—becasue that definition will determine what the underlying costs of this effort will be.

These are very important questions, involving very complex issues, with very significant implications.

Mr. President, I support comprehensive coverage of clinical trials. But, as this time, we need more information before we go that far.

Later today, or tomorrow, I will be introducing an amendment, along with Senator FRIST, Senator JEFFORDS, Senator COLLINS, and others, which will help provide patients, scientists, lawmakers, employers, health plans and others with answers to the many questions associated with health insurance coverage for clinical trials. I will outline our approach at that time.

Mr. President, medical research is a bipartisan issue. We all agree that the basic scientific research funded by the National Institutes of Health must be translated into new forms of treatment through well-designed clinical trials. Earlier this year, Senator ROCKFELLER and I introduced legislation to provide Medicare coverage for cancer clinical trials. I am pleased to say that a bipartisan group of 36 Senators have cosponsored this bill. Senator SNOWE and others have introduced legislation to provide coverage through private health plans. We may approach the issue in different ways, but we all agree that the Senate must address the issue of clinical trial coverage, and we must do so now.

Mr. President, I look forward to discussing my amendment later in the debate.

I yield the floor.

The PRESIDING OFFICER. Who yields time?

The Senator from Tennessee.

Mr. FRIST. Mr. President, I yield 20 minutes to the Senator from Idaho.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. CRAIG. Mr. President, let me, first, thank one of the true leaders in the Senate on the issue of health care for yielding me time, and to say how much I have appreciated his work in the last month and in the last few days during this critical debate on the Patients' Bill of Rights.

I am pleased the Senate is, once again, debating the issue of health care reform. I am pleased because here we have an opportunity, I think, to reclaim for the American people their right to control their health care. I am excited we have this opportunity to talk about medical savings accounts, restoring patients rights, and making health care insurance affordable—or at least this should be the essence of the debate.

I must tell you that I am disappointed to see only one side is interested in truly talking about patients' rights instead of more regulation, more government, and, somehow, more control. While Republicans are talking about giving all Americans access to health care insurance and letting them control their medical health care, our Democrat friends are talking about driving up costs, canceling health care coverage for millions of Americans, and putting American health care under the control of more Federal Government.

I am aware my friend, the Senator from Connecticut, has an amendment on the floor. I will speak to that amendment in just a few moments. But I think it is important to set that amendment in the context of the debate on the bill yesterday, today, and the balance of the week.

First, I want to look at what it is our Democrat friends on the floor of the Senate are asking us to swallow. I believe this will help us better understand the amendment offered by the distinguished Senator from Connecticut.

We have heard a lot of talk about the cost of the Kennedy bill—some of it on this floor. Yesterday we even saw our colleagues parade out the President of the United States to downplay the cost of the Kennedy bill. Our Democrat colleagues have a mantra when it comes to the cost of the bill. Over and over again, they say, well, it is less than a Big Mac; it is less than $2 a month.

Let me look at this chart for a moment, and maybe you will join with me in it. It is ''less than a Big Mac.'' That is what Senator KENNEDY said. They even say the nonpartisan Congressional Budget Office says this bill will cost less than a Big Mac.

If you look at the Congressional Budget Office report—and I recommend you read it in its entirety—you will see it says nothing about a Big Mac. But this is what it does say: According to the Congressional Budget Office, the Kennedy bill will increase premiums an average of 6.1 percent over and above the normal inflationary costs of health care.

For instance, let's read from the CBO report because an awful lot of my colleagues on the other side of the aisle seem to be confused about what the Congressional Budget Office has said about this bill.

I am quoting the CBO report:

> Most of the provisions would reach their full effect within the first 3 years of its enactment. The CBO estimates the premiums for an employer-sponsored health plan would rise by an average of 6.1 percent in the absence of any compensating changes on the part of the employer.

What are the ''compensating changes''? There is a clear history in health care that, as costs go up, people either leave or are dropped from the system.

The CBO says of the Kennedy bill on compensating changes:

> Employers could respond to premium increases in a variety of ways to reduce their impact. They could drop health care insurance entirely.

Yes, that is an option. CBO says it is.

''Reduce the generosity of the benefit package.''

That is quite typically what happens. They keep narrowing the scope of the coverage.

''Increase cost sharing by beneficiaries.''

We know what that means—the consumer pays more of the bill.

Or ''increase the employee's share of the premium.''

If my colleagues on the other side of the aisle think the CBO had a nice thing to say about their bill, I suggest they read the entire report. ''They could drop health insurance entirely'' is a quote. This is perhaps the most frightening part of the Kennedy bill to any American family. So many families across America are struggling to get by—we know that—even in prosperous times. There is a very large chunk of America that does not share totally in that prosperity. They depend on their health insurance to protect them when things go wrong.

Yet every Democrat Member of this Chamber has thrown their support behind a bill that would take protection away from an estimated 1.9 million Americans. That is one estimate. Here is another estimate commissioned by our friends at the AFL-CIO. They indicate that the Kennedy bill could cancel health care coverage for approximately 1.8 million Americans.

I suggest a new slogan for my colleagues when they talk about the bill. I am talking now about ''golden arches.'' Over 1.8 million Americans are uninsured by the Kennedy bill. That is a Big Mac attack directly at the American consumer and directly at the American family.

A few weeks ago when I made the same comment on the floor of the Senate, my colleague from North Dakota—who happens to be on the floor now, Senator DORGAN—made a very remarkable statement. I don't think I have heard it yet in the debate. My friend said the Kennedy bill might actually increase coverage because it would make health care so attractive that people who are now uninsured would sign up to get its coverage. I say this is a remarkable statement for a very obvious reason. First, my friend seems to think we in the Senate can repeal the law of supply and demand. Raise the price, and more people are going to come and get it? I doubt it. History shows quite the opposite.

So instead of demand decreasing as price goes up, consumers will buy more of the product because it is more pricey and, yes, it does have more benefits or possibly more? I don't think so.

Divide the dollars each family spends. They have to put food on the table; they have to take the risk when it comes to health insurance.

While 14 percent of the public want Congress to reform medical care or to reform managed care, a whopping 82 percent of America wants Congress to make health care more affordable. That is what we ought to be about: Extending coverage, protecting the patient, and while doing it, certainly not raising costs but hopefully making it more affordable.

That hardly fits my friend's description of a ''public clamor'' for a more expensive health insurance program.

Finally, if my colleagues know so much about health care insurance and how attractive they can make it to the consumers, I suggest they resign from the Senate and go run a health care insurance company because obviously they know a new formula and they could make a killing.

Enough about Big Mac attacks. That is what the Kennedy bill ought to be called—a Big Mac attack. We have seen the number of uninsured Americans rise from 32 million to 43 million in just 10 years. Since 1995, the uninsured in my home State of Idaho has risen from 15 to 18 percent of the population. That is higher than the national average. Every year we add 1 million Americans to the ranks of the uninsured. The Kennedy bill would speed up that process instead of slow it down. What the Senate ought to be about right now and what our Government ought to be about is trying to slow it down and make it more affordable.

My colleague from Connecticut has offered an amendment that he says will improve access to cancer treatment. Before we vote on this amendment, I will discuss the impact of the Kennedy bill and what it would do in the context of this amendment in our fight against cancer.

We have heard from my colleague from Florida who, thank goodness, survived cancer. Most Members have not

had to go through that trauma. What he said was critically important. The 1.9 million Americans who would lose their health care coverage under the Kennedy bill represent more than 1 out of every 100 Americans with private coverage. Private health care insurance in this country pays for millions of Americans to undergo cancer screening meant to catch the deadly illness quickly, when it can be treated and defeated.

The Centers for Disease Control say every year private health insurance pays for 33 million American women to undergo exams meant to detect breast cancer. The Kennedy bill would cancel coverage for, it is now estimated, 189,000 such breast exams every year. I don't really believe that is what they intend, but that is the unintended consequence of this kind of legislation. Mr. President, 189,000 women could go without breast exams if the Kennedy bill became law.

The Centers for Disease Control say each year private health insurance pays for 9 million American women to have a mammogram. The Kennedy bill would cancel coverage for 53,000 of those mammograms on an annual basis. Run the statistics, run the percentages, run the figures. If you are going to take 1.8 or 1.9 million Americans out from under coverage, statistically I am accurate.

Yesterday my colleague from California, Senator BOXER, said, ''Republicans are turning their backs on America's women.'' She was on the floor just a few moments ago repeating that. I want to know how Senator BOXER and all sponsors of the Kennedy bill reconcile their commitment to women and women's health with the fact that they are supporting a bill that could cause thousands of malignant lumps to go undiagnosed every year.

The Centers for Disease Control says each year private health insurance pays for 41 million women to have pelvic exams and 24 million Pap smears. These tests are meant to detect ovarian, uterine, and cervical cancers. Yet the Kennedy bill would cancel coverage for 238,000 pelvic exams and 135,000 Pap smears. That is every year, according to the statistics, according to CBO, and according to the examination and study by the AFL-CIO.

I want to hear the Kennedy bill supporters begin to reconcile these numbers, if their mantra is to fight cancer. We are talking about access to the system. We want people to have these tests. We want them protected. Yet if you shoot the cost up, people will take the risk. There are only so many fungible dollars in every citizen's life. They have to make real choices. My friends, that is the marketplace. I am afraid that is the unintended consequence of the Kennedy bill.

It does not harm just women. The Kennedy bill could and would cancel—if you run the statistics, there it is again—23,000 prostate exams every year.

As a final example, the Kennedy bill could cancel coverage for 439,000 skin cancer exams every year. I say this is a final example because the list is not exhaustive. It would be impossible to track all the ways the Kennedy bill threatens the health of 1.9 million Americans who it would leave without protection from the life-threatening diseases they will face.

When my Republican colleagues raised the cost issue yesterday, I believe my colleague from Massachusetts called it a red herring. If this passes, I wonder what he will say to the women and the men who will lose their fight against cancer because they did not get the early detection. Because they did not have the money, they did not have the coverage to walk through the door and get the exam.

Mr. HARKIN. Will the Senator yield on that point?

Mr. CRAIG. I will not yield.

I find it astounding that this is what my colleagues have contributed to the debate on patients' rights. How can a patient have a right if a patient cannot have access? Every study shows a 6.1-percent increase in premiums above inflation will drive 1.9 million Americans out of health care.

My Republican colleagues and I support a different approach, a substantially different approach. We have a bill that puts patients in control of their own health care and that makes health care simply more affordable. Our bill achieves it by giving all Americans access to medical savings accounts, along with all of the other kinds of health care insurances that are now available.

Since we introduced the limited MSA, or the Medical Savings Pilot Program, something really very wonderful in health care has happened. I know the other side does not want to recognize it. I am so frustrated, trying to understand why they would ignore that the General Accounting Office estimates that 37 percent of medical savings account buyers previously had no coverage whatsoever, and 82 percent of the American public rate the high cost of medical health care coverage their chief concern. Medical savings accounts meet that concern. Our bill has that in it. That is not driving people out of the system. That is reaching out, bringing people into the system, into the system for their Pap smears, into the system for their pelvic exams, into the system for early detection of cancer. There is the difference, driving people out or encouraging people to come in, making health care more affordable.

A medical savings account gives you 100-percent coverage, 100 percent of doctors to choose from. My Democratic colleagues have gone to great lengths to say our bill does not generate direct access to specialists; that our bill does not generate direct access to OB/GYNs; that we do not guarantee access to pediatricians; that we do not let patients choose their doctors; that we do not ensure that medical decisions will be made by a patient and that patient's doctor. They could not be more wrong.

If you own a medical savings account and you own insurance, you choose your own doctor, always. If you feel you need a specialist, then you go to the specialist. If you need direct access to an OB/GYN, you have it. If you need direct access to a pediatrician, nobody is sitting there as the gatekeeper they like to talk about; you are the person in power. You have the direct access.

Once again, for mandatory referral, you are in control of your destiny and the destiny that comes in cooperation with your primary care physician. That is what we are talking about, about personalizing health care and taking the Federal Government out of it. That is why Republicans have always supported MSAs. We are not saying everybody ought to have them. We are simply saying open up the option. Make it available as a matter of choice so you can choose between what you can afford and what has now become even more affordable. So we are not thrusting the Federal bureaucracy on the system and shoving up the cost by every legitimate estimator's estimation. We are, in fact, potentially driving those costs down.

A program that decreases the number of uninsured and gives patients direct access to their doctors is what this Senate ought to be about. If my Democrat colleagues truly want Americans to have affordable medical care that patients control, they should be clamoring for a medical savings account.

How can my colleagues stand up for a patient's right to greater access to cancer treatment when they are supporting a bill that leaves millions without health care coverage? I quoted the statistics, and they are very easy to extrapolate out of those figures. We are talking about hundreds of thousands fewer exams for potential cancer under what is now being proposed.

The answer is they really have not thought their bill through. They do not think the marketplace works, that somehow you can reform it and change it and control it by simply enacting a Federal regulation. Will costs not go up? We know they will go up. We know every time we have tampered with health care for the better benefit or for the less, we have had the direct impact on the marketplace that has driven health care costs up. Every time it is driven up, it is driven beyond the point of access by some Americans.

Why would they do this? I am not sure why they do this. I guess I could quote President Clinton at the defeat of health care last time, when he said:

> Now what I tried before won't work, maybe we can do it another way. That's what we've tried to do, a step at a time, until eventually we finish this.

I think that is the essence of what the Kennedy bill does, one step at a time, toward a greater sense of Federal control driving the cost up so the American consumer says, OK, give me

Federal health care; I can't afford it any other way.

Mr. ROCKEFELLER. Mr. President, regular order.

The PRESIDING OFFICER. The Senator's time has expired. The Senator from Nevada is recognized.

Mr. REID. Mr. President, pursuant to the agreement with the Senator from Tennessee, I yield 3 minutes to the Senator from Illinois; following that, 3 minutes to the Senator from West Virginia; then 3 minutes to the distinguished Senator from Iowa.

The PRESIDING OFFICER. The distinguished Senator from Illinois is recognized.

Mr. DURBIN. Mr. President, yesterday was a banner day on the floor of the Senate for the insurance industry. Three different amendments were considered, amendments which the insurance industry of America opposed. The first of those amendments said a woman could keep her OB/GYN as her primary physician no matter what the HMO said. The Republican majority and the insurance industry defeated that.

The second said you should have access to the emergency room closest to your home when you have a family emergency. That amendment was defeated by the insurance industry and the Republican majority.

The third amendment said if you have a dispute with your insurance company about coverage, we are truly going to have an independent panel decide who is right and who is wrong. That amendment was defeated by the insurance industry and the Republican majority.

They may be dancing in the board rooms and the canyons of K Street, but I can tell you the people of America understand this debate, and they know they lost on the floor of the Senate yesterday.

We are now debating an issue of equal importance. If you have a health insurance plan and your doctor says: You have a serious condition; we need to try a new drug; it has been approved by the FDA; it may work and it may not; in that situation many health insurance companies say: No, we will not pay for it because it is ''experimental.''

Have you walked into a convenience store in your hometown and seen those little canisters on the counter asking you to leave 50 cents or a dollar to help that local family pay for a medical bill they cannot afford? Many of these same people are paying for drugs, reimbursement for which was turned down by health insurance companies because the treatment was experimental. People literally on the brink of life or death, following doctors' orders, using FDA-approved drugs, have been turned down by these insurance companies.

Senator DODD offers an amendment to protect our rights to use these drugs as doctors call for them to save our lives. The Republican majority and the insurance industry oppose it. We will face another vote today and another question as to whether American families will win or lose.

Last Sunday in Chicago, I met this little fellow in this picture. His name is Rob Cortez. He will melt your heart. He is about a year old. He suffers from spinal muscular atrophy. For a year, his family has been fighting to keep him alive, trying to keep their own courage together, trying to fight his disease, and every day fighting another insurance company decision that would turn off the ventilator which would be the end of his life. Imagine what that family goes through.

They had a drug that was prescribed by a doctor to fight infection in this poor little guy, and the insurance company said: No, it is experimental. We will not pay for it.

The battle goes on day after day in households across America. The Republicans can come to the floor with their cartoons and their slogans, but America's families understand this debate. What is at stake is our health and our health insurance. If people across America do not wake up to the reality of this debate, we are going to lose an opportunity to give piece of mind to families all across Illinois, all across the Nation, and to protect the lives of other vulnerable little kids. That is what the debate is all about.

I also want to make it clear that this clinical trial approach is cost-effective. Sloan-Kettering and M.D. Anderson have made it clear it is money saved.

I yield the floor.

The PRESIDING OFFICER. The Senator's time has expired. The Senator from West Virginia is recognized for 3 minutes.

Mr. ROCKEFELLER. I thank the Chair.

Mr. President, this is an extraordinary discussion, and it is one of those things where I believe we ill serve the American people because points are made too extremely.

The Senator from Idaho was making the point about driving people out of health care because of rising costs, and that is just flat out undeterminable. GAO says so. CBO says so. He quotes things that say they do. I say they do not. I will be happy to show him the language if he is interested in seeing it.

I do not know if this is about ideology or not or if it is about preaching. I have no idea. But I do know this, Mr. President: Clinical trials are incredibly important. This has been a battle a number of us, cancer groups and others, have been fighting for many years. My friend, the Senator from the State of Iowa, will expand on this more eloquently.

It is a terribly important fight. It is a question of, can people have access to clinical trials? Insurance companies used to pay for them. Insurance companies now do not pay for them. Some people have come to a point where they have exhausted—and they might be in their thirties and forties; we are not talking necessarily about people in their eighties or nineties but people in their thirties, forties, and fifties—every possible approach trying to do something about their very dreadful disease, which could be any number of things, not just cancer but any number of things.

The insurance companies used to pay for that. Now the HMOs will not, and they will not for a very good reason: because those things tend to be costly sometimes.

It comes down to the classic choice: Does the HMO get the advantage at the bottom line or does the patient get the advantage? That is the basic decision and the difference between Members on the two sides of the aisle who are otherwise informed and are trying to do the right thing on this subject. All of us are trying to do our best.

We have to have clinical trials. The usual and ordinary expenses associated with that have to be paid; otherwise, people will not be able to afford it; they will not get clinical trials; therefore, they will die or they have a chance of dying. Finally, of course, clinical trials often are the best experiment and research that can possibly be done because they lead to new discoveries and new opportunities.

I hope very much the Dodd amendment can be adopted. It is an extremely important amendment. When people hear ''clinical trials,'' they are not sure what we are talking about. There are hundreds of thousands of Americans at this point who have given up on regular therapies, but there is something out there on the cutting edge and they are ready to use it, but now the insurance companies will not pay for it, and the Democratic Patients' Bill of Rights will do that.

The PRESIDING OFFICER (Mr. HUTCHINSON). The time of the Senator from West Virginia has expired. The Senator from Iowa is recognized for 3 minutes.

PRIVILEGE OF THE FLOOR

Mr. HARKIN. Mr. President, I ask unanimous consent that the privilege of the floor be granted to the following members of my staff during the pendency of S. 1344: Ann Procter and Bryan Johnson.

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

Mr. HARKIN. Mr. President, first I will address the issue that was brought up by the Senator from Idaho who stated that women are going to be driven out of cancer care because of this legislation. I could not believe what I was hearing. I asked the Senator from Idaho to yield for a question, but he would not yield to me. Therefore, I will bring it up now.

The Senator from Idaho stated that, because of this bill, thousands of people with breast cancer and lung cancer will be denied coverage. Why then, I ask, do the following organizations support our bill: The Alamo Breast Cancer Foundation, the Alliance for Lung Cancer, Advocacy Support and Education, the American Cancer Society supports this bill, the California Breast Cancer organization, Cancer Care, Inc., Minnesota

Breast Cancer Coalition, National Alliance of Breast Cancer Organizations, the National Breast Cancer Coalition, the National Coalition for Cancer Survivorship, the North American Brain Tumor Coalition, the Rhode Island Breast Cancer Coalition, the Susan G. Komen Breast Cancer Foundation, the YME National Breast Cancer Organization—on and on. Why do all these cancer organizations support our bill?

If you listen to the Senator from Idaho, it is because they do not want anyone treated for cancer. How ridiculous. It just shows the ridiculous nature of the arguments made on the Republican side on this bill. What absolute, total nonsense.

That brings me to another ridiculous assertion made earlier. Someone on the other side of the aisle stated that to have people in clinical trials is going to be very expensive.

Sloan-Kettering did a study of the costs associated with clinical trials. They looked at a number of people over 3 years, and here is what they found: Hospital stays, 24 percent lower for clinical trials; radiation therapy, 25 percent lower cost; drugs and supplies, 25 percent lower cost; operating room, 8 percent lower cost. These are for clinical trials.

That was backed up by another study done by M.D. Anderson in Houston, and this was done on 3,000 patients enrolled in clinical trials. They found costs for ovarian cancer patients were 35 percent less. They found lung cancer costs 36 percent less. In prostate cancer trials, there was a negligible difference between research and standard care patients.

The PRESIDING OFFICER. The time of the Senator has expired. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, of all the votes we will have and have had in the Senate yesterday, today and tomorrow, this ought to be the easiest. This ought to be the easiest if you are interested in research, if you are interested in the protection of patients.

If we look at what has happened historically, insurance companies have paid for routine care associated with clinical trials. The reason they have paid for it because they knew it was right. Secondly, as the Senator from Iowa has pointed out, covering routine costs associated with clinical trials actually provided savings to the insurance companies. But we now see a dramatic decline in clinical trial enrollment.

What are clinical trials? What do they represent? This is what they represent: A woman has cancer—it can be ovarian cancer, breast cancer, cervical cancer—and is told the ordinary treatments for cancer will not cure her disease. Her prospects are extremely grim. Her doctor advises that her only chance of survival is a treatment under study in a clinical trial. We should not permit the insurance companies or their bureaucrats to deny her access to that clinical trial. That is what this amendment is all about—access to the only treatment that may give her a chance of survival.

The greatest progress in cancer treatment has been made in childhood cancer, and it is no coincidence that the greatest number of clinical trials performed in this country have been in children's cancer. The reason, as most researchers and most cancer centers recognize, is the types of clinical trials that are taking place.

Congress is doubling the NIH budget to take advantage of what I like to think will be the life science century. Progress in making breakthroughs in so many different areas of disease—whether it be Alzheimer's or cancer or Parkinson's disease—potentially emptying nursing homes around this country and improving the health of Americans demonstrate the importance of clinical trials. Clinical trials are the critical aspect in finding effective treatment and cures for diseases. That is why this amendment is so important. All HMOs have to do is continue what insurance companies have historically done and that is cover the routine costs associated with clinical trials. The clinical trial sponsors pay the remaining costs.

The Republican proposal to study the importance of clinical trials is poppycock. The choice is: Will we maintain what every researcher, every patient organization, every doctor who works in the areas of these critical diseases recognizes as absolutely vital for medical progress, or will we study this issue some more?

The Republican proposal says let's do another study and let's get a report to the committee. We are saying that if the doctor says there are sound medical reasons for this type of treatment, access should not be denied by a bureaucrat or an insurance company. That is the issue this amendment addresses.

This amendment should receive overwhelming support. It is ridiculous that we are spending so much time debating the issue of whether clinical trials are important. Every single country in the world envies the progress the United States has made in the area of pharmaceuticals—every single country. Why? Because we have breakthrough drugs. Why? Because we move these breakthrough drugs from the laboratory to the bedside. How is that done? It is through clinical trials. We cannot move breakthrough drugs from the laboratory to the bedside without clinical trials.

That is what this issue is about. That is why we have such strong support from the cancer societies and organizations concerned about diseases like Alzheimer's and Parkinson's Disease. That is why we have the support of the disability community. That is why we have support from so many children's disease organizations.

That is why I hope the Dodd amendment will be accepted.

Mr. REID addressed the Chair.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. Would the Chair state how much time the minority has?

The PRESIDING OFFICER. The minority has 7 minutes 10 seconds.

Mr. REID. I yield 4 minutes to the Senator from Washington.

The PRESIDING OFFICER. The Senator from Washington has 4 minutes.

Mrs. MURRAY. Thank you, Mr. President.

I thank my colleagues who have been on the floor talking about an issue this morning that I think is becoming more and more critical, and that is access to clinical trials, the amendment by Senator DODD.

It seems to me that in the Senate we have talked, in a bipartisan way, about making sure we have increased funding for NIH so we can have access to the best new research for diseases such as cancer, diabetes, and multiple sclerosis.

A lot of great research is occurring right now at NIH. Members have said many times that needs to be increased. In fact, the Labor Committee has worked very hard, and I am very proud of the fact we have increased funding to NIH by almost 40 percent.

However, today, citizens, taxpayers, who are paying the dollars for that increased research at NIH, are being routinely denied access to that new research when their HMO says they will not pay for a new clinical trial—these are new medications, new medical devices that have been researched and we have paid for the research through our own taxpayer dollars.

But when it comes to our constituents, who have paid for this research, having access to the clinical trials, having access to this new research, they are not allowed because their HMO denies it. That is why I think this amendment is so important to the taxpayers of this country.

I met recently with a number of cancer survivors in my own home State of Washington. Some of them were patients at the Fred Hutchinson Cancer Center, a very well known cancer research facility, one of the premiere centers in this country. The doctors and the patients told me about how they were routinely being denied access to these clinical trials—these people who have no other recourse, who may have MS or cancer or another severe illness, who have no other hope out there except for access to a clinical trial. It is their last chance at life and their doctors recommended it. The doctors at the Fred Hutchinson Cancer Center said: This is their chance at life, and their insurance company, their HMO, said: No, sorry; we're not going to pay for it.

One of the things the doctors said, which made an impression on me, was that a patient was going to receive some kind of care with some kind of cost that their insurance company was going to have to pay for, and, in fact, the clinical trials, for the most part,

cost less than the treatment this person was going to have. So they did not understand why the insurance company was going to decide which treatment they were going to have. They felt very strongly the doctors ought to be the ones deciding what kind of medical treatment this patient should be having. And the clinical trials were their best chance at recovery and hope for life.

I hope the Members of the Senate will agree with Senator DODD and the other sponsors of this amendment and allow people to have access to the research they have paid for by taxpayers when they need it, when they are victims of cancer, when they have MS, when they have diabetes, and allow them to have access to clinical trials.

We will all win in the end because, without these clinical trials, we will not have the research we need to make sure these kinds of medical devices or these prescription drugs are then available to the general public as routine care that is paid for by HMOs.

I commend my colleagues for their debate on this issue. I urge all of us who have said we are for increased funding at NIH and increased funding for research to now allow our constituents in this country access to that care.

I thank the Senator.

Mr. KENNEDY. Will the Senator yield for a question?

The PRESIDING OFFICER. The Senator's time has expired.

Mr. KENNEDY. I yield 2 minutes to the Senator from Washington.

The PRESIDING OFFICER. The Senator from Washington is recognized for 2 minutes.

Mr. KENNEDY. If I could ask a question, through the Chair, of the Senator. You have one of the great cancer research centers in Washington—the Fred Hutchinson Cancer Center—that is world renowned. It is known throughout the United States as having the very best expertise in treating cancer.

I would be interested, as would the American people—we have one of the great children's research center—recognized recently as the No. 1 children's center doing great research—what does that center do for the citizens of Washington and the citizens of this country in terms of research programs, clinical trials?

Mrs. MURRAY. In response to the Senator from Massachusetts, the doctors at the Fred Hutchinson Cancer Center are very concerned about their patients who are being denied access to medical care because they say these trials are what will not only help patients but will help them give the best care to all of their patients. They are not able to do the job we expect them to do any longer, not because of medical decisions they make but because of the decisions made by HMOs.

Mr. KENNEDY. The doctors at that world-class cancer research are recommending clinical trials because they think those clinical trials can perhaps save the life of an individual who may have breast or cervical or ovarian cancer. You are finding in your State that managed care plans are denying access to clinical trials for their members?

Mrs. MURRAY. The Senator from Massachusetts is absolutely correct. These are world-class physicians, top physicians in cancer research, who think the best thing they can do for this patient is the clinical trial; and they are being told no.

Mr. KENNEDY. Would the Senator be surprised that the head of the Lombardi Cancer Research Center, one of the great research centers in Washington, DC, testified they had to hire eight individuals to deal with the insurance companies just on the issue of enrolling persons in clinical trials. Doctors were referring women to the Lombardi Center for lifesaving cancer treatment—for clinical trials—and the HMOs were denying coverage? These eight individuals were trying to deal with the HMOs so that these patients could receive potentially lifesaving treatments.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. KENNEDY. All our amendment is trying to say is: if there is a clinical trial available, the value of the clinical trial is established, and if a doctor believes his patient can benefit from that clinical trial, the HMO ought to allow access. That is what this amendment is about. Without this amendment, there will be an increase in the number of clinical trials that are terminated.

Mrs. MURRAY. The Senator is absolutely correct. Not only will it hurt the health of the woman who has been denied access to the clinical trial who has ovarian cancer or breast cancer, but it also denies us, all the rest of us, access to good health care because we will never know whether or not that clinical trial works, which could then be available to the rest of us.

Mr. KENNEDY. In other words, the benefits of the research from the clinical trial will benefit people whether they live in the State of Nevada or the State of Massachusetts?

Mrs. MURRAY. That is correct.

The PRESIDING OFFICER. All the Senator's time has expired.

Mrs. FEINSTEIN. Mr. President, I support the amendment offered by Senator DODD to increase patient access to life-saving clinical trials. This amendment could assist in prolonging the lives of millions of patients with life-threatening or serious illnesses, for which no standard treatment is effective, by offering them access to new experimental therapies.

Clinical trials are the primary means of testing new therapies for deadly diseases such as cancer, congestive heart failure, Alzheimer's, and diabetes. Many health insurance plans cover the patient's routine costs associated with clinical trials. Recently, however, research institutions—particularly cancer centers—are finding that managed care plans will not pay for the costs associated with clinical trials. For many patients whose conditions have not responded to conventional therapies, clinical trials may be the only viable treatment option available.

The Dodd amendment requires health plans to cover the routine patient costs associated with these trials. Eligible patients are those with life-threatening or serious illnesses for which no standard treatment is effective, and those for whom participation offers meaningful potential for significant clinical benefit. Trials are limited to those approved and funded by one or more of the following: the National Institutes of Health (NIH); a cooperative group or center of the NIH; or, certain trials through the Department of Defense or the Veterans Administration.

The Republican bill does not provide for coverage of any routine costs related to clinical trials. Instead, they require only a study on the issue. The Republican bill does not offer hope to patients who have exhausted all other options except the promise of experimental treatment. We should not have to tell the thousands of desperate women with terminal breast cancer that we need to study this issue some more before we can offer them access to clinical treatment that might save their lives.

Republicans claim that we do not have enough information about the costs of clinical trials. They say we need, once again, yet another study. Every day we delay, with conversations about the need for another study which will undoubtedly demonstrate the continue importance of clinical trials, another patient suffers; another patient dies. The Republicans' claim that clinical trials are more expensive than conventional therapies is unjustified. The fact is that the cost of conventional therapies is not known with any precision. The cost varies case-by-case.

Republicans claim that covering the cost of patient care in clinical trials would be too expensive. The Congressional Budget Office found that 90 percent of health plans already cover routine patient costs in clinical trials. In an attempt to block patient access to clinical trials, insurance companies try to claim that a clinical trial is more expensive than conventional therapy. However, at Memorial Sloan-Kettering Cancer Center in New York, the cost of treating pancreas, breast, colon, lung, and ovarian cancer pursuant to a clinical trial were compared to the costs of treating the same cancers with standard therapies. Utilizing Medicare patients for this comparison, the average cost per patient was actually lower for those patients enrolled in clinical trials.

Let me explain who pays for trials. There are three categories of costs associated with a clinical trial:

First, the cost of the investigational drug is provided free of charge by the pharmaceutical sponsor.

Second, the costs associated with collecting and analyzing the data from

the trial is covered by the trial sponsor through a federal research grant or other funding source (i.e., National Institutes of Medicine, Food and Drug Administration).

Third, routine patient care costs—physician charges, hospital fees and routine diagnostic tests—are the only costs that managed care plans would be asked to cover for patients participating in clinical trials. And as I mentioned earlier, over 90 percent of health plans already cover routine patient costs in clinical trials.

By early in the next century, Hispanics, African-Americans, and Native Americans will comprise nearly one-half of our nation's. In fact, Hispanics are the fastest-growing ethnic group in America today. This is alarming since heart disease, cancer, tuberculosis, HIV/AIDS and diabetes are disproportionally affecting minority communities.

Some specific forms of cancer affect ethnic minority communities at rates up to several times higher than national averages. African-American males develop cancer 15 percent more frequently than white males. Although the rate of breast cancer among African-American women is not as high as that among white women, African-American women are more likely to die from the disease once it is detected. Cervical cancer is nearly five times more likely among Vietnamese American women than white women, and it disproportionally affects Hispanics. Liver cancer is more than 11 times higher among Vietnamese Americans than among whites. Colon and rectal cancer is higher among Alaska Natives than other ethnic groups. Lastly, American Indians experience the lowest cancer survival rate of any U.S. ethnic group.

However, access to clinical trials is especially limited for racial and ethnic minorities. Of the people participating in clinical cancer trials, only 2–3 percent are minorities. The September Cancer March's Research Task Force said that one way of encouraging more participation is to require public and private insurers to cover the routine medical costs associated with clinical trials. Senator DODD's amendment to the Patients' Bill of Rights does just that.

In addition, women, the elderly, ethnic and racial minorities, and cancer patients are not participating in clinical trials proportional to the population. The September Cancer March's Research Task Force testified before the Senate Cancer Coalition that only 2 percent of cancer patients are enrolled in clinical trials. Of those participating, only 25 percent are elderly, even though the elderly represented some 63% of the cancer patient population during the mid-1990s.

Breast cancer is one of many diseases that cause more deaths among minorities than among white women. Researchers and patient advocates agree that understanding differences in disease progression requires the recruitment of a representative number of minorities to clinical trials. So why don't more ethnic/racial minorities participate in clinical trials? There are several reasons. Lack of access to health care and lack of insurance coverage are major reasons; 43 million Americans are uninsured. This number does not include the millions who are under-insured.

In closing, real improvements in health care, advancements in medical knowledge, are possible only through increased scientific clinical research and development. We cannot lose sight of the fact that without continued clinical research and access to clinical trials, life threatening diseases such as cancer will continue to ravage communities. Encouraging participation in clinical trials is essential, if not crucial, to the millions of Americans who live daily with life-threatening diseases. The unrelenting focus by HMOs on cutting rather than focusing on the long-term quality of our health care system is harming the American people, and we are not gaining scientific knowledge.

As our nation continues to move to a managed care based health system, patient enrollment in clinical trials is dropping. One of the reasons for this decline is the unwillingness of many health plans to cover routine patient care costs associated with participation in a clinical trial. This amendment to the Patients' Bill of Rights is the first step to ensuring access to clinical trials. We cannot continue to let HMOs put profits before patients.

Mr. FRIST. Mr. President, how much time remains on each side?

The PRESIDING OFFICER. The Senator has 18 minutes 24 seconds remaining.

Mr. FRIST. And the other side?

The PRESIDING OFFICER. All time has expired.

Mr. FRIST. Mr. President, we are currently debating an amendment on clinical trials. It is something that is very close to my heart because, as I said earlier, I have been involved in clinical trials. I have seen the great advantages of having such clinical trials in that it allows us, through that final stage, to determine whether or not a particular intervention, whether it be a new medicine that might potentially cure prostate cancer or a medical device that might be used to hold open the coronary artery after a heart attack, a heart attack which results in a squeezing down or atherosclerosis or blockage of a coronary artery, put a little stint in that, opens it up, how do you take that to the clinical setting? How do you take that to where it can be distributed broadly across America and across the world, if it is beneficial?

I should mention that the United States is the leading Nation in taking such innovation and such creativity, capturing it, studying it carefully, putting it in appropriate clinical trials, and then having it applied, if it is safe, if it is effective, to people around the country and the world. It should give all of us in this body and in the country a great deal of pride that we are the leaders in medical technology, medical innovation, whether it be the use of pharmaceutical agents; that is, medicines, whether it is treatment of chemotherapy; that is, using medicines to treat cancer, or the application of medical devices.

Just a few days ago I was in Boston and visited some of the great, young, aggressive research people who, by hand, make those little stints, the stints that look like little springs, that keep thousands and thousands of people's coronary arteries open. They come in with an acute heart attack, a little balloon blows up in a vessel, a stint is placed. Twelve years ago those stints were not around. They had never been placed into a coronary artery. How do you get to that point to where it is used in just about every hospital, every cardiology hospital in the United States of America? Well, the last phase of development is clinical trials.

That is why it is so important to me. And it is, in a very direct but also an indirect way, important to every single American, no matter what age you are because everybody at some point in their lives will be sick or will be ill. Anything that we can do as a Nation to lower the barriers between whether it is industry or our investigators or medical science and the delivery, the effective delivery of safe and effective procedures is something we need to work on. We started much of that work 3 or 4 years ago in modernization of the FDA.

I spent some time explaining this aspect of clinical trials to reinforce how critical it is that we do everything we can to lower the barriers to participation in clinical trials.

One thing we have to be aware of in terms of clinical trials is that we don't fully know what—I use the word ''incremental''—the increased cost, the incremental cost is when someone goes in to a clinical trial. As I mentioned earlier, usually you have one group of patients who did not get an intervention, one group of patients who did get an intervention, get that additional drug. You need to follow them over time and see what the incremental costs are of that clinical trial.

Mrs. MURRAY. Will the Senator yield for a question?

Mr. FRIST. I am happy to yield briefly for a question. My answer will be very short because I don't have enough time to finish.

Mrs. MURRAY. Mr. President, I appreciate the Senator yielding for just a quick question. Isn't it true that insurance companies, until recently, did pay for clinical trials, and it wasn't until we moved to the HMO era that we are now in that we are being denied access to those?

Mr. FRIST. Yes. I really appreciate the question because it shows why we are addressing this today. In part, it is

because we are just beginning to understand the real importance of clinical trials. We are just figuring out the cost. The other dynamic is just that.

We have insurance companies and managed care companies and private payers today who basically say: We are in the insurance business. Our job is to deliver health insurance. If an individual comes in and they are sick, my obligation, as a managed care company or as an HMO or a health insurance company, is to take that patient and cover them by the definitions of that contract.

The question they are asking us today, and need to ask us on the floor, is shouldn't that be the responsibility of the Federal Government? Why should I, an HMO, an indemnity plan, a private health insurance plan, be paying for research that has potentially nothing to do with that particular patient? Because this is a mandate, the underlying Dodd amendment is a new mandate.

What Senator MACK and I will propose is also a mandate. So both sides are going to be hearing it. They are basically asking: Why are you all of a sudden thrusting on me the responsibility that is yours, the Senate, the Federal Government, the NIH? Why aren't you using Federal money, taxpayer money to subsidize this research, which is very beneficial? Why are you putting that mandate on my shoulders, the private insurance company?

Now, the answer to that is twofold. We probably need to do a little of both. We need to have more appropriate public investment in the clinical trials and at the same time have the private health insurance company in some way subsidized.

The problem with that is, if we put this new mandate on the managed care companies and the HMOs, somebody has to pay for it. The Federal Government is not going to pay for it. Unfortunately, I think we need to go back and address this same issue in Medicare. The Federal Government has basically said that we, except through the NIH, are not going to. For example, in the Medicare system, the health care delivery system for seniors, we have not approached the issue of how we subsidize these clinical trials.

So the private sector is saying: Why are you making us pay for it, while you in the Federal Government, at least in Medicare, have not yet addressed that?

The response to that is, yes, but we have the National Institutes of Health. We need to continue investing in that, and they oversee, along with other public agencies, clinical trials.

The private sector says: Why us? What the private sector is going to do is say: I am in the business of taking care of the heart attack that I cover under contract. Why am I having to, under your mandate, to have this clinical trial on prostate surgery or prostate cancer treatment? Why are you forcing me to subsidize that?

We need to answer that question. The general public good and the great advances are the answer to that question, but then somebody has to pay for it.

The health insurance companies, what are they going to do? Whatever that incremental cost is, they are going to charge their very next person that they cover. So they are going to pass it back to the patients.

Then all of a sudden you have the patient come forward basically saying: I came in because of a heart attack. Why are you increasing my premiums and making me pay more every year to do general research that benefits everybody across the world? I just want a health care plan that pays for my own insurance.

We have to be able to determine what that additional cost of this mandate is, and that is very unclear today. We have to determine what that is. Then we have to explain to people why that is going to result in increased premiums that are passed on to the individual patients. That is sort of the big picture.

Let me go back to the Senator's question because it was a good question. Twenty years ago we didn't have many HMOs. Twenty-five years ago, we didn't have coordinated care plans, HMOs, PPOs, provider-sponsored organizations. All these are new entities. It used to be that private health insurance would be able to subsidize or cross-subsidize some of these clinical investigations—not a lot but some. That was at a time where there was more room to maneuver.

Now, with the scarcity of the health care dollar, they have been squeezed down, physicians have been squeezed down. You hear it all the time. People who are in our reception room and here to lobby us all the time say: We are being squeezed down. Managed care companies say: We are being squeezed down. Everybody recognizes that in terms of health care dollars, the demand is so huge.

Technology allows us such a great opportunity to deliver heart transplants, which I was able to do every week, or putting in heart valves or hip replacements in 95-year-olds, things that we couldn't do 30 years ago. The overall expense has caused a squeezing down on everybody. You hear private health insurance companies saying: No longer can we subsidize; no longer can we take a little money from here and subsidize this research out of the goodness of our heart because we are squeezed so far. And thus we come in with some sort of mandate which is going to end up being in this bill, and some say performed to encourage and promote the private sector. We need to address it in the public sector in Medicare where we haven't addressed it for the private sector in some way to participate in clinical trials.

Mrs. MURRAY. If the Senator will further yield, I understand that the Senator is a surgeon and has seen clinical trials and knows the benefit of them. I listened with respect to his arguments.

But in this amendment, we are simply assuring that the patients will get the best care. And if the best care for their particular condition is a clinical trial that will not only benefit themselves but the rest of the people with that condition as well—and NIH has paid for the vast majority of this. I understand from CBO that 90 percent of insurance companies have been paying for clinical trials. The amendment ensures that won't go away. We are seeing more and more HMOs look at their bottom line and that benefit is being taken away. We want to make sure the insurance companies continue to pay their part. Certainly, a patient who goes in cannot afford to pay for that clinical trial, but they have been paying premiums for years. Shouldn't that be part of what they expect when they pay a premium to an HMO?

Mr. FRIST. I will respond, through the Chair, to my colleague that the gist of her question is, shouldn't we allow what used to be done to continue to be done, and we should encourage that. The models of health care are changing rapidly. I hate to look back and say that because something used to be done, it should be done today. In this case, I am one who wants to promote the expansion of clinical trials as much as possible.

How much time do we have?

The PRESIDING OFFICER. The Senator has 6 minutes 38 seconds remaining.

Mr. FRIST. I yield myself 6 minutes. Please notify me when we have 30 seconds remaining.

The real issue—and the reason why I urge my colleagues to defeat this amendment, as written—is the following:

I have explained the difference between overall cost and incremental costs, and the cost of the clinical trial. Let me say that the data presented by Senator HARKIN is good data, but it always asks for what the end number is in science, how many cases the data is on. I didn't hear that; I didn't know how many. One of the charts was around 100, maybe 130 patients. You are looking at small statistical differences. We need more patients if we are going to be making policy on studies. That involved very few patients.

We had the opportunity in committee to look at a number of studies. There have been three completed studies—not ongoing but completed—all of which had some limitations. All three included just cancer patients, which is a very important group. We don't want to extrapolate cancer patients to artificial heart patients where they are putting in artificial hearts, cardiac valves, or stints. We have to be careful with that. The overall sample and size of the studies is very small.

On the other hand, the charts, in essence, are right. If you get into a clinical study, the medicine continues to be very good. Why? Because you have outside people watching what every move is, making sure every lab test is

justified. If you are going to do a lab test, it gives you the result; that is right. But there is an incremental increase in cost.

If you take two patients and you are studying them, you end up doing more testing. The side effect of the drug might be that it lowers one's blood test count, so then you have to test the hemateikon more. That increased cost is passed on to the patients in the private sector—not through Federal taxation going through Medicare and the subsidy coming down, but it is passed on by increased premiums.

We have to be able to explain to the patients, for the great public good, why they are having to pay more. I am saying basically that the science of knowing exactly what that cost is very young; it is in development. We should have 100 studies, not just 3, to be able to cite.

I think it is very important for us to continue as a body to encourage the gathering of that information and the academic study, careful study, through carefully controlled perspective trials, to determine what that cost is before we open the door broadly and pass that cost on to managed care companies, which on the very next day are going to put it on the backs of everybody who is listening to me speak today; that is, the patient—the patient who may have appendicitis 30 days from now, or a heart attack 60 days from now. Every day you are going to say tomorrow you are going to pay for this mandate we put on your managed care company.

In Medicare, which insures 36 million senior citizens and individuals with disabilities, we try to address it, and we are going to address it. But the reason we have not is we don't know what the cost will be. Where you have Medicare, you have a system going bankrupt over the next 15 years. We can't get together in this body, working with the President of the United States, to reform that in a sensible, modernized way. We just can't do it. We are not going to be throwing new mandates out there either—or we should not—which furthers that bankruptcy.

The question is, Where do we go from here? I think my objective is exactly the same as the principal sponsors of this amendment. There is one huge, gaping door there that I am most concerned about. I think the populations you have drawn from are probably appropriate, so we can get the data, the information to do this right. But basically the indication is that qualified individuals to whom this new mandate will apply in health care broadly—the indication is life-threatening or a serious illness. Now, having a category that broad in putting this mandate out on managed care, which is going to be passed on to patients—it has to be; there is nowhere else to pass it to; we are not taking it out of the Federal Treasury—before we do that, shouldn't we get a little more information and narrow the scope so we can learn and not make what could be a tragic mistake?

Saying that the people who are qualified is anybody who walks in and says they have a life-threatening illness, or anybody who has a serious illness, is very dangerous. If you are a patient and have appendicitis, that is a routine procedure and that is serious. Is it a life-threatening illness? No, but it is serious. As I go in as a patient under this new mandate, I might be able to say I want to be in a clinical trial.

Mr. DODD. Will my colleague yield?

Mr. FRIST. Let me finish my statement. What does that actually set into motion? I am not quite certain because we don't know exactly what the overall expense or cost range of those trials would be. So what I would like to see first would be an approach like the one of the Senator from Florida—to use the same overall indications but have the scope of a particular entity, instead of anybody who comes in and falls into the category of life-threatening or a serious illness because to a patient every illness is serious.

How much time remains?

The PRESIDING OFFICER. Thirty seconds remain.

Mr. DODD. Mr. President, I ask unanimous consent to have 1 minute to ask a question.

Mr. FRIST. The Senator would have to take it off the time of the bill.

Mr. DODD. Mr. President, I ask unanimous consent for 1 additional minute.

Mr. FRIST. On the time of the bill?

Mr. DODD. On our time, yes.

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

Mr. DODD. My question to my colleague and good friend from Tennessee is this: As we have written this amendment, there are two other conditions. It isn't just life-threatening or serious illness. There has to be no other standard, no other option available to the person other than the clinical trials. So that is one. And, two, there has to be a limited time. For instance, it can't just be someone who has cancer but in certain stages of cancer.

So I appreciate his point that it can be pretty broad. But what we have done with our amendment is say that nothing else exists out there to possibly treat you, No. 1; and No. 2, it has to be done in a limited amount of time. He may want to respond to that.

Mr. FRIST. Mr. President, I yield myself 3 minutes on the bill—not on the amendment.

The PRESIDING OFFICER. The Senator is recognized.

Mr. FRIST. Mr. President, I appreciate the Senator's clarification of that because it is important. The concept is basically that we can't create a door that is so broad that anybody can come in. If I need a heart transplant, is there any other therapy available? Probably not. Does that automatically qualify me for arranging a clinical trial? That can be dangerous. I can tell you that putting an artificial heart in can cost $100,000 or $150,000. I have put in these devices before.

We have to be very careful because to put a $150,000 expense into a policy that is translated directly down to the shoulders of patients—not the patient who needs the artificial heart but somebody else—can be dangerous.

I want us to work together. We can do that in the underlying amendment. We may not be able to go as broadly as we all would like to go until we get the appropriate information on the incremental cost and how much of a burden we are placing on society.

Again, I think our goals are very similar. I will refuse to move as far as the Senator on that concept in terms of life-threatening or serious illness, such as the example I just gave of the artificial heart, but I look forward to working with the Senator.

I again urge my colleagues to vote against this amendment with the understanding that the outline Senator MACK put forward as an amendment hits right at the principles of a mandate where we will support clinical trials without an undue burden on the backs of patients. That will be to the benefit of all Americans.

I yield 30 seconds initially to my colleague from Maine so that she may submit her amendment, and I yield the remainder of the time if that is appropriate.

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

The Senator from Maine is recognized.

AMENDMENT NO. 1241 TO AMENDMENT NO. 1239

(Purpose: To enhance breast cancer treatment)

Ms. SNOWE. Mr. President, I have an amendment at the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Maine (Ms. SNOWE), for herself, and Mr. ABRAHAM, Mr. FITZGERALD, Mr. CRAPO, Ms. COLLINS, Mr. JEFFORDS, and Mrs. HUTCHISON, proposes an amendment numbered 1241 to amendment No. 1239.

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

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

(The text of the amendment is printed in today's RECORD under ''Amendments Submitted.'')

Mr. FRIST. Mr. President, I yield 20 minutes, or whatever time is necessary, to the Senator from Maine.

The PRESIDING OFFICER. The Senator from Maine is recognized.

Ms. SNOWE. Thank you.

I thank Senator FRIST for his leadership on obviously what is a very challenging and very difficult issue.

I think even in spite of the debate that has occurred on some of these issues where there may be apparent differences on how to approach this problem, there is no disagreement on the fact that we need to bring much needed reform to the managed care system in America today.

Mr. President, I rise today to submit an amendment to the Patients' Bill of

Rights that will ensure that appropriate medical care—not a bureaucrat's bottom line—will dictate how long a woman stays in the hospital after undergoing a mastectomy.

This amendment that I am introducing, along with my colleague from Michigan, Senator ABRAHAM, and Senators FITZGERALD, CRAPO, COLLINS, JEFFORDS, and HUTCHISON, is based on bipartisan legislation that I was pleased to introduce at the beginning of this year with bipartisan cosponsors.

I have been in Congress for 20 years—10 of those years in the House when I served as cochairman of the Congressional Caucus on Women, which addressed issues that affected women and families in America on a bipartisan basis. Throughout that time, I fought long and hard to advance women's health issues, women's health research, and protection for patients who are facing life-threatening diagnoses of breast cancer.

I feel justified in saying that I come to this debate not only with strong feelings about the issue but with a long history of involvement and close familiarity with the problem. It is in that light, I believe, that the amendment I am submitting today, along with Senator ABRAHAM and my other colleagues, is the most effective approach to address the issue of those individuals who are faced with breast cancer.

Our amendment is straightforward. First, it says that the inpatient coverage with respect to the treatment of a mastectomy, regardless of whether the patient's plan is regulated by ERISA or State regulations—in other words, all plans will be provided for a period of time—will be determined by the attending physician in consultation with the patient as medically necessary and appropriate.

Second, it allows any person facing a cancer diagnosis of any type to get a second opinion on their course of treatment.

Imagine having a life-threatening disease and not having access to the best possible advice. A diagnosis of breast cancer is something that every woman dreads. But for an estimated 175,000 American women, this is certainly the fear that they have to realize. The fact is that one in nine women will develop this terrible disease during their lifetime, and for women between the ages of 35 and 54, there is no other disease which claims more lives.

So it is not hard to understand why the words, ''You have breast cancer,'' are some of the most frightening words in the English language, because for the woman who hears them, everything changes from that moment. No wonder the diagnosis is not only accompanied by fear but also by uncertainty:

What will become of me?

What will they have to do to me?

What will I have to endure?

What is the next step?

For many women, the answer to that question is mastectomy or lumpectomy.

Despite the medical and scientific advances made, despite advances in early detection technology, and more and more often the need for radical surgery, it still remains a fact of life that at the end of the 20th century these procedures can be the most prudent options in attacking and eradicating cancer found in a woman's breast.

These are the kinds of decisions that come with the breast cancer diagnosis. These are the kinds of questions women must answer. And they must endure some of the most difficult and stressful circumstances imaginable.

The last question a woman should have to worry about at a time like this is whether or not her health insurance plan will pay for appropriate care after a mastectomy. A woman diagnosed with breast cancer in many ways already feels she has lost control of her life. She should not feel as though she has also lost control of her own treatment. All too often that is exactly what happens.

Imagine a patient who just had one or both of her breasts removed in the wake of a cancer diagnosis, and she agrees in consultation with her physician that it would be best if she stayed in the hospital for another day or so. Maybe it is because she still needs to learn how to take care of herself. Maybe there are concerns about the possible complications, like infections or uncontrolled bleeding.

Let's remember that this is a very complicated surgical procedure we are talking about. What other reason is the decision based on than medical advice from doctors who are likely involved with hundreds of thousands of these kinds of operations? Yet in many instances, because of the decisions made by accountants and insurance actuaries—none of whom have ever witnessed such operations, let alone go to medical school—that same woman cannot afford to follow her doctor's advice. She is not covered by her plan because whoever wrote her plan already decided that she didn't need inpatient care. Instead, that charge for that extra day in the hospital will come out of her own pocket, and unless it is an awfully deep pocket, she is just as likely to take her chances at home. That is just plain unacceptable.

If we are talking about patients' rights, I can't think of a more appropriate place to start than right here. That is why I appreciate that my Democratic colleagues raised this vital issue. As I have said, no one is more concerned about this issue than I am.

I looked carefully at the amendment and watched the debate very closely. But when all was said and done on this issue, and despite the good intentions of the amendment, I could not support the amendment that was offered yesterday by our colleague, Senator ROBB. Let me tell you why.

The Robb amendment relied on the phrase ''generally accepted'' medical standard to instruct insurance companies as to what constitutes a ''medical necessity'' that requires coverage. What exactly does that mean, ''generally accepted'' medical standard? That is a good question.

The fact is that we are not exactly sure what it means. In fact, the problem is that it means different things in different places. Moreover, there has never been a consensus concerning the definition of ''medical necessity,'' though it has not been for lack of trying.

The most recent Federal attempt, as a matter of fact, was in 1993 when the Clinton health care working group tried and failed. But they didn't give up. Instead, they decided to leave the definition of this crucial term not to physicians and their patients but to a national administrative board.

Perhaps that working group would have been better served if they looked to 1989 when Medicare tried to define ''medical necessity'' and Medicare failed. Medicare failed. Why did it fail? Because terms like ''medical necessity'' and ''appropriateness'' cannot be defined for an entire nation, and they certainly can't be defined by Congress.

The standards change with time, they change with individual patients, they change depending on the illness or disease, and they should change because medicine is marching forward.

Likewise, trying to define ''generally accepted medical standard'' is like hitting a moving target, and a low target at that. ''Generally accepted medical practices'' will vary tremendously among communities, hospitals, and even among doctors.

Just look at the chart behind me that was used yesterday by my colleague, Senator FRIST. It is a good chart because I think it illustrates the point on the very treatment prescribed for breast cancer patients. In some cases they use ''lumpectomy'' more sparingly than they do ''mastectomy.'' It obviously varies across regions and States.

Looking at the percentages using lumpectomy versus mastectomy treatments, very few were performed in South Dakota; but in the Northeast, including parts of New York, there is a higher degree of the use of lumpectomy versus mastectomy.

Obviously, the treatment varies. Obviously, the treatment is complicated. It is a very complicated treatment and set of options for a woman facing a mastectomy. As the chart shows, in the United States of America, the treatments vary all across the land. We cannot prescribe the status quo; we cannot prescribe uniformity. We have to allow the doctors and patients to have the latitude to determine what is best for the individual patient. We hear over and over again that the patient has choices. Let the patient have choices. This is allowing the patient to have choices as to what is in her best interest.

This chart illustrates very graphically the differences and the variations across the country in mastectomy and

lumpectomy surgeries. What is generally accepted in one area is not generally accepted or performed in another area. That is the way it should be. Should we be telling a woman who can be treated with a smaller, less invasive and less traumatic lumpectomy, Sorry, in your community, the generally accepted medical standard is a mastectomy? Of course not.

And the reverse is true. Should a woman have a mastectomy without knowing that she can have a lumpectomy first, to determine whether or not it is necessary to go to the more invasive surgery?

How can we say what is generally acceptable for a 31-year-old athlete in Oregon is generally acceptable for a 78-year-old grandmother in Maine?

The phrase ''generally accepted medical standard,'' far from representing the cutting edge of medicine, is nothing more than the medical community status quo, a status quo that simply cannot keep up with the pace of medical science and new technologies.

What we are talking about in this amendment is offering the best practice, the best standards, the best quality care. Think how far we have come in the past decade. Mastectomies were once virtually the only option. Today, we have a whole host of alternatives available, depending on the woman's circumstance. If a mastectomy is a generally accepted medical standard, there are other options a woman may be missing out on in making her decision.

The web site of NIH shows a variety of options available to a woman to determine for herself, with her doctors, what is best, depending on the progress of her cancer. She could have a lumpectomy; she could have a segmental mastectomy, a modified radical mastectomy, or, if necessary, even a radical mastectomy.

The fact is, hardly a day passes when we don't hear of a promising new treatment or a research breakthrough. Parties need to be able to take advantage of these advancements now. They can't wait for generally accepted medical standards to catch up with the times. Under this amendment, they will not have to.

In contrast, my amendment dictates coverage in terms of medical standards. If a doctor and a patient agree on a course of treatment of care and an insurance plan refuses to allow that treatment, the patient has a right to appeal to an independent medical expert in that field of medicine. In turn, that expert can take into account all pertinent information in determining what is medically necessary and appropriate based on the relevant scientific and clinical evidence. That includes evidence offered by the patient and her doctor, expert consensus of peer review literature.

Not only does this put the patient first, but it also ensures we are not lowering the bar of coverage by handcuffing the physicians in their ability to employ the best strategy, the latest medical technology, with respect to their specific patient. If anything, this amendment raises the bar precisely because the ultimate decisions will be driven by physicians and patients, not lawyers and regulators.

Let me add another point. I heard over and over again that the language offered in the amendment yesterday was the language offered in my bill and the bill offered by Senator D'Amato in the last Congress. Let me state for the record, the D'Amato-Feinstein-Snowe legislation offered in the last Congress was legislation that said it was medically appropriate—medically appropriate. It did not use the definition of generally acceptable medical standards and practices. The legislation offered by myself and Senator FEINSTEIN uses the word ''medically appropriate.''

The point I am making is, all of the bills that have been addressed in recent years on the issue of breast cancer treatment and whether or not the length of stay is to be determined by the doctor and patient have been using the words ''medically necessary,'' ''medically appropriate,'' not defining ''medical necessity.'' This would be the first time we are dealing with a definition of ''medical necessity'' which heretofore has not been practiced by Medicare, by the President's health care group, when developing a health care plan, not by CHAMPUS, not by the VA, not by Medicaid, not by legislation introduced on a bipartisan basis over the last few years.

Finally, my amendment will also include the ability to provide full coverage for secondary consultations with a specialist whenever any type of cancer has been diagnosed or a treatment recommended. Imagine being given a life-threatening diagnosis and not being able to get another doctor's opinion. Patients cannot afford to forgo second opinions when it comes to cancer of any kind—from lung cancer, to leukemia, to breast cancer, to prostate cancer. Under this amendment, they will not have to. That is important because we all know, when it comes to cancer, time is of the essence and making the right decision in terms of treatment is paramount.

So often there are no second chances when it comes to taking the best course of action. Our amendment will allow the possibility of having that second opinion and making sure people are getting the right treatment so we can reduce senseless deaths resulting from false diagnosis, empowering individuals to seek the most appropriate treatment available.

The evidence for the need of this amendment is especially important when it comes to the so-called drive-through mastectomies. It is more than just allegorical, more than symbolism. We have heard time and time again antecdotal evidence that speaks for itself. Between 1986 and 1995, the average length of stay for mastectomies dropped from about 6 days to 2 to 3 days. Thousands of women across the country undergo radical mastectomies on an outpatient basis and are being forced out of hospitals before they or their doctors think is reasonable or prudent.

I recall the story of one woman from the State of Washington named Linda Schrier. Linda was a registered nurse who worked in the postoperative recovery room for 18 years before she underwent a mastectomy. Linda was doing well after the operation. The pain was under control. She opted to go home instead of staying overnight. Today, she believes that was a big mistake. When Linda woke up at home the next day without the benefit of the IV pain medication she had in the hospital, she was in excrutiating pain. She also had tremendous difficulty caring for her wound.

Keep in mind, this is someone who worked in the medical profession. Today, she feels, very strongly, based on her own experience as a nurse and as a patient, that no one should go home the day of their mastectomy. She also believes that no insurance company should tell a woman how long her hospital stay should be. It should be up to a woman and her doctor.

I could not agree more. I know we all could not agree more. This decision must be returned to physicians and their patients. All Americans who face the possibility of a cancer diagnosis must be able to make informed decisions about the appropriate and necessary medical care.

As we debate the Patients' Bill of Rights this week, let us not forget the women and men across the country who are battling cancer. Let's do the right thing for all of them.

I yield back my time.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I have a great deal of admiration for the Senator from Maine, Ms. SNOWE, who, in my time with her over the last several years in the Senate, has worked long and hard on behalf of women's health issues. I appreciate she is offering an amendment that we offered yesterday on this side which deals with the issue of drive-through mastectomies. The language is very similar to the language offered by Senator ROBB from Virginia, along with myself, Senator MIKULSKI, Senator BOXER, Senator LANDRIEU, and Senator LINCOLN. It was defeated on a 52-to-48 vote yesterday.

We would have been delighted to work with our colleagues if they wanted to talk with us about a word or two about which they were concerned. We were not given that opportunity. The amendment was simply defeated.

We stand very strong on this side that we need to make changes in the health care delivery system in this country so that the woman from the State of Washington the Senator from Maine talked about is not sent home after a radical surgery, a mastectomy,

to care for herself when she is unable to do so. The doctor and the woman should make the decision based on the best medical judgment, not based on the bottom line from an HMO. I agree entirely with the Senator from Maine.

Unfortunately, because it is offered in this way, what this amendment does is it gives us a Hobson's choice regarding women who have had a mastectomy because this amendment wipes out the amendment by Senator DODD on clinical trials that we have debated for the last several hours on this floor, where we have talked about the need for women with breast cancer or ovarian cancer, or the gentleman with multiple sclerosis or the man with heart disease, or the young child with diabetes, to have access to clinical trials so they can get the best medical research possible.

Organizations such as the National Coalition for Cancer Survivorship, Cancer Care Incorporated, Candlelighters, Childhood Cancer Foundation, Susan G. Koman Breast Cancer Foundation, National Alliance of Breast Cancer Organizations—and the list goes on—want the access to clinical trials that Senator DODD's amendment offers because those are the clinical trials that will assure that women, maybe, in the future, will not have to have a mastectomy.

I agree with the Senator from Maine. We want to make sure HMOs are not having drive-by mastectomies, where a woman is sent home. I commend her for the language of her amendment, except for the very first line, which cynically wipes out the clinical trials that Senator DODD has offered.

Mr. DODD. Will my colleague yield?

Mrs. MURRAY. I will be happy to yield.

Mr. DODD. Mr. President, if I may inquire of my colleague from Maine—I appreciate immensely what the Senator from Washington just said. It sounds to me what the Senator from Maine has offered is something with which I could certainly agree. I would add it to my amendment. There is no reason we ought to ask people to make a choice between a proposal dealing with breast cancer and a proposal dealing with clinical trials and prescription drugs.

So I make a request that this be added to the clinical trials amendment so we could achieve the goals of both dealing with the clinical trials issue and the issue the Senator from Maine has raised.

If it is appropriate, I ask unanimous consent the amendment by the Senator from Maine be added to the underlying Dodd amendment on clinical trials.

Mr. JEFFORDS. Reserving the right to object.

The PRESIDING OFFICER. The Senator from Vermont.

Mrs. MURRAY. Mr. President, I am reclaiming my time.

The PRESIDING OFFICER. Is there objection?

Mr. JEFFORDS. Reserving the right to object, I would like to point out——

Mrs. MURRAY. Mr. President, is this on my time? I do have the floor.

The PRESIDING OFFICER. The regular order is to object or not object. Is there objection?

Mr. JEFFORDS. Objection.

The PRESIDING OFFICER. Objection is heard.

Mrs. MURRAY. Mr. President, I am extremely concerned, as I am sure my colleague from Connecticut is as well, that an objection was heard and we were not able to just add this language directly to the underlying amendment on clinical trials, because what the Senator from Maine has now done is forced us into a vote where we would be voting against clinical trials in order for women not to have drive-through mastectomies. That is not a choice Senators ought to be having.

In addition, what it says to women across this country is you have a choice, a mastectomy or a clinical trial. That is not a choice we should be offering.

I really hope our colleagues on the other side of the aisle will reconsider their objection to this and we can work this out. The people of this country are watching this debate, asking whether or not we are going to move forward and give patients the ability to have the best care possible. If we can work out this amendment and add it to the clinical trials, we will have done the people of this country a service.

Mr. President, I reserve the remainder of our time, and I yield.

Mr. JEFFORDS. Mr. President, I yield myself 5 minutes off the bill time.

The PRESIDING OFFICER. The Senator is recognized for 5 minutes.

Mr. JEFFORDS. Mr. President, I want to explain where we are right now. This monstrosity, whatever you want to call it, of a procedure which was set up by the leaders in negotiating back and forth leads us into these kinds of situations. We, on the Republican side, are trying to end up with the best bill, and we are intending to do that. This provision, which is offered by Senator SNOWE, is responding, to the extent that we desire to do so, to the question which has been raised about mastectomies.

If anybody would try to explain, even to our colleagues, as to this chart we use on the parliamentary procedure, we could spend the rest of the week just talking about that. What we are doing now is taking care of the issue raised with respect to women's health and mastectomies. We have a good provision. That is recognized by the other side. It is a fine position. Everybody ought to adopt it. We hope you do. I hope we get 100 votes on this amendment. We are going to take up and the other side will have an opportunity to reinstitute clinical trials at some point. This is the process that has been set up. We are trying to improve our bill, and by doing that we are going to make sure we have the best provision possible dealing with women with breast cancer. That is what we are doing.

The fact we attached it to a provision on clinical trials is the way the game is working back and forth. But we all, each of us, want to end up with the best possible bill for our side. Right now I point out we will have an amendment on clinical trials. That will end up eventually being in our bill which will be voted on at the end. People may disagree with what we end up with on clinical trials. They may have their own version. We will have a good provision. What we are trying to do right now is to make sure the best possible policy is established for women with breast cancer. So I hope people will try to understand this somewhat convoluted process is going to confuse you all the way along. You have to wait until the end to see what the final product is.

I reemphasize what the Senator from Maine said, as to what the Republican bill is across the board, the whole bill. It is different with respect to the protections people receive. For the first time, the Republican bill will provide to this Nation a standard which is the ''best medicine'' standard. It does away with the multiple standards across this Nation, about what is generally practiced in the area. This will give us the opportunity for every woman and every man to be able to get the advice as to what the experts, by analysis of all the processes that have been used, is the best medicine.

That is why this bill does a job in an area which has not been discussed much but we should concentrate on, which is AHCPR. That is the acronym for the agency which has been set up to learn what all of those interested in health care from the beginning of these great discussions starting in 1994 say we need to determine: How do you determine what the best results are?

How do you determine what the best results are? You set up a system where you can get outcomes research throughout this country, reporting of what was tried and what worked and what did not work.

As a result of that, we now will be able to help physicians across this Nation, under certain circumstances when problems occur, to know, about these following systems and methods, whatever was used to try to cure this disease or whatever, that these are the ones that worked. So that individual, trying to find out what kind of care they ought to get, will have the ability to first appeal it internally. If the doctor will say, ''I do not believe what the HMO tells me I should do is the best medicine,'' they could do that review internally. If they are not happy with the internal review, then they ask for an external review. This external review person must be an expert in the area, an independent person, one who can be relied upon to give an independent judgment. If that individual says, ''No we think the best care would be this process which across the Nation

has worked the best,'' then the decision can be made. If the patient desires it, ''I want the one that has been best across the Nation,'' they can get it. That is what we are talking about.

Right now we are in a convoluted process where people are going to be knocking amendments out with an amendment that may even be in a different area, but in the final analysis when we get to it tomorrow night, we expect to have a bill which will provide the best possible health care to all Americans. It is a little confusing.

The PRESIDING OFFICER. The Senator's 5 minutes have expired.

Mr. JEFFORDS. I yield 5 minutes to the Senator from Maine off the bill time.

Mr. REID. I am sorry, I did not understand that, Mr. President. The Senator is yielding 5 minutes off what?

The PRESIDING OFFICER. Off the bill time. The Senator from Maine is recognized.

Ms. SNOWE. Mr. President, I thank Senator JEFFORDS for his comment and for yielding time.

I want to clarify a few points that were made earlier because I do think it is important it does not get lost in the debate.

The amendment I am offering is not the amendment that was offered yesterday. The language is not identical. I thought I had made that abundantly clear. It is different from the D'Amato-Feinstein-Snowe legislation passed in the last Congress. It is different from the Snowe-Feinstein legislation offered in this Congress. It is different from the Feinstein-Snowe legislation because medical necessity is not defined, and that is the issue.

Secondly, the Robb amendment did not have a second opinion for cancer patients. That is included in this legislation.

This amendment is offered to the Republican legislation; that is, the substitute that was offered by the minority leader. That is the process that has been developed on a bipartisan basis and on unanimous agreement. The Republican substitute does not have this language. The option was to offer this amendment at this point in time.

I should also make it clear the amendment that was offered yesterday by the Senator from Virginia was restated in the language that was already included in the Democratic legislation. So it is just restating a fact. We are in a position to offer this legislation to the Republican substitute, language that has not been included in the Republican substitute.

This is the process that has been agreed to. Therefore, that is why this amendment is being offered at this time. I had hoped we could have worked on it yesterday, but the Robb amendment was offered to the Democratic plan yesterday, and that was a second-degree amendment. We had no ability to perfect that amendment.

Mr. DODD. I ask my colleague——

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. Mr. President, I yield such time as the Senator may need.

Mr. DODD. Mr. President, before my colleague from Maine sits down, I know she cares about the clinical trials issue. She has one of the best bills on clinical trials, of which I am a supporter. What I have offered incorporates some of her ideas, some of Senator MACK's, and Senator ROCKEFELLER's ideas with the clinical trials.

I also agree with what my colleague from Maine is doing on mastectomies, on the breast cancer issue. I am perplexed a bit. We have a chance right now by taking the amendment of the Senator from Maine, of which I am supportive, and adding it to the clinical trials amendment, and we might just do something no one expects. We might actually do something in a bipartisan way on the Patients' Bill of Rights.

I do not understand why there is such objection to that. If we agree with Senator SNOWE and her amendment, if, by and large, we all agree on clinical trials, why does the Republican majority object to adding the Snowe amendment to the Dodd amendment, adopting both of them and moving on to the next amendment?

Mr. REID. Will the Senator yield for a question?

Mr. DODD. I will be happy to yield.

Mr. REID. It is true, is it not, I say to my friend from Connecticut, yesterday we had a drive-through mastectomy provision in the Robb amendment?

Mr. DODD. That is true.

Mr. REID. What I understand you are saying is, why don't we take that, which is in keeping with the amendment of the Senator from Maine, and——

Mr. DODD. I would take the amendment of the Senator from Maine, with all due respect to my colleague from Virginia.

Mr. REID. They are basically the same.

Mr. DODD. We agree on the clinical trials. We can put them together and move on to the next issue. That is what I recommend.

Mr. REID. Is it not true that the Senator from Connecticut asked unanimous consent that the clinical trials, which are so badly needed and on which we understand there is agreement, be accepted with the drive-through mastectomy?

Mr. DODD. I asked for that and objection was noted by the Republican majority.

Ms. SNOWE. I appreciate and applaud the leadership of Senator DODD on clinical trials, and I wholeheartedly agree——

Mr. JEFFORDS. I yield the Senator from Maine 5 minutes on the amendment.

Ms. SNOWE. I thank the Senator. It does obviously represent the legislation that I introduced on this issue. I appreciate the Senator's forceful advocacy. Obviously, the issue is concerning scope at this point in time. I might agree with him on what he is attempting to do, but obviously there is a big difference in our legislative approaches with respect to scope. There are differences. Perhaps that ultimately can be worked out on the whole issue of clinical trials, and I hope it is. I believe it is that important. We were left in the position, given the scenario that has been developed on both sides, because I think this is so important, of having to offer it at this point in time or I lost the opportunity. We think it is important to add this language to the Republican substitute. We lost an opportunity yesterday, to be honest with you, with the amendment that was offered to the Democrat's plan. We are left in this parliamentary process at this point in time.

Mr. DODD. If my colleague will yield, I gather it is not just her voice but obviously other voices here—the leadership. May I interpret that to mean that if I were to offer my clinical trials amendment as a freestanding proposal, I would then have her support of that proposal so we are not asking ourselves to make a choice between two items we like, and instead of adding one to another, we are substituting one for another; therefore, being put in a terrible parliamentary situation, unnecessarily, in my view. I am fearful if I offer my clinical trials amendment freestanding as to whether or not I will be able to have the Senator's support on that, maybe even as a cosponsor.

Ms. SNOWE. I will look at the language. I would certainly want to support it. I know it does not include FDA-sponsored trials. I cannot speak for everybody in this conference or in this Senate, but certainly it is something I could support and obviously do support, given the legislation I have introduced in this Congress. I will be more than happy to do that.

At this point, we have to address the issue of mastectomies. It is that important to this legislation. We lost an opportunity to improve upon the Robb amendment, because that was a second-degree amendment offered yesterday, and, obviously, that created another Hobson's choice.

Mr. DODD. Parliamentary inquiry.

The PRESIDING OFFICER (Mr. BURNS). Who yields time?

Mr. DODD. Parliamentary inquiry.

Mr. KENNEDY. I yield the time necessary for the parliamentary inquiry.

Mr. DODD. Mr. President, am I allowed to withdraw my amendment?

The PRESIDING OFFICER. It would take unanimous consent.

Mr. DODD. To withdraw my amendment.

The PRESIDING OFFICER. That is correct.

Mr. DODD. I thank the Chair.

Mr. ROBB. Mr. President, will the Senator from Maine yield for a question with respect to the process?

The PRESIDING OFFICER. The Senator from Maine.

Ms. SNOWE. Do I still have the time?

Mr. JEFFORDS. Mr. President, I yielded the Senator from Maine 5 minutes.

The PRESIDING OFFICER. The Senator from Maine is recognized for 5 minutes.

Mr. ROBB. I thank the Chair, and I thank the Senator from Maine.

Yesterday, when we were debating the amendment I had the privilege of offering on behalf of myself and Senators MURRAY, MIKULSKI, BOXER, and others, we had no one from the other side of the aisle here to debate or discuss that during the entire period we were discussing that particular amendment. In a few minutes I am going to address the merits of what was said, but nothing was said, no engagement on the merits of the amendment that we offered was offered by anyone from the other side of the aisle. Was there a decision not to engage this side? Does the Senator know how to respond to that?

Ms. SNOWE. I was not aware of that. I was certainly not aware what was taking place on the floor. We were aware the Senator from Virginia was offering an amendment. I was aware, in fact, he was offering an amendment, but there was no strategy on this side to suggest we would not engage in that debate. I think there was some discussion on this side about the debate. I do not see that is a valid objection at all.

Mr. ROBB. I am only responding to the concern there was not adequate time for discussion. We were actively seeking engagement on this question, and it did not occur. I look forward to talking about the merits on my own time.

I thank you and I yield the floor.

Ms. SNOWE. Mr. President, I still have some remaining time.

I would like to make a point. I think the point is, there are substantial differences between the legislation offered by the Senator from Virginia yesterday and the legislation we are offering in this amendment. We are not defining ''medical necessity.'' As I indicated previously, there has been no other legislation on this issue that defines ''medical necessity,'' legislation that has been introduced on a bipartisan basis over the last few years.

That is going to take away from women the variety of treatments and prescriptions for breast cancer, as you can see what is illustrated on this chart. I think we ought to opt for the best treatment, the best practice, the best standard, and the best principles. No one else, no professional, no government agency, no private association with medical credentials has defined ''medical necessity'' because you can't.

Leave it up to the doctor and the patient. That is what we are asking with respect to women who have breast cancer. That is a huge difference between this amendment and the one that was offered yesterday. By the way, the language offered yesterday was already included in the minority's plan, so it did not have to be restated. I think we could have worked something out that we could have agreed to on a bipartisan basis, as we already have in legislation that has been introduced on this very issue.

Several Senators addressed the Chair.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. JEFFORDS. I yield 7 minutes to the Senator from Michigan.

The PRESIDING OFFICER. The Senator from Michigan is recognized for 7 minutes.

Mr. ABRAHAM. I thank the Senator from Vermont. I think I will be finished in that time frame.

Mr. President, I would like to speak to the Snowe amendment substantively at this point. As I have a number of times over the past few years, I rise to join her in sponsoring an amendment to address the incidence of breast cancer in this Nation.

This year alone, 180,000 women will be diagnosed with breast cancer. Yet, in this Nation of vast medical resources a number of those women are being denied the best health care available. It is time we did something about it.

I have made increasing awareness and funding for breast cancer research a central part of my agenda since coming to the US Senate.

That is why I have fully supported the efforts of Breast Cancer Awareness Month, the Race for the Cure, and WeCan. This last organization, which stands for ''We Encourage Cancer Awareness Network,'' brings together people we are interested in cancer control and prevention in Michigan, with a focus on breast and cervical cancer.

Awarness is important. Breast cancer survival rates are much higher when the disease is diagnosed early.

That is why I have participated in a number of campaigns aimed at encouraging women to have regular mammograms. It also is why I fought the National Cancer Institute's short-lived recommendation against all women in their forties getting mammograms.

As I said, awareness is critical. But it is not enough. Research also is desperately needed to fight this deadly disease. That is why I have supported Defense Department research in this area and cosponsored an amendment to the Treasury-General Government appropriations bill in 1997 to authorize creation of a new stamp to fund breast cancer research.

Like awareness, research is critical. And like awareness, research is not enough. Women must be empowered to make the best use possible of existing research and technologies in fighting breast cancer. And that means putting health care decisions in the hands of patients and their doctors.

The Women's Health and Cancer Rights Act, which my colleague and I are offering as an amendment to the underlying bill, would empower women; it would help them take charge of their own medical care during the time of crisis surrounding a breast cancer diagnosis.

Our amendment would require all—and I mean every—group health plan to cover inpatient care following a mastectomy, lumpectomy, or lymph node dissection for the treatment of breast cancer.

The length of stay would be determined by the physician, in consultation with the patient, and would be based solely on what is necessary and appropriate for that patient.

There would be no minimum stay required, and outpatient treatment would also be covered if the patient and her doctor agree that that is the best course.

Under current law, insurers may have guidelines recommending that mastectomies be performed on an outpatient basis. But a mastectomy is, in fact, a complicated surgical procedure, one from which significant complications can arise.

Under these circumstances, sending a woman home immediately after a mastectomy may not be the right thing to do. The woman may not have the information she needs, or even the care she needs during this critical time.

We must see to it that doctors are not pressured by health plans to release mastectomy patients before it is medically appropriate.

Women suffer immense emotional trauma from mastectomies. They also suffer from scarring and may suffer from significant and even dangerous complications hours after surgery.

It simply is not appropriate, then, to have anyone other than the patient and her physician deciding when it is safe and proper for her to go home.

Our amendment does just that. It allows patients and their physicians to make the critical, life-changing decisions concerning how to treat breast cancer.

In addition to these provisions, our amendment would help patients diagnosed with cancers of all kinds by empowering them to seek second opinions.

Under the language of this amendment, patients diagnosed with any form of cancer by their primary care physician would be able to get a secondary consultation with a specialist. Group health plans would be required to include coverage for these visits.

Even if the specialist finds no cancer, the health plan would be required to cover that visit. And members of HMOs will still be covered if they go outside the HMO for their secondary consultation.

These provisions will defend a patient's right to a second opinion in addressing a cancer diagnosis. In a nation with the vast health care resources of our country, there simply is no excuse for not allowing patients to seek an independent second opinion when dealing with a cancer diagnosis.

This amendment would place these key health care decisions in the hands of patients and their physicians. It will put the priority back on patient care, where it belongs. It is an important element of our ongoing fight against cancer, and breast cancer in particular.

I urge my colleagues to lend their support for this important amendment.

I yield the floor.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. I would like to yield myself 3 minutes.

Could I have the attention of the Senator from Michigan just for a moment?

I notice on page 3 of the amendment, talking about ''Inpatient Care,'' under the title ''In General'' it states:

. . . the treatment of breast cancer is provided for a period of time as is determined by the attending physician, in consultation with the patient, to be medically necessary and appropriate. . . .

This is going to be universal. Why does the Senator from Michigan think we should protect a woman who has breast cancer and needs a mastectomy but not provide the same protection for a woman who has ovarian cancer and needs a hysterectomy. Why shouldn't we provide the same protection for someone who has brain cancer? Why do you believe this should be applicable to all HMO members—that a decision should be made by the doctor and the patient, using the best health guidelines—but not provide the same protections for these other diseases? What is the justification for this different treatment? Our bill does provide those protections.

These are in the findings, on page 3, under the ''Inpatient Care,'' ''In General.'' You provide:

. . . is determined by the attending physician, in consultation with the patient, to be medically necessary and appropriate. . . .

You do it for a mastectomy, a lumpectomy, and for a lymph node. Why do it universally for all HMOs for these three procedures yet not provide the same protection for women with ovarian cancer, brain cancer, or other illnesses? That is what we would like to know. Because our bill would provide protection for all of these illnesses; yours for just one. What is possibly the rationale and justification for that?

Mr. ABRAHAM. Mr. President, I will answer with respect to this—would it be on your time?

Mr. KENNEDY. Yes.

Mr. ABRAHAM. Obviously, a number of people have worked in this area of breast cancer treatment. I believe Senator SNOWE, who has been the foremost leader on this in the Senate on working on this issue, will probably comment on this as well. We are attempting to work on getting legislation which she has spearheaded in the Senate into this bill.

I have no idea what other Senators may come to this floor with, with regard to other forms of cancer or other types of diseases or other types of treatment. They may well come here with such areas that are specialty areas and offer similar amendments. I would defer to them to do that. This is an area we are working on which we think, in fact, is justified in this respect and which is consistent with last year's amendment on reconstructive surgery.

The PRESIDING OFFICER. The Senator's 3 minutes have expired.

Mr. KENNEDY. Mr. President, I yield myself 2 more minutes.

It isn't a question of the particular process or procedure. The amendment says ''as determined by the attending physician, in consultation with the patient, to be medically necessary.'' Why not use that standard on any of the other kinds of health care needs? Why apply this standard nationwide on the question of mastectomy and not provide it for protection of other areas health needs?

Mr. ABRAHAM. Which standard is that?

Mr. KENNEDY. As is determined by the attending physician, in consultation with the patient, to be medically necessary and appropriate following a mastectomy, lumpectomy, or a lymph node dissection.

I am asking you, why can't you use that same protection: by the attending physician, in consultation with the patient, to be medically necessary, leaving it up to the doctor? That is what you do for these three procedures. You leave it up to the doctor.

Mr. ABRAHAM. Perhaps the Senator could direct the question to somebody who voted on the other side of that issue yesterday.

Mr. KENNEDY. That is what I am asking.

Mr. ABRAHAM. I voted yesterday, when we had the issue of medical necessity.

Mr. KENNEDY. Does the Senator agree——

Mr. ABRAHAM. That is how I voted yesterday. So perhaps the Senator should ask somebody who voted against it yesterday.

Mr. KENNEDY. Good. So if I understand—the Senator can obviously answer any way he wants to—you believe that decisions with regard to health care ought to be decided by the doctors and their patients?

Mr. ABRAHAM. That is how I voted yesterday.

Mr. KENNEDY. When we came to the scope amendment, would you agree then that we ought to apply whatever we are going to do with the 48 million self-insured to the other ⅔ of Americans left out under the Republican plan?

Mr. ABRAHAM. In general principle, I believe that these areas in which the Federal Government has not chosen to oversee, where the scope has already been provided to States to address—in my State, very aggressively—that we shouldn't preempt the significant progress that has been made in Michigan. I don't want to come to the floor to wipe out what I consider to be very effective patients' rights laws that my State has passed, which a scope amendment that would cover every single plan in every setting would have done in my State. There may be Members who have States that are in various ways deficient and ineffective. They may want to supersede what they have done. But this Senator chose not to, at least with respect to my State.

The PRESIDING OFFICER. The Senator's 2 minutes have expired.

Mr. KENNEDY. I yield myself 15 seconds.

There isn't a single State in the country that has that kind of protection. I know my friend from Vermont keeps insisting the State of Vermont does. We will give him that. But there isn't a single other State, if Vermont complies with those kinds of protections.

I yield 5 minutes to the Senator from California.

The PRESIDING OFFICER. The Senator from California is recognized for 5 minutes.

Mrs. BOXER. I thank the Chair.

Mr. President, I feel really bad about what is happening here. Every single amendment, the people lose and the HMOs win.

There is a cruel irony in the Snowe amendment, which the Senator from Connecticut tried to repair and could not. Let me tell my colleagues about the cruel irony of the Snowe amendment.

That amendment treats women who need mastectomies with dignity, and I am for that. That is why I supported the Robb amendment yesterday, and that is why I agree with the Snowe amendment. But let me tell my colleagues what else the Senator from Maine does that makes this a real cruel irony. At the same time she gives dignity to women who have to undergo mastectomies and gives them bed care, she strikes the Dodd amendment which would allow those same women to choose another option other than mastectomy by getting into a clinical trial.

To explain that specifically, I have a dear friend who I have known for many years. She was diagnosed with breast cancer. The doctor said: You have three alternatives: One, you can get into a clinical trial on tamoxifen; two, you can get into a clinical trial on a new drug called reluxifen; three, you can have a double mastectomy. My friend wanted to avoid the mastectomy. She is doing everything she can to get into a clinical trial, and she is reaching obstacle after obstacle after obstacle.

The Dodd amendment says, if someone is in need of a different type of therapy—and it is very tightly drawn—they have a right to get into that therapy.

What the Snowe amendment says to women is: Yes, my dear, if you need a mastectomy, we will treat you fairly. That is good. But, no, my dear, we cannot guarantee you the right to get into a clinical trial to avoid that amputation, as my friend from Maryland called it yesterday.

That is just one example, a personal example of someone I know. There is no reason we can't get around the parliamentary hurdles. We are good at

that. We know how to do it. As a matter of fact, I am going to make a unanimous consent request at the end of my remarks, I alert the Senator from Vermont, to solve our problem and to put the two together, the Snowe amendment and the Dodd amendment.

The Dodd amendment ensures that if your doctor says you need a certain type of drug to solve your health problem, your HMO cannot keep that prescription drug away from you by claiming it is not in their formula.

Here we have the Snowe amendment, which takes a giant step forward in the treatment of women with mastectomies but, at the same time, strikes the opportunity for women to get into clinical trials to get the drugs they need that are necessary to give them their health. This is a sad day.

What is the response from the Senator from Maine? Gee, I am sorry about this; it is parliamentary.

I am very sad. I have never seen the Senate be as partisan as it is on this issue. This is a sad, sad day. What happened to the days of Kennedy–Kassebaum? It wasn't that long ago that we worked together when we could agree. I think the American people are the losers, and women are the losers.

Yesterday, we had a situation on this floor—I have handed out on each desk an example of this—where Senator ROBB offered an amendment. Senator ROBB said that OB/GYNs want the right to be primary care providers. Senator FRIST stands up and says: They don't want to be primary care providers. He quoted a particular doctor and said this doctor, an OB/GYN, doesn't want to be a primary care provider.

That was false. That was false. I have the proof right on your desk. This doctor says:

> Senator FRIST's misuse of my statement in support of his position that OB/GYNs could not act as primary care physicians . . . is, to say the least, misleading and does an injustice to the true intent of my statements.

He supports OB/GYNs being designated as primary care providers.

Then a letter from the organization that says it is imperative that doctors who are OB/GYNs be primary care providers.

Let's stop the misstatements, and let's put together the Dodd amendment and the Snowe amendment.

As a matter of fact, I ask unanimous consent that S. 1344 and the Daschle substitute amendment be modified with language from the Snowe amendment No. 1241 prohibiting drive-by mastectomies and requiring coverage for second opinions, and this will keep the clinical trials and the drive-by mastectomies provision.

The PRESIDING OFFICER. Is there objection?

Mr. JEFFORDS. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. KENNEDY. Mr. President, I yield myself 20 seconds.

Under the Senate rules generally, as the Senator from California knows, if we were not forced into this agreement, the Senator from Connecticut could modify his amendment to include that. We have tried to get this legislation to the floor so that we could follow the historic rules of the Senate and were precluded from that, basically forced into this time element, voting Thursday evening. But we are getting very close to the point where we will not have the opportunity for having a full airing of these issues. We are getting very close to where some of us will believe that there has not been the full, complete fulfillment of the agreement. These issues may very well be left outstanding for future considerations.

We are getting very close to the point, Mr. President, where you have such a basic corruption of the rules. By denying what has historically been the rule—that would have permitted a Senator to modify an amendment prior to the time they get the yeas and nays—we are close to having a basic corruption of the rules. We had an agreement, and we are sticking with that agreement. Nonetheless, it will delay the Senate and frustrate, obviously, the opportunity for the good debate.

I yield 5 minutes to the Senator from Maryland.

Ms. MIKULSKI. Mr. President, we are at a fork in the road today. We are at a fork in the road to show whether we really are engaged in a debate over partisan politics or whether we are engaged in a debate over how we can best help patients in the United States of America.

I urge my colleagues, in the situation we now find ourselves, to put partisan politics aside and reach out to what is in the best interests of patients, what is in the best interests of the people of the United States of America. That is why I think the suggestion of taking the Snowe amendment and attaching it to the Dodd amendment would show the American people that in this debate, at this time, at this moment, we are willing to put patients above politics. That is what I hope we can do.

There is much to be commended in the Snowe amendment. It is a very good amendment. I congratulate the Senator from Maine on this amendment. I would so like to support it. Unfortunately, it knocks out the Dodd amendment providing patients with access to clinical trials.

The Senator from Maine has had a longstanding reputation of really being an advocate for providing access to clinical trials. I recall with great fondness our battles, going back to the days in the House of Representatives, when she and Congresswoman Schroeder cochaired the women's caucus. We fought to get women included in the clinical trials at NIH. The Senator from Maine and all others will recall when we were systematically excluded. We worked together on a bipartisan basis when she came to the Senate. Working with her, Congresswoman MORELLA, and Congresswoman Schroeder, we were able to literally call NIH's bluff on their shallow and unscientific reasons for not including women in clinical trials.

When President Bush appointed Bernadine Healy as head of NIH, Senator KENNEDY and I worked to establish the Office of Women's Health at NIH, and now women are included in the clinical trials. What a hollow victory it will be today if we deny them the access to the very clinical trials we fought so hard to open up for women.

I am sorry we have come to this. At this fork in the road, let's not make another fork in the road over partisan politics. We can show the American people that we really want to be concerned about patients. We have done it before. We have done it with the people in this room. Some of the greatest pleasures and joys of my life have been working on a bipartisan basis, opening up clinical trials and establishing quality standards for mammograms.

So I am going to offer one more opportunity, and I plead with my colleagues to allow this to happen. I want to have the Snowe amendment attached to the Dodd amendment.

Therefore, I ask unanimous consent that S. 1344, the Daschle substitute amendment, be modified with language from the Snowe amendment, No. 1241, prohibiting drive-through mastectomies and requiring coverage for second opinions.

The PRESIDING OFFICER. Is there objection?

Mr. JEFFORDS. Objection.

The PRESIDING OFFICER. Objection is heard.

Mr. JEFFORDS. Mr. President, I yield 1 minute to the Senator from Texas.

The PRESIDING OFFICER. The Senator from Texas.

Mr. GRAMM. Mr. President, I have to take exception to the comments that Senator KENNEDY made. I am not trying to get into an argument, but as anyone who has followed this debate knows, for 2 years we have offered the Democrats the ability to bring up their bill. Then we would bring up our bill and let the Senate choose. The Democrats dictated the format we are debating under, and they would not allow us to pass an appropriations bill until they got exactly the procedure they have today. Now that they have exactly the procedure that they dictated by holding the Senate up, they are unhappy with the procedure.

Might I also say, with all of these cries of partisanship, not one Democrat voted for any amendment offered by any Republican yesterday or Monday. Now, I don't understand bipartisanship as existing when Republicans vote to let the Government take over the health care system and to bring lawyers into the system rather than doctors but it is somehow not bipartisan when Democrats refuse to vote for our proposals. You can't have it both ways.

Mr. KENNEDY. I will use 30 seconds, Mr. President. The Senator had better get his facts straight. We have just offered to accept the amendment of the

Senator from Maine. Yesterday the Democratic leader offered to accept the Nickles amendment on deductibility. So the Senator is fundamentally and actually wrong.

I yield 5 minutes to the Senator from California.

The PRESIDING OFFICER. The Senator from California is recognized.

Mrs. FEINSTEIN. Mr. President, my heart is heavy because, as I believe the Senator from Vermont knows, I was the lead Democratic sponsor of the D'Amato bill on mastectomy and cancer rights in the last Congress. Then Senator SNOWE became the lead Republican author on it when Senator D'Amato left the Senate and I am the lead Democratic sponsor in this Congress. So I feel very strongly about this bill and the amendment before us.

But what I see in the tactics being used is of very deep concern to me. Yesterday, we saw the Frist language on medical necessity essentially wiping out the Democratic language requiring that medical necessity be based on generally accepted principles of medicine. Our amendment would have covered a hospital stay for mastectomy as well any other hospital stay, by simply giving the physician the responsibility to make the call on how long a patient should stay in the hospital.

Now we have these individual cases like hospitalization for mastectomy. It is a very strong case that the Senator from Vermont makes. I myself saw, in 1996, where a major HMO in California was doing a same-day mastectomy and women who had surgery at 7:30 in the morning were being pushed out on the street in the afternoon, not recovered from anesthetic, with drains in their body, not knowing where they were or how to care for themselves. That simply is not the good practice of medicine.

So I think all of us have resolved that we want to do something about this situation. But at the same time, you give us a Hobson's choice, and that is unfortunate because Senator Dodd's amendment, requiring plans to cover the routine costs of clinical trials, is a good amendment.

I am the vice chairman of a national cancer dialogue initiated by the American Cancer Society. President George Bush is the chairman. Not too long ago I had the pleasure of spending the day with President Bush on one side of me and Mrs. Bush on the other while I chaired a meeting of the cancer dialogue. One of the outstanding results of that particular day was strong support for more access to clinical research trials. The entire clinical trial research effort is not going to be successful unless there is more access to these trials, and particularly by the minority population where participation is very small, largely because managed care plans do not cover the non-research, routine costs of care.

Therefore, Senator DODD's amendment is timely, it is necessary, it is scientifically correct, it will help us speed these trials, add more trials, and it will mean a quicker cures for diseases if we pass the Dodd amendment.

The Hobson's choice, for those of us who have worked on this now for over 3 years, is that by voting for Senator Snowe's amendment, we negate the Dodd amendment. That is not right. It is not good medicine. It is not good politics.

I, too, join in complimenting my colleague and friend from California and the Senator from Maryland, both of whom spoke eloquently on this. Please, please, please don't do this.

Senator DODD asked that his amendment be modified to include the Snowe amendment in his amendment. Twice I heard the Senator from California and the Senator from Maryland propound a unanimous consent request. I am also going to do the same thing. Don't present this body with this kind of Hobson's choice. Both amendments are necessary. Don't wipe out the clinical trials coverage amendment while attempting to put in patient protections for cancer patients. The American public deserves to be able to participate in clinical trials which, after all, could save your life, save the lives of the women of America, and men, because breast cancer affects men too. My father-in-law died of breast cancer when my husband was 10 years old.

Please, don't do this.

I, too, propound a unanimous consent request. I ask unanimous consent that S. 1344, the Daschle substitute, be modified with language from the Snowe amendment No. 1241 prohibiting drive-through mastectomies and coverage for second opinions.

The PRESIDING OFFICER. Is there objection?

Mr. FRIST. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. JEFFORDS. Mr. President, I yield the Senator from Tennessee 5 minutes.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. FRIST. Mr. President, very briefly—I will not take 5 minutes—a number of issues have been discussed. Let me comment on a couple of issues.

The first has to do with some statements made by my colleague from California about obstetricians and primary care specialists; second, about clinical trials; and, third, scope.

I know my colleague from Texas has been waiting. I will conclude my remarks in 2 minutes, and then, hopefully, we can turn to her.

No. 1, do obstetricians want to be designated by their managed care companies to be primary care physicians? It sounds as if they do.

I have to say that if you are a primary care physician—that means if you are responsible for that managed care company, insurance, group, plan, or HMO—you are responsible really to become the gatekeeper. That means you have a specialist, obstetrician or gynecologist, who wants to be able to take care of the woman as a whole but doesn't necessarily want to take care of her ingrown toenails, appendicitis, headaches, or laryngitis.

That is the danger. It sounds good to say the OB/GYN is the primary care specialist for the patient. They are the primary care physician, the gatekeeper. That means the OB/GYN is going to be doing things that they are simply not trained nor want to do.

What women want in this country is to at any time be able to go to their obstetrician or gynecologist, whether it is an emergency or not, for routine care. That is what our bill does. That is what the American people want—to remove the barriers that exist today.

Yes, we need legislation. That is what our bill does. It drops that barrier so at any time a woman can go to, and be taken care of by, their obstetrician and gynecologist. It is in our bill.

The designation of ''primary specialist'' sounds benign. In truth, they are dangerous to the system. Obstetricians as a group may want it, and some may not.

I quote on behalf of 100 patients and provider groups, The Patient Access Coalition. They talk about these specialist amendments. They write to us very specifically:

> We do, however, wish to express concern about specialists being defined as primary-care providers.

It is very important that people do not come in and legislate and make them primary care providers. We want to remove the barriers to access to specialists. That is what we do.

No. 2, clinical trials. Again and again, the Dodd bill has some very good points in it. We are for clinical trials. We believe clinical trials should be part of the system, and I have spent most of the morning talking about that. But we don't know the overall cost. Before we know that cost, a managed care company is going to take care of that mandate from here, and they will put it on sick people who are getting sick and paying the tax. We don't have any idea what it is.

The amendment that will be offered tomorrow by Senator MACK looks at the cost issues. It has a mandate to cover clinical trials in an appropriate setting and in an appropriate way, but not in an irresponsible way.

We remove the Dodd language. We take what is very good in his amendment, and we will build on it and have a better amendment for the American people.

On the issue of scope in the underlying amendment about breast disease and cancer, the reason this scope is different from the other things is, they wanted to make this particular amendment consistent with the D'Amato approach from last year that had this with mastectomy and reconstruction of a breast—a procedure. What we did—and what was done by the Senator from Maine—was very specifically match that scope for this type of disease in a way that is consistent. That is why

that scope is different. They are exactly right. There is some difference there.

Those are the three points I wanted to make on that.

I yield the floor.

Mr. KENNEDY. Will the Senator yield for a question on my time?

Mr. FRIST. I would be happy to.

Mr. KENNEDY. Last year the Republican proposal had this measure. Most of us who followed the Patients' Bill of Rights understood the reason for this measure. It was to get the Senator from New York, who felt so strongly about this provision, to support the overall Patients' Bill of Rights. When the Republicans introduced their bill this year, the provision was kept out. Now they are trying to put the provision back in.

Mr. FRIST. Does the Senator have a question?

Mr. KENNEDY. I am asking, is that not correct?

Mr. FRIST. That is incorrect.

Does the Senator have another question?

Mr. KENNEDY. No.

Mr. FRIST. I yield the floor.

Mr. KENNEDY. I will take 1 minute.

The fact is, that is exactly what happened. That is exactly what happened. I will put in the RECORD within the next hour this bill that showed that they took the provision out of this year's bill. I will put in the RECORD the bill that had the provision, and then the bill that took out the provision. Now the Republicans are trying to put the provision back in again after they voted against the Robb amendment. They now have the willingness of the principal sponsor of the amendment to accept it.

Who is playing games around here?

Mr. President, I yield 5 minutes to the Senator from Virginia.

The PRESIDING OFFICER. The Senator from Virginia is recognized for 5 minutes.

Mr. ROBB. Thank you, Mr. President. I thank my distinguished colleague from Massachusetts.

I am pleased that the Senator from Tennessee is on the floor.

First, let me observe that I see a disturbing trend as we consider the basic proposal to grant patients' rights, however defined. Every time we have a Democratic amendment, we find some small objection to it, technical or otherwise, causing everyone on the other side to have to vote against it with the promise that tomorrow we will resubmit it with a word or two changed so it will be acceptable to our side.

If my observation is incorrect, I look forward to being corrected.

Yesterday the Senator from Tennessee, Senator FRIST, took the floor to say that he supported 98 percent of the amendment I offered on behalf of myself and Senators MURRAY, MIKULSKI, BOXER, and others, but he had just a couple of objections to it. He stated that the problems with our amendment were such that he had to urge all Members to vote against it and it could only be fixed with the alternative that Senator SNOWE and Senator ABRAHAM would cover today.

At the time my friend from Tennessee was speaking, I asked if he would yield for a question. He declined to do so. That is, of course, his right. But since my friend from Tennessee would not yield during yesterday's debate for a question on his claims, I want to take just a minute to correct the RECORD.

First of all, Senator FRIST said he had spoken with the chairman of the American College of Obstetricians and Gynecologists' Primary Care Committee, Dr. Robert Yelverton. My colleague said Dr. Yelverton told him that OB/GYNs would not qualify as primary care physicians. A number of OB/GYNs took exception to the claim of the Senator from Tennessee that Dr. Yelverton told him OB/GYNs are unqualified, including Dr. Yelverton.

I received a fax this morning from Dr. Yelverton which clarified these comments for me and for our colleagues. Let me read part of what he said.

He said:

I have never spoken directly to Senator Bill Frist (R-TN) or any member of his staff on the subject of OB/GYNs as primary care physicians or on any other subject. The quote that Senator Frist attributed to me on the floor of the Senate today came from an article in the June 13, 1999, edition of the New York Times.)

He goes on to say:

Senator Frist's misuse of my statement in support of his position that OB/GYNs could not act as primary care physicians because of the ''high standards'' that managed care organizations set for primary care physicians, is regrettably misleading to say the least, and does an injustice to the true intent of my statements.

Again, I am quoting Dr. Yelverton. He went on to say:

I personally supported then and I support now the amendment sponsored by ACOG to allow OB/GYNs to act as primary care physicians and to allow direct access for women's healthcare and did, in fact, spend a portion of this very afternoon e-mailing my senators and encouraging them to vote in support of the amendment.

Mr. President, I ask unanimous consent to have the doctor's letter be printed in the RECORD.

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

To Lucia DiVenere, ACOG Government Relations.

From Robert W. Yelverton, M.D., Chairman, Primary Care Committee.

I received your fax tonight and offer the following in response.

I have never spoken directly to Senator Bill Frist (R–TN) or any member of his staff on the subject of OB/GYNs as primary care physicians or on any other subject. The quote that Senator Frist attributed to me on the floor of the Senate today came from an article in the June 13, 1999, edition of the New York Times. The article may be viewed on the New York Times website (go to www.nytimes.com, then click on Health and Science). I was contacted by the article's author, Larry Katzenstein, and asked to comment on the impact of managed care on women's healthcare in this country. In my interview with Mr. Katzenstein, I discussed ''barriers'' that managed care organizations have raised against the efforts of OB/GYNs to become primary care physicians. The quote attributed to me by Senator Frist was from a non-quote in this article. I told Mr. Katzenstein that some managed care organizations have placed barriers consisting of such stringent (not ''high'' as Senator Frist stated) standards for their qualifications as primary care physicians that most OB/GYNs would not be able to meet them without further training.

One objective of my comments was to demonstrate that the College's interests were to allow OB/GYNs to provide women's healthcare to their patients unimpeded by the cumbersome requirements of managed care referral systems. Mr. Katzenstein's article did not emphasize to the degree it should have that these were barriers to OB/GYNs being designated primary care physicians—not ''high standards''—as has been discussed repeatedly in meetings of the Primary Care Committee. I went on to say to Mr. Katzenstein that the qualification requirements that some managed care organizations impose on OB/GYNs in certain instances exceed even those required of family physicians. He chose not to include that statement in his article.

Senator Frist's misuse of my statement in support of his position that OB/GYNs could not act as primary care physicians because of the ''high standards'' that managed care organizations set for primary care physicians, is regrettably misleading, to say the least, and does an injustice to the true intent of my statements.

I personally supported then and I support now the amendment sponsored by ACOG to allow OB/GYNs to act as primary care physicians and to allow direct access for women's healthcare and did, in fact, spend a portion of this very afternoon e-mailing my senators and encouraging them to vote in support of the amendment.

Please contact me at (813) 269–7752 after 9:00 a.m. tomorrow (Wednesday). I will be glad to discuss this matter with you at that time and will support any effort that you want to undertake to clarify this issue now on the floor of the Senate.

Mr. ROBB. Mr. President, the same doctor my colleague quoted said the Republican arguments against our amendment are off base. Contrary to the comments of the Senator from Tennessee yesterday, the American College of Obstetricians and Gynecologists endorses our amendment.

I ask unanimous consent to have printed their letter on this issue.

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

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS,
Washington, DC, July 12, 1999.

Hon. CHARLES S. ROBB,
Russell Senate Office Building,
Washington, DC.

DEAR SENATOR ROBB: On behalf of the American College of Obstetricians and Gynecologists (ACOG), an organization representing 40,000 physicians dedicated to improving the health care of women, I am pleased to offer ACOG's strong endorsement of the Robb-Murray Amendment to be offered during Senate consideration of managed care reform legislation this week. This amendment assures women access to obstetrician-gynecologists and the critical services they provide.

The Robb-Murray amendment allows women access to their ob-gyns in two important ways. First, it allows women to select a participating obstetrician-gynecologist as her primary care physician. Second, if a woman chooses a primary care physician of another speciality, this amendment allows her to have direct access to her ob-gyn provider without having to secure prior authorization or a referral from her primary care physician.

It is imperative that women's direct access to their ob-gyns not be limited by Congress' failure to classify ob-gyns as primary care physicians. Ob-gyns are often the only physicians many women regularly see during their reproductive years. Insurers often put barriers between women and their ob-gyns. The Robb-Murray amendment would allow them to choose the type of physician they want.

In addition, the Robb-Murray amendment makes clear that direct access to ob-gyn care is not at a managed care plan's option but rather a guarantee for women. The amendment also provides women access to all ob-gyn services covered by their health care plans, not just a subset of those services designated by the plan as routine. Ob-gyn providers would also be able to order appropriate covered follow-up ob-gyn care, including referrals for related care, without prior authorization.

Thirty-seven states have acted to address these issues, but these laws do not protect the many women enrolled in self-insured plans. The Robb-Murray amendment extends meaningful direct access to ob-gyn care to women in federally regulated plans. ACOG applauds your efforts in offering this important amendment for America's women.

Sincerely,

RALPH W. HALE, MD,
Executive Vice President.

Mr. ROBB. I ask my Republican friends: What are their objections to the proposal to allow women access to care that they want and need? How do those who voted against our amendment yesterday, which is so important to American women, justify doing so?

I want to clarify something my colleague from Tennessee said about our proposal to guarantee that doctors and patients—not insurance companies—decide how long a woman stays in a hospital after a mastectomy. Senator FRIST criticized a provision in our amendment that said physicians shall make decisions about the length of stay in a hospital in accordance with ''generally accepted medical standards,'' arguing this standard would be used in determining whether a woman has a mastectomy, a lumpectomy, or a lymph node dissection.

I want the record to reflect that our amendment said nothing of the sort. The Robb-Murray amendment simply said that after a woman has had one of these procedures, a doctor and patient can then decide how long a woman stays in the hospital. That is what the amendment actually said. Our Republican colleagues are simply wrong when they say that the amendment would somehow apply to the decision of the kind of surgical procedure a woman undergoes.

Mr. President, I know there is a broader issue being debated over the definition of ''medical necessity'' and whether or not this definition is problematic. But that debate has nothing to do with the amendment we offered yesterday. Our amendment specifically said that physicians would be empowered to overrule insurance companies only when deciding how long a woman stays in the hospital after a woman has had a mastectomy, a lumpectomy, or lymph node dissection. Their argument that our amendment had a broader application is simply without merit.

The Republican arguments in this case against the mastectomy portion of our amendment were off base. Their argument against guaranteeing better care by an OB/GYN has been discredited by the doctor whom they quoted yesterday.

I hope we can come to some truly bipartisan resolution of these issues. They are important. They are important to women. They are important to all of the people in this country who are not currently covered. To restrict the scope of this amendment in such a way that specifically excludes women from having direct access to the type of health professionals with whom they are most comfortable is unconscionable.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas is recognized for 5 minutes.

Mrs. HUTCHISON. Mr. President, it seems to me in watching the debate yesterday and today, both sides of the aisle want access to better care for every American who is in some form of an HMO or managed care plan. I think we should acknowledge that we do have different approaches on how to get there.

We can summarize the differences in three ways:

No. 1, we are looking at the costs. Many Members are concerned that if we raise the cost of a premium, a family has worse than a Hobson's choice as our colleagues have complained we are giving them with regard to floor debate. If the cost of health care rises too much, millions of Americans will have no choice at all when they lose their coverage. That has to be a consideration.

No. 2, on the issue of who defines the standards, our amendments and our underlying bill put the emphasis on the patient and the physician. They give the patient the right to have an internal appeal and then an external appeal to make sure they get the quality of care the physician believes is best for that patient.

No. 3, it is a matter of access to lawsuits. We have to make a fundamental choice: Do you want good care or do you want good lawsuits? That is going to make a big difference in the longevity of the HMOs and their ability to continue to give health care service.

Do we need better service? Absolutely. I don't know anyone who hasn't had a complaint about an HMO. That is why I think our approach of an internal review with a time limit, an external, binding review process, again with strict time limits, by medical experts outside of the HMO is far preferable to costly litigation that can take years to resolve.

This has been tested. It has been tested in my home State of Texas. We passed an internal and external review process in Texas that has worked for over a year. Part of it has been struck down by a Federal court because they said it was a Federal law that takes precedence over the State law. Some of it has been knocked out. But it was working, and, on a voluntary basis, still is. People were satisfied they had the right to a quick appeal to get the care they needed. About half of the appeals were won by patients and about half by the health insurance companies, which tells me it was probably a pretty fair system. Most people want to have the quality care and a fair, quick system to redress their complaints rather than the ability to sue. Our bill would establish a national system very similar to that passed in Texas, but without creating new incentives to sue.

Quality care is prospective; a lawsuit is retrospective. If a person wants good care, they are not as interested in a lawsuit later. They are interested in getting the access that the patient and the physician is seeking.

The Snowe-Abraham amendment is a good amendment. It does add to the Robb amendment from yesterday. I think it is a better approach. Our approach, saying we are not going to have any arbitrary time limits on how long a woman can stay in the hospital if she has a mastectomy or a lumpectomy, is a good approach. Everything I have read says the quicker a patient can go home and be cared for at home, the better off they are and the more likely they are to have a quick recovery. However, if you have a problem, a complication in your surgery, we don't want an artificial time limit on the length of the hospital. That is what the amendment of Senator SNOWE and Senator ABRAHAM provides.

Secondly, we have heard a lot of discussion this week about whether an OB/GYN would be primary care physician designee for a woman. The underlying Republican bill provides that both OB/GYNs and pediatricians will have direct access to a woman, in the case of the OB/GYN, or for the parent and the child, in the case of a pediatrician. That is very important.

We have direct access. It is unnecessary to go through a gatekeeper in the Republican bill to see an OB/GYN physician for an OB/GYN problem; nor does a child who needs to see a pediatrician have to go through a gatekeeper. I think that is very important.

I do know a number of women who only go to an OB/GYN and don't have regular checkups, although I have tried to talk my friends into getting regular physical exams. I think it is important to have a full checkup. Nevertheless, many women don't do it. So at the very least, our bill assures that they will have direct access to their OB/

GYN, without going through a gatekeeper.

We are approaching this from different standards, there is no question about that. I think our approach is better. They think their approach is better. But I think we need to argue these points based on the merits. I think the Snowe amendment is a good amendment.

The issue of clinical trials will come up again. I believe there should be access to clinical trials to be paid for by HMOs, I really do. There is going to be an amendment on that. It will be somewhat different in approach. Again, the difference is going to be on who defines and what the standards are, and I think Senator MACK will have a good amendment that will be better than the Dodd amendment. Just as Senator SNOWE's amendment and Senator ROBB's amendment are very similar, but the differences are real, I think people will be able to make a choice. I think we are going to provide a very strong women's health care amendment with the Snowe amendment that will strengthen women's ability to have direct access to their OB/GYN and have the care they need based on consultations with their physicians, not a Federal rule that would have a one-size-fits-all approach.

Mr. President, I yield the floor.

The PRESIDING OFFICER. Who yields time?

Mr. KENNEDY. How much time remains, Mr. President?

The PRESIDING OFFICER. The Senator from Massachusetts has 11 minutes 2 seconds.

Mr. KENNEDY. I yield 9 minutes to the Senator from Connecticut.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. DODD. Mr. President, let's make that 8 minutes; let me know in 8 minutes so my colleague from Nevada and anyone else can be heard on this. I don't think I need that much time.

Regarding this issue of clinical trials and the issue that has been raised by Senator SNOWE dealing with breast cancer, I guess you could divide the country into two groups. There are those who have had to deal with someone in their family who was dying or was threatened with death because of a serious illness, and those who have not been through it yet. You will; whether it is someone in your own family or a neighbor, someone you feel deeply about. Then you will understand, if you are not in the latter category, what my amendment tries to do. That is why I think it is so outrageous that on five different occasions in the last 2 hours, an effort to join together the Snowe amendment with the Dodd amendment has been objected to.

It is incredible to me that we are in the Senate dealing with two issues that cry out for a solution dealing with breast cancer and how women are treated by HMOs and hospitals and the right to get a clinical trial if you are dying. On five occasions in the last hour, a unanimous consent request has been made that would allow these two amendments to be joined, and I suggest be agreed to unanimously. And on five different occasions objection has been heard.

Someone may think they are scoring a political point here. Try to explain that to the people in the waiting room at a hospital in any State in the country at this very hour. Try to explain that to a family member who is looking at someone in a bed who is plugged into about 50 tubes. The doctors said: Look, there is only one way your husband, your wife, your child is going to survive and that is if you get into a clinical trial. That is it. And at 1:05 on this day, the 14th of July, we have a chance to do something about it and we are not going to do it because of gamesmanship, because someone may score a point. Instead of taking these two amendments and doing what any reasonable American would ask us to do—not Democrat, Republican, conservative, or liberal—we are not going to do it. Explain it to someone who says my family member needs clinical trials; my family member needs to get that breast cancer treated.

I have listened today to the most incredible arguments against this clinical trial amendment. I wouldn't mind if there were questions about facts, but it is just not factual. We limit clinical trials. Let me tell you how we do it. There are five conditions you must meet before you can qualify for a clinical trial.

Only those clinical trials sponsored by NIH, the Department of Defense, and the Veterans' Administration qualify. That is No. 1.

No. 2, there is no other standard treatment available anywhere in America for you. If there is, you do not get into the clinical trial. I am glad my colleague from Tennessee is here because he raised these issues earlier. If there is another standard procedure available to you, you do not get the clinical trial under my amendment.

No. 3, you have to be suffering from a life-threatening or serious illness.

No. 4, you have to have the potential to benefit from the trial that would be covered.

Last, you only get routine costs. My colleague from Tennessee said if you are going to get a heart, it is going to cost you a lot more because that is expensive. This amendment says no, no, no; only the routine costs are compensated by the HMO, not the device, not the prescription drugs—only the routine costs, under my amendment.

I beg the leadership on the majority side, let us take the Snowe amendment and take the Dodd amendment, if you will, on clinical trials, and let's move on to the next issue and say to the American public on this question we agree. Ironically, the trade association for the HMOs agrees. They have sent out bulletins saying to their own HMOs: We think you ought to have clinical trials and make them available to people. How ironic that we are about to vote down the right to have clinical trials which the HMOs think they ought to have.

I gather an amendment will be offered. ''Wait until tomorrow. There will be an amendment tomorrow.'' Let me predict what the amendment will do. It will provide clinical trials for cancer. You tell that to someone who has AIDS or someone who has Alzheimer's or Parkinson's disease. You tell that family: I am sorry, we think clinical trials are OK for cancer but not OK for the other illnesses. What is the logic in that?

I think we have narrowed this pretty well. You limit it to NIH, Department of Defense, Veterans'; no other standard treatment is available in the country; you have to be dying; and it has to be able to treat the covered problem you have, and you only pay for routine costs, not for the devices or the equipment.

I am preaching to the choir when I talk to my colleague from Maine. She has written a good bill. I mentioned it earlier. Senator MACK has been on this bill, Senator ROCKEFELLER, others have been involved on a bipartisan basis. So my appeal in the last remaining minutes of this debate on this amendment is that we drop the objections, the five objections that have been raised. The costs on this are negligible. The estimates are 12 cents per covered patient per month—12 cents.

In fact, Sloan-Kettering Cancer Institute and the M.D. Anderson Center, two of the finest in the world, in their report stated that they believe the costs are lower for the clinical trials than for the other procedures—actually a lower cost. So you have Sloan-Kettering and M.D. Anderson lowering costs of clinical trials on their analysis of our amendment. Lower costs, 12 cents a month, you pick it.

We have narrowed it tightly so you limit it, as limited as I know how to make it, to life threatening, no other standard procedure available to you. You have to use one of the only three, clinical trials sponsored by NIH, Department of Defense, Veterans'. How much more narrow can we get? There is only one of three or four ways that we get new products out to people. You test it in a lab first. Then you give it to animals. Then you have to have clinical trials. You have to have them. If you do not have the clinical trials, then you cannot get the product to people. So it is not just the patient today who needs it, who is lying somewhere wondering whether or not they can get their HMO to include a clinical trial, but future patients. If we do not have the clinical trials today, that future patient will not get that medicine or may be delayed in getting it.

Mr. President, there may be other issues which divide us. This one should not. This one should not divide us. Can we not, for 5 minutes——

The PRESIDING OFFICER. The Senator has 5 minutes.

Mr. DODD. I will take 30 additional seconds. Can't we find 5 minutes this week to come to an agreement on the Snowe amendment and the Dodd amendment and move on to the next issue? Do we really have to make this a huge battle and fight, where we go through a battle to say, no to one, yes to another, maybe tomorrow. This is not fair to the American public. They expect I think a little more from us than this.

Mr. President, I will try one more time—one more time, the sixth time.

The PRESIDING OFFICER. The Senator's 30 seconds have expired.

Mr. DODD. I ask for 30 additional seconds. I ask unanimous consent—this is the sixth time this will be made in the last hour—that S. 1344, the Daschle substitute amendment, be modified with language from the Snowe amendment No. 1241 prohibiting drive-through mastectomies and requiring coverage for second opinions be included in the Dodd amendment.

The PRESIDING OFFICER. Is there objection?

Mr. JEFFORDS. Objection.

The PRESIDING OFFICER. Objection is heard.

Mr. DODD. Mr. President, I am saddened by this objection. The American people ought to be deeply saddened by what they have heard on this issue in the last hour and half.

I yield the floor.

Mr. MURKOWSKI. Mr. President, I rise in strong support of the Snowe Amendment—an amendment to rid the tragic practice of drive-through'' mastectomies.

Mr. President, one out of nine American women will suffer the tragedy of breast cancer. It is today the leading cause of death for women between the ages of 35 to 54.

Alaskan women are particularly vulnerable to this disease. We have the second highest rate of breast cancer in the nation.

1 in 7 Alaska women will get breast cancer and tragically it is the Number One cause of death among Native Alaskan women.

We know that these deaths are preventable—and the key to prevention is early detection. It is estimated that breast cancer deaths can be reduced by 30 percent if all women avail themselves of regular clinical breast examination and mammography. I'm proud of the work that this body has done in the recent past to expand Medicare and Medicaid coverage for mammographies.

I am also proud of the efforts that my wife Nancy has done in expanding early detection efforts throughout Alaska. You see, Mr. President, for many Alaska women, especially native women living in one of our 230 remote villages, regular screening and early detection are often hopeless dreams.

For 25 years, my wife Nancy has recognized this problem and did something about it. In 1974, she and a group of Fairbanks' women created the Breast Cancer Detection Center, for the purpose of offering mammographies to women in remote areas of Alaska—regardless of a woman's ability to pay.

Now, the Center uses a small portable mammography unit which can be flown to remote areas of Alaska, offering women in the most rural of areas easy access to mammographies at no cost.

Additionally, the Center uses a 43-foot long, 14 foot high and 26,000 pound mobile mammography van to travel through rural areas of Alaska. The van makes regular trips, usually by river barge, to remote areas in Interior Alaska such as Tanana.

Julie Roberts, a 42-year-old woman of Tanana, who receives regular mammographies from the mobile mammography van, knows the importance of early screening:

There's a lot of cancer here (in Tanana)—a lot of cancer. That's why it's important to have the mobile van here . . . I know that if I get checked, I can catch it early and can probably save my life. I have three children and I want to see my grandchildren.

I am proud to say that the Fairbanks Center now serves about 2,200 women a year and has provided screenings to more than 25,000 Alaska women in 81 villages throughout the states. To help fund the efforts of the Fairbanks Center, each year Nancy and I sponsor a fishing tournament to raise money for the operation of the van and mobile mammography unit. After just three years, donations from the tournament have totalled over $1 million.

Mr. President, Nancy and I are committed to raising more funds for this important program so that every women in Alaska can benefit from the advances of modern technology and reduce their risk of facing this killer disease.

But, Mr. President, the fight against breast cancer does not end with detection of the disease. That is why I stand in strong support of Senator SNOWE's amendment. Her amendment will once and for all put an end to the practices of so-called drive-through'' mastectomies.

In too many cases women who survive the trauma of a mastectomy are being forced to get out of the hospital only hours after their surgery. How can medical care professionals allow this? Simply because many insurance companies demand that the procedure of a mastectomy be considered an out-patient service.''

Here's the horror that many insurance companies cause:

Nancy Couchot, a 60 year old woman had a radical mastectomy at 11:30 a.m. She was released from the hospital five hours —even though she was not able to walk or use the rest room without assistance.

Victoria Berck, had a mastectomy and lymph node removal at 7:30 a.m. Seven hours later, she was given instructions on how to empty two drains attached to her body and sent home. Ms. Berck concludes, No civilized country in the world has a mastectomy as an out-patient service.''

Mr. President, it's for these very reasons that I am in strong support of Senator SNOWE's amendment. Specifically, the amendment will require health insurance companies to allow physicians to determine the length of a mastectomy patient's hospital stay according to medical necessity. In other words, the bill makes it illegal to punish a doctor for following good medical judgment and sound medical treatment.

This amendment is important follow-up to legislation that I and many in this Body worked on worked on to ensure that mastectomy patients have access to reconstructive surgery. Prior to our efforts in last year's Omnibus bill, scores of women were denied reconstructive surgery following mastectomies because insurers have deemed the procedure to be cosmetic'' and, therefore, not medically necessary.

Mr. President, far too often breast cancer victims, who believe that they have adequate health care coverage, are horrified when they learn basic and sound medical practices are not covered in their health plan.

Mr. President, these issues are not partisan issues. We may have our differences regarding managing and financing health reform, but I think we all endorse accessible and affordable health care that preserves patient choice and physician discretion. Cancer does not look to see the politics of its victims.

Mr. KENNEDY. Mr. President, earlier I said that I would enter into the RECORD the fact that last Congress, the majority's version of the Patient's Bill of Rights included a mastectomy provision that was quite similar to the provision offered by Senator ROBB yesterday and by Senator SNOWE today. Yet, this mastectomy provision was conspicuously absent from the majority's bill this year. Drive-through mastectomies were discussed during committee markup but were not added back. In fact, the majority rejected an amendment by Senator MURPHY to end drive-through mastectomies. Now, in response to popular pressure, the majority is offering the Snowe amendment on mastectomies as a way of undermining our attempt to provide coverage for patients in clinical trials. I ask unanimous consent that the table of contents and relevant pages of the Republican bills from the last Congress and from this Congress be printed in the RECORD.

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

S. 2330, JULY 20, 1998

* * * * *

Subtitle C—Women's Health and Cancer Rights

Sec. 531. Short title.
Sec. 532. Findings.
Sec. 533. Amendments to the Employee Retirement Income Security Act of 1974.
Sec. 534. Amendments to the Public Health Service Act relating to the group market.
Sec. 535. Amendment to the Public Health Service Act relating to the individual market.
Sec. 536. Amendments to the Internal Revenue Code of 1986.
Sec. 537. Research study on the management of breast cancer.

Subtitle C—Women's Health and Cancer Rights

SEC. 531. SHORT TITLE.

This subtitle may be cited as the ''Women's Health and Cancer Rights Act of 1998''.

SEC. 532. FINDINGS.

Congress finds that—

(1) the offering and operation of health plans affect commerce among the States;

(2) health care providers located in a State serve patients who reside in the State and patients who reside in other States; and

(3) in order to provide for uniform treatment of health care providers and patients among the States, it is necessary to cover health plans operating in 1 State as well as health plans operating among the several States.

SEC. 533. AMENDMENTS TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

(a) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185 et seq.), as amended by sections 111 and 302, is further amended by adding at the end the following new section:

''SEC. 715. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOR MASTECTOMIES AND LYMPH NODE DISSECTIONS FOR THE TREATMENT OF BREAST CANCER AND COVERAGE FOR RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMIES.

''(a) INPATIENT CARE.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits shall ensure that inpatient coverage with respect to the surgical treatment of breast cancer (including a mastectomy, lumpectomy, or lymph node dissection for the treatment of breast cancer) is provided for a period of time as is determined by the attending physician, in his or her professional judgment consistent with scientific evidence-based practices or guidelines, in consultation with the patient, to be medically appropriate.

''(2) EXCEPTION.—Nothing in this section shall be construed as requiring the provision of inpatient coverage if the attending physician in consultation with the patient determine that a shorter period of hospital stay is medically appropriate.

''(b) RECONSTRUCTIVE SURGERY.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy shall ensure that, in a case in which a mastectomy patient elects breast reconstruction, coverage is provided for—

''(1) all stages of reconstruction of the breast on which the mastectomy has been performed;

''(2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and

''(3) the costs of prostheses and complications of mastectomy including lymphedemas;

in the manner determined by the attending physician and the patient to be appropriate. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

''(c) NOTICE.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan shall provide notice to each participant and beneficiary under such plan regarding the coverage required by this section in accordance with regulations promulgated by the Secretary. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the plan or issuer and shall be transmitted—

''(1) in the next mailing made by the plan or issuer to the participant or beneficiary;

''(2) as part of any yearly informational packet sent to the participant or beneficiary; or

''(3) not later than January 1, 1999;

whichever is earlier.

''(d) NO AUTHORIZATION REQUIRED.—

''(1) IN GENERAL.—An attending physician shall not be required to obtain authorization from the plan or issuer for prescribing any length of stay in connection with a mastectomy, a lumpectomy, or a lymph node dissection for the treatment of breast cancer.

''(2) PRENOTIFICATION.—Nothing in this section shall be construed as preventing a group health plan from requiring prenotification of an inpatient stay referred to in this section if such requirement is consistent with terms and conditions applicable to other inpatient benefits under the plan, except that the provision of such inpatient stay benefits shall not be contingent upon such notification.

''(e) PROHIBITIONS.—A group health plan, and a health insurance issuer offering group health insurance coverage in connection with a group health plan, may not—

''(1) deny to a patient 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 individuals to encourage such individuals 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; and

''(5) subject to subsection (f)(2), 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.

''(f) RULES OF CONSTRUCTION.—

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

''(A) to undergo a mastectomy or lymph node dissection in a hospital; or

''(B) to stay in the hospital for a fixed period of time following a mastectomy or lymph node dissection.

''(2) COST SHARING.—Nothing in this section shall be construed as preventing a group health plan or issuer from imposing deductibles, coinsurance, or other cost-sharing in relation to benefits for hospital lengths of stay in connection with a mastectomy or lymph node dissection for the treatment of breast cancer under the plan (or under health insurance coverage offered in connection with a group health 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.

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

''(g) PREEMPTION, RELATION TO STATE LAWS.—

''(1) IN GENERAL.—Nothing in this section shall be construed to preempt any State law with respect to health insurance coverage that—

''(A) relates to hospital length of stays after a mastectomy, lumpectomy, or lymph node dissection;

''(B) relates to coverage of reconstructive breast surgery after a mastectomy, lumpectomy, of lymph node dissection; or

''(C) requires coverage for breast cancer treatments (including breast reconstruction) in accordance with scientific evidence-based practices or guidelines recommended by established medical associations.

''(2) APPLICATION OF SECTION.—With respect to a State law—

''(A) described in paragraph (1)(A), the provisions of this section relating to breast reconstruction shall apply in such State; and

''(B) described in paragraph (1)(B), the provisions of this section relating to length of stays for surgical breast treatment shall apply in such State.

''(3) ERISA.—Nothing in this section shall be construed to affect or modify the provisions of section 514 with respect to group health plans.''.

(b) CLERICAL AMENDMENT.—The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 note) is amended by inserting after the item relating to section 714 the following new item:

''Sec. 715. Required coverage for minimum hospital stay for mastectomies and lymph node dissections for the treatment of breast cancer and coverage for reconstructive surgery following mastectomies.''.

(c) EFFECTIVE DATES.—The amendments made by this section shall apply with respect to plan years beginning on or after the date of enactment of this Act.

SEC. 534. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT RELATING TO THE GROUP MARKET.

(a) IN GENERAL.—Subpart 2 of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–4 et seq.), as amended by section 303(a), is further amended by adding at the end the following new section:

''SEC. 2707. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOR MASTECTOMIES AND LYMPH NODE DISSECTIONS FOR THE TREATMENT OF BREAST CANCER AND COVERAGE FOR RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMIES.

''(a) INPATIENT CARE.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a

group health plan, that provides medical and surgical benefits shall ensure that inpatient coverage with respect to the surgical treatment of breast cancer (including a mastectomy, lumpectomy, or lymph node dissection for the treatment of breast cancer) is provided for a period of time as is determined by the attending physician, in his or her professional judgment consistent with scientific evidence-based practices or guidelines, in consultation with the patient, to be medically appropriate.

''(2) EXCEPTION.—Nothing in this section shall be construed as requiring the provision of inpatient coverage if the attending physician in consultation with the patient determine that a shorter period of hospital stay is medically appropriate.

''(b) RECONSTRUCTIVE SURGERY.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy shall ensure that, in a case in which a mastectomy patient elects breast reconstruction, coverage is provided for—

''(1) all stages of reconstruction of the breast on which the mastectomy has been performed;

''(2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and

''(3) the costs of prostheses and complications of mastectomy including lymphedemas;

in the manner determined by the attending physician and the patient to be appropriate. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the enrollee upon enrollment and annually thereafter.

''(c) NOTICE.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan shall provide notice to each participant and beneficiary under such plan regarding the coverage required by this section in accordance with regulations promulgated by the Secretary. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the plan or issuer and shall be transmitted—

''(1) in the next mailing made by the plan or issuer to the participant or beneficiary;

''(2) as part of any yearly informational packet sent to the participant or beneficiary; or

''(3) not later than January 1, 1999;

whichever is earlier.

''(d) NO AUTHORIZATION REQUIRED.—

''(1) IN GENERAL.—An attending physician shall not be required to obtain authorization from the plan or issuer for prescribing any length of stay in connection with a mastectomy, a lumpectomy, or a lymph node dissection for the treatment of breast cancer.

''(2) PRENOTIFICATION.—Nothing in this section shall be construed as preventing a plan or issuer from requiring prenotification of an inpatient stay referred to in this section if such requirement is consistent with terms and conditions applicable to other inpatient benefits under the plan, except that the provision of such inpatient stay benefits shall not be contingent upon such notification.

''(e) PROHIBITIONS.—A group health plan, and a health insurance issuer offering group health insurance coverage in connection with a group health plan, may not—

''(1) deny to a patient 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 individuals to encourage such individuals 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; and

''(5) subject to subsection (f)(2), 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.

''(f) RULES OF CONSTRUCTION.—

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

''(A) to undergo a mastectomy or lymph node dissection in a hospital; or

''(B) to stay in the hospital for a fixed period of time following a mastectomy or lymph node dissection.

''(2) COST SHARING.—Nothing in this section shall be construed as preventing a group health plan or issuer from imposing deductibles, coinsurance, or other cost-sharing in relation to benefits for hospital lengths of stay in connection with a mastectomy or lymph node dissection for the treatment of breast cancer under the plan (or under health insurance coverage offered in connection with a group health 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.

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

''(g) PREEMPTION, RELATION TO STATE LAWS.—

''(1) IN GENERAL.—Nothing in this section shall be construed to preempt any State law with respect to health insurance coverage that—

''(A) relates to a hospital length of stay after a mastectomy, lumpectomy, or lymph node dissection;

''(B) relates to coverage of reconstructive breast surgery after a mastectomy, lumpectomy, or lymph node dissection; or

''(C) requires coverage for breast cancer treatments (including breast reconstruction) in accordance with scientific evidence-based practices or guidelines recommended by established medical associations.

''(2) APPLICATION OF SECTION.—With respect to a State law—

''(A) described in paragraph (1)(A), the provisions of this section relating to breast reconstruction shall apply in such State; and

''(B) described in paragraph (1)(B), the provisions of this section relating to length of stays for surgical breast treatment shall apply in such State.

''(3) ERISA.—Nothing in this section shall be construed to affect or modify the provisions of section 514 with respect to group health plans.''.

(b) EFFECTIVE DATES.—The amendments made by this section shall apply to group health plans for plan years beginning on or after the date of enactment of this Act.

SEC. 535. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT RELATING TO THE INDIVIDUAL MARKET.

(a) IN GENERAL.—Subpart 3 of part B of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–51 et seq.), as amended by section 303(b), is further amended by adding at the end the following new section:

''SEC. 2753. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOR MASTECTOMIES AND LYMPH NODE DISSECTIONS FOR THE TREATMENT OF BREAST CANCER.

''The provisions of section 2707 shall apply to health insurance coverage offered by a health insurance issuer in the individual market in the same manner as they apply to health insurance coverage offered by a health insurance issuer in connection with a group health plan in the small or large group market.''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply with respect to health insurance coverage offered, sold, issued, renewed, in effect, or operated in the individual market on or after the date of enactment of this Act.

SEC. 536. AMENDMENTS TO THE INTERNAL REVENUE CODE OF 1986.

(a) IN GENERAL.—Subchapter A of chapter 100 of the Internal Revenue Code of 1986 (relating to group health plan portability, access, and renewability requirements) is amended by inserting after section 9803 the following new section:

''SEC. 9804. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOR MASTECTOMIES AND LYMPH NODE DISSECTIONS FOR THE TREATMENT OF BREAST CANCER AND COVERAGE FOR RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMIES.

''(a) INPATIENT CARE.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits shall ensure that inpatient coverage with respect to the surgical treatment of breast cancer (including a mastectomy, lumpectomy, or lymph node dissection for the treatment of breast cancer) is provided for a period of time as is determined by the attending physician, in his or her professional judgment consistent with scientific evidence-based practices or guidelines, in consultation with the patient, to be medically appropriate.

''(2) EXCEPTION.—Nothing in this section shall be construed as requiring the provision of inpatient coverage if the attending physician in consultation with the patient determine that a shorter period of hospital stay is medically appropriate.

''(b) RECONSTRUCTIVE SURGERY.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy shall ensure that, in a case in which a mastectomy patient elects breast reconstruction, coverage is provided for—

''(1) all stages of reconstruction of the breast on which the mastectomy has been performed;

''(2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and

''(3) the costs of prostheses and complications of mastectomy including lymphedemas;

in the manner determined by the attending physician and the patient to be appropriate. Such coverage may be subject to annual deductibles and coinsurance provisions as

may be deemed appropriate and as are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

''(c) NOTICE.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan shall provide notice to each participant and beneficiary under such plan regarding the coverage required by this section in accordance with regulations promulgated by the Secretary. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the plan or issuer and shall be transmitted—

''(1) in the next mailing made by the plan or issuer to the participant or beneficiary;

''(2) as part of any yearly informational packet sent to the participant or beneficiary; or

''(3) not later than January 1, 1999;

whichever is earlier.

''(d) NO AUTHORIZATION REQUIRED.—

''(1) IN GENERAL.—A, attending physician shall not be required to obtain authorization from the plan or issuer for prescribing any length of stay in connection with a mastectomy, a lumpectomy, or a lymph node dissection for the treatment of breast cancer.

''(2) PRENOTIFICATION.—Nothing in this section shall be construed as preventing a plan or issuer from requiring prenotification of an inpatient stay referred to in this section if such requirement is consistent with terms and conditions applicable to other inpatient benefits under the plan, except that the provision of such inpatient stay benefits shall not be contingent upon such notification.

''(e) PROHIBITIONS.—A group health plan, and a health insurance issuer offering group health insurance coverage in connection with a group health plan, may not—

''(1) deny to a patient 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 individuals to encourage such individuals 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; and

''(5) subject to subsection (f)(2), 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.

''(f) RULES OF CONSTRUCTION.—

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

''(A) to undergo a mastectomy or lymph node dissection in a hospital; or

''(B) to stay in the hospital for a fixed period of time following a mastectomy or lymph node dissection.

''(2) COST SHARING.—Nothing in this section shall be construed as preventing a group health plan or issuer from imposing deductibles, coinsurance, or other cost-sharing in relation to benefits for hospital lengths of stay in connection with a mastectomy or lymph node dissection for the treatment of breast cancer under the plan (or under health insurance coverage offered in connection with a group health 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.

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

''(g) PREEMPTION, RELATION TO STATE LAWS.—

''(1) IN GENERAL.—Nothing in this section shall be construed to preempt any State law with respect to health insurance coverage that—

''(A) relates to a hospital length of stay after a mastectomy, lumpectomy, or lymph node dissection;

''(B) relates to coverage of reconstructive breast surgery after a mastectomy, lumpectomy, or lymph node dissection; or

''(C) requires coverage for breast cancer treatments (including breast reconstruction) in accordance with scientific evidence-based practices or guidelines recommended by established medical associations.

''(2) APPLICATION OF SECTION.—With respect to a State law—

''(A) described in paragraph (1)(A), the provisions of this section relating to breast reconstruction shall apply in such State; and

''(B) described in paragraph (1)(B), the provisions of this section relating to length of stays for surgical breast treatment shall apply in such State.

''(3) ERISA.—Nothing in this section shall be construed to affect or modify the provisions of section 514 with respect to group health plans.''.

(b) CONFORMING AMENDMENTS.—

(1) The heading for subtitle K of such Code is amended to read as follows:

''Subtitle K—Group Health Plan Portability, Access, Renewability, and Other Requirements''.

(2) The heading for chapter 100 of such Code is amended to read as follows:

''CHAPTER 100—GROUP HEALTH PLAN PORTABILITY, ACCESS, RENEWABILITY, AND OTHER REQUIREMENTS''.

(3) Section 4980D(a) of such Code is amended by striking ''and renewability'' and inserting ''renewability, and other''.

(c) CLERICAL AMENDMENTS.—

(1) The table of contents for chapter 100 of such Code is amended inserting after the item relating to section 9803 the following new item:

''Sec. 9804. Required coverage for minimum hospital stay for mastectomies and lymph node dissections for the treatment of breast cancer and coverage for reconstructive surgery following mastectomies.''.

(2) The item relating to subtitle K in the table of subtitles for such Code is amended by striking ''and renewability'' and inserting ''renewability, and other''.

(3) The item relating to chapter 100 in the table of chapters for subtitle K of such Code is amended by striking ''and renewability'' and inserting ''renewability, and other''.

(d) EFFECTIVE DATES.—The amendments made by this section shall apply with respect to plan years beginning on or after the date of enactment of this Act.

SEC. 537. RESEARCH STUDY ON THE MANAGEMENT OF BREAST CANCER.

(a) STUDY.—To improve survival, quality of life and patient satisfaction in the care of patients with breast cancer, the Agency for Health Care Policy and Research shall conduct a study of the scientific issues relating to—

(1) disease management strategies for breast cancer that can achieve better patient outcomes;

(2) controlled clinical evidence that links specific clinical procedures to improved health outcomes;

(3) the definition of quality measures to evaluate plan and provider performance in the management of breast cancer;

(4) the identification of quality improvement interventions that can change the process of care to achieve better outcomes for individuals with breast cancer;

(5) preventive strategies utilized by health plans for the treatment of breast cancer; and

(6) the extent of clinical practice variation including its impact on cost, quality and outcomes.

(b) REPORT.—Not later than January 1, 2000, the Agency for Health Care Policy and Research shall prepare and submit to the appropriate committees of Congress a report concerning the results of the study conducted under subsection (a).

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S. 326, JUNE 17, 1999

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TITLE I—PATIENTS' BILL OF RIGHTS

Subtitle A—Right to Advice and Care

Sec. 101. Patient right to medical advice and care.

''SUBPART C—PATIENT RIGHT TO MEDICAL ADVICE AND CARE

''Sec. 721. Patient access to emergency medical care.
''Sec. 722. Offering of choice of coverage options.
''Sec. 723. Patient access to obstetric and gynecological care.
''Sec. 724. Patient access to pediatric care.
''Sec. 725. Access to specialists.
''Sec. 726. Continuity of care.
''Sec. 727. Protection of patient-provider communications.
''Sec. 728. Patient's right to prescription drugs.
''Sec. 729. Self-payment for behavioral health care services.
''Sec. 730. Generally applicable provision.

Sec. 102. Comprehensive independent study of patient access to clinical trials and coverage of associated routine costs.
Sec. 103. Effective date and related rules.

Subtitle B—Right to Information About Plans and Providers

Sec. 111. Information about plans.
Sec. 112. Information about providers.

Subtitle C—Right to Hold Health Plans Accountable

Sec. 121. Amendment to Employee Retirement Income Security Act of 1974.

TITLE II—GENETIC INFORMATION AND SERVICES
Sec. 201. Short title.
Sec. 202. Amendments to Employee Retirement Income Security Act of 1974.
Sec. 203. Amendments to the Public Health Service Act.
Sec. 204. Amendments to the Internal Revenue Code of 1986.
TITLE III—HEALTHCARE RESEARCH AND QUALITY
Sec. 301. Short title.
Sec. 302. Amendment to the Public Health Service Act.
''TITLE IX—AGENCY FOR HEALTHCARE RESEARCH AND QUALITY
''PART A—ESTABLISHMENT AND GENERAL DUTIES
''Sec. 901. Mission and duties.
''Sec. 902. General authorities.
''PART B—HEALTHCARE IMPROVEMENT RESEARCH
''Sec. 911. Healthcare outcome improvement research.
''Sec. 912. Private-public partnerships to improve organization and delivery.
''Sec. 913. Information on quality and cost of care.
''Sec. 914. Information systems for healthcare improvement.
''Sec. 915. Research supporting primary care and access in underserved areas.
''Sec. 916. Clinical practice and technology innovation.
''Sec. 917. Coordination of Federal Government quality improvement efforts.
''PART C—GENERAL PROVISIONS
''Sec. 921. Advisory Council for Healthcare Research and Quality.
''Sec. 922. Peer review with respect to grants and contracts.
''Sec. 923. Certain provisions with respect to development, collection, and dissemination of data.
''Sec. 924. Dissemination of information.
''Sec. 925. Additional provisions with respect to grants and contracts.
''Sec. 926. Certain administrative authorities.
''Sec. 927. Funding.
''Sec. 928. Definitions.
Sec. 303. References.
TITLE IV—MISCELLANEOUS PROVISIONS
Sec. 401. Sense of the Committee.

Mr. JEFFORDS. How much time do I have remaining?

The PRESIDING OFFICER. Nine minutes, 6 seconds.

Mr. JEFFORDS. I yield myself 3 minutes.

Mr. President, I have listened to the very excellent debate of my good friend from Connecticut, and it sounds very compelling. It is with some difficulty that I have to remind those across the aisle that we tried last year and we tried this year to have a face-off with the two bills: You put the best bill forward you have, we will put the best bill forward we have, we will allow amendments back and forth, 20 to a side, something like that. No, they did not want that. Why? They figured they would lose. We had a better bill. We have a better bill now.

No. 1, this bill, after the vote, assuming we win on the vote, the Senator from Connecticut will have the opportunity, the minority will have the opportunity to offer their provisions on clinical trials again. We will have several opportunities to do that. We are not cutting off the opportunity for that one to be reexamined.

What we are saying is, right now, we want to make sure we clear up the problems with respect to mastectomies and want to make sure this body will have an opportunity to, once and for all, bring back the so-called amendment of Senator D'Amato to make sure all women in this Nation have an opportunity for the best possible care for the very difficult problems of breast cancer.

We are ready to do that. There will be other votes. We will have more votes, I do not know, 5, 10 more votes between now and the time this debate ends. Right now, we want to have the vote on our amendment which, under this convoluted process we were talked into by the minority, which is very confusing—and maybe they want it that way—creates a mess for the public and even us as Members to understand what the process is or what is going to happen next or how we are going to end up.

I want to let everyone know I am sincerely in favor of good clinical trials, and I am sincerely in favor of taking care, as we would right now, of the problems of the mastectomies and also OB/GYN. We will be doing that. Since I am the one who is objecting, I want everyone to know that is my job as leader on the floor. I do not want it to be utilized as some way I am against these things personally.

I yield 2 minutes to the Senator from Tennessee.

Mr. FRIST. Mr. President, again I stand as an advocate for clinical trials and say at the end of the next 48 hours, we are going to have a very good amendment that will be added to this bill which will address the issue of getting clinical services to people earlier by lowering the barriers to get into clinical trials with a mandate on managed care, HMOs that will be very effective, that will be accountable, that will be affordable, and that will get things to people quickly.

Let me go back to the examples. It is so hard. You use an example and somebody plays off it. Artificial hearts are expensive. A clinical trial opens up. It is life-threatening; there is no alternative. Two patients: one dying of cardiomyopathy. The patient will hardly last 2 weeks. You put in an artificial heart to see if it works. The patient dies 2 weeks later. It is terrible. The artificial heart in the other patient keeps him alive and 2 weeks, 3 weeks has a stroke to the brain. He has a massive stroke and stays in the hospital for a week, 1 month or 2 months. He takes hematinics. He has about $4,000 to $5,000 of testing every year. There are 15 people or so monitoring that patient for the next week, 3 weeks, 6 weeks, or 8 weeks. Two different patients: the intervention, the artificial heart you introduced as part of the clinical trial, and this patient dies. The incremental cost, the difference between these two is the hospitalization for 3 weeks, 4 weeks, or 8 weeks and the medical care.

Again, the incremental cost you are going to make the managed care plan pay—since everybody is bashing managed care, that seems to be OK—but remember, all the managed care plan does is pass that cost on to the people who are sick. You have sick patients, whose premiums go up, who pay this bill. It is unintended. I know that is not what you meant, but by using life-threatening or serious illness where there is otherwise no alternative, using the example you introduced, which I refuted—I am going to throw it right back at my colleague—it is very complicated. We need to stay sharp and focused and pass a sharp bill.

The PRESIDING OFFICER. The Senator's time has expired. Who yields time?

Mr. JEFFORDS. Mr. President, I yield the Senator from Maine such time as we have remaining.

Ms. SNOWE. How much time remains?

The PRESIDING OFFICER. The Senator from Maine is recognized for 3 minutes.

Ms. SNOWE. Mr. President, I want to make a few points to wrap up. I applaud the leadership of Senator DODD with respect to clinical study trials. Obviously, I could not agree with him more on this issue.

This is an issue that will be addressed further in this debate, as it should. But the Senator is frustrated, and if other Senators are frustrated at the process, then we all have a collective responsibility to make sure it does not happen again. We cannot pretend we do not know how we got here. It is unfortunate we have a Hobson's choice today, but we had a Hobson's choice yesterday when it came to mastectomies when the amendment was offered by Senator ROBB to the legislation that already had the identical language. I had planned to offer this legislation well before the recess because I wanted to improve upon the Republican legislation on managed care. I thought it was absolutely essential.

The Senator from Massachusetts asked, why did we just identify mastectomies and women with breast cancer? I say to the Senator, why? For the same reason the Senator singled out mastectomies in his own legislation and Senator ROBB singled it out in his amendment that he offered yesterday. Because we have an identifiable problem with drive-through

mastectomies and HMOs. That was the genesis of the legislation to begin with when former Senator D'Amato had introduced that legislation with Senator FEINSTEIN and myself several years ago. I introduced the same legislation this year with Senator FEINSTEIN for that very reason, because there has been a problem with managed care and drive-through mastectomies.

We have all heard the horror stories. That is why this legislation was developed. That is why I am offering this amendment to the Republican legislation, because it does not have that language.

Some suggest there is some partisan political ploy. I will compare my credentials on bipartisanship with anybody across the aisle. We have worked on a bipartisan basis on issues concerning women's health since I came to the Congress 20 years ago. I would have hoped yesterday we would have had the opportunity to work it out rather than having to vote on an amendment that included language that was already in the Democratic bill.

We should have been working together, but now we are having to address the issue of defining ''medical necessity'' that no other legislation, no board, no governmental agency, no association has defined. It is going to limit the treatment that is offered to women when it comes to breast cancer. That is a fact.

So the choice is, are you going to get the best care, the best treatment, the best principles when it comes to breast cancer? Or are you going to lower the threshold and say: Well, everybody offers this, no matter what, when there are other options? There is better science developing all the time, and it could be available to a woman who has breast cancer.

Those are the choices. That is why we are at this point. I just say to everybody in this Chamber, if we want to avoid this kind of contrivance when it comes to this amendment process, then I suggest it is the responsibility of each of us to make sure it does not happen, so that we get the very best legislation, that we can walk across the aisle, rather than being constrained by the parliamentary procedures that we confront today.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. REID addressed the Chair.

The PRESIDING OFFICER. The Senator from Nevada has 1½ minutes.

Mr. REID. I will take 2 minutes off the bill in addition to that.

Mr. President, the statements of the Senator from Vermont and my friend from Maine basically are cynical and very unreasonable. We have given the majority the opportunity to vote on drive-through mastectomies and also to maintain clinical trials. We could do that by voice vote. We could save a lot of time. The decision has been made by the majority to make sure that we do not have the opportunity to pass the clinical trials aspect of this bill.

They are always promising they are going to come back with something else a little better later. The fact of the matter is, this is not a Hobson's choice. What they are attempting to do is cynical and unreasonable.

Senator LOTT said this morning in his opening statement, Republicans have a medical doctor to support their positions. And I have the greatest respect for the junior Senator from Tennessee. The fact is, with his medical knowledge, though, he should relate the facts. And the fact is, on page 8341 of the CONGRESSIONAL RECORD of July 13, 1999, Senator FRIST said, among other things, ''Let me share with Members what one person told me. Dr. Robert Yelverton, chairman of the American College of Obstetricians and Gynecologists.' . . .''

Fact: My friend from Tennessee never spoke to Dr. Yelverton.

Fact: Dr. Yelverton, even if he had spoken to him, disagrees with statements made by Senator FRIST about him.

I ask unanimous consent to have printed in the RECORD page 8341 of yesterday's RECORD. I also ask unanimous consent to have printed in the RECORD a memorandum to Lucia DiVenere from Dr. Yelverton, wherein that memorandum states:

Senator Frist's misuse of my statement in support of his position . . . is regrettably misleading . . . and does an injustice to the true intent of my statements.

Further, I ask unanimous consent to have printed in the RECORD a letter to Dr. FRIST, dated July 14, 1999, from Dr. Hale, executive vice president of the American College of Obstetricians and Gynecologists.

That letter, in part, says:

The American College of Obstetricians and Gynecologists and Dr. Yelverton fully support efforts in Congress, including the Robb/Murray amendment, which would enable obgyns to be designated as primary care providers. A recent . . . survey found that nearly one-third of all ob-gyns in managed care plans are denied the opportunity to be designated as primary care physicians. Ob-gyns are often the only health care provider many women see through their [entire] adult lives and are best suited to understand and evaluate the health care needs of their patients. . . .

We also strongly endorse the Robb/Murray amendment's provision that would require managed care plans to allow women direct access to the full array of covered ob-gyn services under the plan.

While the amendment failed yesterday on a 48 to 52 vote, we are hopeful the Senate will take up this important issue again. Dr. Yelverton and I urge you to vote in favor of these important policies.

I would hope my friend, Senator FRIST, and the other Republicans would take this to heart. I believe we need to review some of the votes taken yesterday.

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

EXCERPT FROM RECORD OF JULY 13, 1999

Mr. FRIST. In the Kennedy-Robb amendment is the issue of access.

Again, my colleagues on the other side hit it right on the head: Women today want to have access to their obstetrician. They don't want to go through gatekeepers to have to get to their obstetrician or gynecologist. That relationship is very special and very important when we are talking about women's health and women's diseases.

In the Kennedy-Robb amendment, the language is that the plan or insurer shall permit such an individual who is a female to designate a participating physician who specializes in obstetrics and gynecology as the individual's primary care provider.

It is true that in our underlying bill we don't say the plan has to say that all obstetricians and gynecologists are primary care providers. That is exactly right. The reasons for that are manyfold.

Let me share with Members what one person told me. Dr. Robert Yelverton, chairman of the American College of Obstetricians and Gynecologists' Primary Care Committee, stated:

The vast majority of OB/GYNs in this country have opted to remain as specialists rather than act as primary care physicians.

He attributes this to the high standards that health plans have for primary care physicians, saying:

None of us could really qualify as primary care physicians under most of the plans, and most OB/GYNs would have to go back to school for a year or more to do so.

You can argue whether that is good or bad, but it shows that automatically taking specialists and making them primary care physicians and putting it in Federal statute is a little bit like taking BILL FIRST, heart and lung transplant surgeon, and saying: You ought to take care of all of the primary care of anybody who walks into your office.

DOCTORS YELVERTON, LERNER, FALLIERAS, KILBRIDE, MARSTON, JAEGER, MINTON & BROWN,
Tampa, FL, July 13, 1999.

To: Lucia DiVenere, ACOG Government Relations.

From: Robert W. Yelverton, M.D., Chairman, Primary Care Committee.

I received your fax tonight and offer the following in response.

I have never spoken directly to Senator Bill Frist (R–TN) or any member of his staff on the subject of OB/GYNs as primary care physicians or on any other subject. The quote that Senator Frist attributed to me on the floor of the Senate today came from an article in the June 13, 1999, edition of the New York Times. The article may be viewed on the New York Times website (go to www.nytimes.com, then click on Health and Science). I was contacted by the article's author, Larry Katzenstein, and asked to comment on the impact of managed care on women's healthcare in this country. In my interview with Mr. Katzenstein, I discussed ''barriers'' that managed care organizations have raised against the efforts of OB/GYNs to become primary care physicians. The quote attributed to me by Senator Frist was from a non-quote in this article. I told Mr. Katzenstein that some managed care organizations have placed barriers consisting of such stringent (not ''high,'' as Senator Frist stated) standards for their qualifications as primary care physicians that most OB/GYNs would not be able to meet them without further training.

One objective of my comments was to demonstrate that the College's interests were to allow OB/GYNs to provide women's healthcare to their patients unimpeded by the cumbersome requirements of managed care referral systems. Mr. Katzenstein's article did not emphasize to the degree it should have that these were barriers to OB/GYNs

being designated primary care physicians—not ''high standards''—as has been discussed repeatedly in meetings of the Primary Care Committee. I went on to say to Mr. Katzenstein that the qualification requirements that some managed care organizations impose on OB/GYNs in certain instances exceed even those required of family physicians. He chose not to include that statement in his article.

Senator Frist's misuse of my statement in support of his position that OB/GYNs could not act as primary care physicians because of the ''high standards'' that managed care organizations set for primary care physicians, is regrettably misleading, to say the least, and does an injustice to the true intent of my statements.

I personally supported then and I support now the amendment sponsored by ACOG to allow OB/GYNs to act as primary care physicians and to allow direct access for women's healthcare and did, in fact, spend a portion of this very afternoon e-mailing my senators and encouraging them to vote in support of the amendment.

Please contact me. I will be glad to discuss this matter with you at that time and will support any effort that you want to undertake to clarify this issue now on the floor of the Senate.

———

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS,
Washington, DC, July 14, 1999.

Hon. BILL FRIST
Washington, DC.

DEAR SENATOR FRIST: As Executive Vice President of the American College of Obstetrics and Gynecologists (ACOG), I feel it necessary to clarify ACOG's position on the Robb/Murray amendment to allow women in managed care plans direct access to ob-gyn care. I've also attached a memo from Dr. Robert Yelverton, Chairman of ACOG's Primary Care Committee, correcting your misuse of his statements in a June 13 New York Times article.

ACOG and Dr. Yelverton fully support efforts in Congress, including the Robb/Murray amendment, which would enable ob-gyns to be designated as primary care providers. A recent ACOG/Princeton Survey Research Associates survey found that nearly one-third of all ob-gyns in managed care plans are denied the opportunity to be designated as primary care physicians. Ob-gyns are often the only health care provider many women see throughout their adult lives and are best suited to understand and evaluate the health care needs of their patients. While not all ob-gyns may choose to accept a PCP designation, all ob-gyns should have the opportunity to be designated as a woman's PCP under managed care.

We also strongly endorse the Robb/Murray amendment's provision that would require managed care plans to allow women direct access to the full array of covered ob-gyn services provided under the plan.

While the amendment failed yesterday on a 48 to 52 vote, we are hopeful the Senate will take up this important issue again. Dr. Yelverton and I urge you to vote in favor of these important policies.

Sincerely,

RALPH W. HALE, MD,
Executive Vice President.

Mr. KENNEDY. Mr. President, do we still have a minute and a half on the amendment?

The PRESIDING OFFICER. The time on the amendment has been consumed.

Mr. KENNEDY. I yield myself 1 minute off the bill.

The PRESIDING OFFICER. The Senator has that right.

Mr. KENNEDY. Mr. President, I ask unanimous consent to have printed in the RECORD a letter from the National Partnership for Women & Families and a letter from the National Breast Cancer Coalition. Both of these organizations support the Dodd amendment, and they urge opposition to the Snowe amendment because it strikes the underlying Dodd amendment on clinical trials.

The letter from the National Partnership for Women & Families says:

It is essential that women and families have access to clinical trials. We oppose any effort to deny such access.

I ask unanimous consent that both these letters be printed in the RECORD.

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

NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES,
Washington, DC, July 14, 1999.

Hon. EDWARD M. KENNEDY,
U.S. Senate,
Washington, DC.

DEAR SENATOR KENNEDY: The National Partnership for Women & Families urges you to oppose the pending Snowe amendment because it strikes the underlying Dodd amendment on clinical trials. It is essential that women and families have access to clinical trials. We oppose any effort to deny such access.

Sincerely,

JUDITH L. LICHTMAN,
President.
JOANNE L. HUSTEAD,
Director of Legal and Public Policy.

———

NATIONAL BREAST CANCER COALITION,
Washington, DC, July 14, 1999.

Hon. THOMAS DASCHLE,
U.S. Senate, Washington, DC.

DEAR SENATOR DASCHLE: On behalf of the National Breast Cancer Coalition (NBCC), I want to express our deep concern about the fact that a choice has to be made between the length of hospital stay and the clinical trials amendments. If a choice must be made, NBCC's priority is access to clinical trials.

As you know, NBCC is a grassroots advocacy organization made up of more than 500 organizations and tens of thousands of individuals working since 1991 to eradicate this disease through advocacy and action.

While it is important for doctors and patients to make decisions about how long women should stay in the hospital following a mastectomy, an even more important amendment is Senator Dodd's access to clinical trials amendment. Clinical trials provide the best evidence of whether an intervention will work. Without them, we will never know how to prevent breast cancer, how best to treat it, or how to cure it-and our demands for ''quality care'' will have no meaning.

NBCC truly appreciates Senator Snowe's support of breast cancer issues. Unfortunately, under these circumstances we believe the length of hospital stay amendment should not be supported in lieu of ensuring access to the lifesaving therapies in clinical trials.

Thank you for your leadership. We look forward to working with you to get this important patient protection, and a comprehensive and enforceable ''Patients Bill of Rights'' enacted into law. Please do not hesitate to call me, or NBCC's Government Relations Manager, Jennifer Katz if you have any questions.

Sincerely,

FRAN VISCO,
President.

Mr. JEFFORDS. Mr. President, I ask unanimous consent that Senator MURKOWSKI be added as a cosponsor to the Snowe amendment.

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

Mr. JEFFORDS. Mr. President, I ask for the yeas and nays on the Snowe amendment.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.

The PRESIDING OFFICER. The question is on agreeing to amendment No. 1241. The yeas and nays have been ordered. The clerk will call the roll.

The legislative assistant proceeded to call the roll.

The PRESIDING OFFICER (Mr. VOINOVICH). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 55, nays 45, as follows:

[Rollcall Vote No. 203 Leg.]

YEAS—55

Abraham	Frist	Murkowski
Allard	Gorton	Nickles
Ashcroft	Gramm	Roberts
Bennett	Grams	Roth
Bond	Grassley	Santorum
Brownback	Gregg	Sessions
Bunning	Hagel	Shelby
Burns	Hatch	Smith (NH)
Campbell	Helms	Smith (OR)
Chafee	Hutchinson	Snowe
Cochran	Hutchison	Specter
Collins	Inhofe	Stevens
Coverdell	Jeffords	Thomas
Craig	Kyl	Thompson
Crapo	Lott	Thurmond
DeWine	Lugar	Voinovich
Domenici	Mack	Warner
Enzi	McCain	
Fitzgerald	McConnell	

NAYS—45

Akaka	Edwards	Levin
Baucus	Feingold	Lieberman
Bayh	Feinstein	Lincoln
Biden	Graham	Mikulski
Bingaman	Harkin	Moynihan
Boxer	Hollings	Murray
Breaux	Inouye	Reed
Bryan	Johnson	Reid
Byrd	Kennedy	Robb
Cleland	Kerrey	Rockefeller
Conrad	Kerry	Sarbanes
Daschle	Kohl	Schumer
Dodd	Landrieu	Torricelli
Dorgan	Lautenberg	Wellstone
Durbin	Leahy	Wyden

The amendment (No. 1241) was agreed to.

Mr. FRIST. Mr. President, I remove to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The Senator from South Dakota.

AMENDMENT NO. 1242 TO AMENDMENT NO. 1239

(Purpose: To ensure that the protections provided for in the patients' bill of rights apply to all patients with private health insurance)

Mr. DASCHLE. Mr. President, I have an amendment at the desk.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from South Dakota (Mr. DASCHLE), for himself, Mr. KENNEDY, Mr. REID, Mr. DURBIN, Mr. WELLSTONE, Mr. WYDEN, Mr. REED, Mrs. MURRAY, Mr. CHAFEE, and Mrs. FEINSTEIN, proposes an amendment numbered 1242 to amendment No. 1239.

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

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

(The text of the amendment is printed in today's RECORD under ''Amendments Submitted.'')

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. LEAHY. Mr. President, will the Senator yield for a unanimous consent?

Mr. KENNEDY. Yes. I yield for that purpose.

Mr. LEAHY. I thank my friend from Massachusetts.

PRIVILEGE OF THE FLOOR

Mr. President, I ask unanimous consent that Rebecca Pastner of my staff be given the privilege of the floor today during votes.

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

Mr. KENNEDY. Mr. President, I yield myself 7 minutes.

All patients, regardless of where they live or how they purchase their insurance, deserve to know that their health plan will cover the benefits they need when they are ill or injured.

When we say ''all,'' we mean all.

That is a fundamental principle of HMO reform. But it is a fundamental principle that is ignored in the Republican minimal alternative.

The amendment that Senator DASCHLE, I, and others are offering makes clear that every provision of the Patients' Bill of Rights should apply to all 161 million Americans with private insurance coverage.

No patient should be turned away at the emergency room door, denied access to the specialist they need to save their life, or be told that they will not get the prescription drug they need to treat their illness because they live in Mississippi instead of Massachusetts or in Oklahoma instead of Ohio.

No child or parent or grandparent should be denied the medical care they need because they happen to work for a small business instead of a large corporation or because they are a teacher in a public school instead of an executive on Wall Street.

Of the 161 million Americans with private insurance, only 48 million are covered under the Republican plan; 113 million Americans are left out or are left behind. The Republican plan limits protections to those who receive their coverage from an employer who self-insures their health plan rather than purchasing an insurance policy.

Only the largest corporations self-fund their insurance plan. However, many employees of even the largest employers get their coverage through an fully-funded health plan. These employees would not be protected by the Republican bill.

What an incredible irony. Much of the public desire for patient protection legislation comes from the concern about the abusive practices of HMOs. But virtually no one enrolled in an HMO is covered by the Republican bill because HMOs are rarely part of self-funded arrangements.

These reforms are supposed to protect patients against HMO and insurance company abuses. But people with coverage from insurance companies and HMOs are not protected by the Republican bill.

Nothing more clearly demonstrates that the Republican bill is an industry protection act, not a patient protection act.

It is no wonder insurance companies support the Republican bill. It is no wonder that over 200 groups of doctors, nurses, patients, and advocates for women, children, and families oppose the Republican bill.

The ''dishonor role'' of those left out under the Republican plan is long.

We are talking about 75 million Americans who work for businesses that purchase insurance. We are talking about 15 million Americans who are small business men and women, self-employed salesmen, home day-care workers, early retirees, farmers, or others who purchase their own insurance instead of receiving it through their employer.

We are talking about 23 million schoolteachers, police officers, librarians, nurses, and other employees of State and local government.

Why are these people excluded?

This chart indicates exactly the point that we are making.

The Republican bill covers 48 million people. These are the people who receive health insurance through self-insured employer plans. These are the plans in which the company self-insures and, therefore, pays for the various medical treatments.

It doesn't cover the 75 million persons whose employers provide coverage through an insurance policy or HMO even though approximately 85 percent of the 75 million are enrolled in HMOs. It doesn't cover the 23 million State and local government workers. It doesn't include the people buying individual health insurance policies. Those are the very small businessmen, the farmers, and others.

Why are these people excluded, even though the Republican plan in the House of Representatives includes most of these individuals?

Mr. SARBANES. Will the Senator yield?

Mr. KENNEDY. I yield for a question.

Mr. SARBANES. As I understand this, we are dealing here with a Patients' Bill of Rights which is designed to, in effect, curb some of the practices of the HMOs. The proposal from the other side of the aisle by our Republican colleagues does not cover the bulk of the people who are in HMOs, is that correct?

Mr. KENNEDY. It covers virtually none of the people who are in HMOs.

Mr. SARBANES. What is the purpose of their exercise? It is a pretense, is it not, to assert some sort of Patients' Bill of Rights to deal with problems people are having with HMOs and then not to cover the very people who are in the HMOs? That is a pretense, is it not?

Mr. KENNEDY. I believe it is.

This chart clearly reflects the point the Senator has made. The 48 million who are covered are covered through self-funded plans. The largest group of persons receiving health care through HMOs are the 75 million where the employer purchases coverage through an insurance policy or an HMO; about 85 percent of the 75 million are enrolled in HMOs. This bill does not cover them.

This bill doesn't cover State and local workers, and it does not cover people buying individual policies.

The bill supported by the Republicans, which is a bill allegedly dealing with the problems occurring in HMOs, covers few if any of the members of Health Maintenance Organizations.

Is it any wonder the insurance industry is supporting their particular proposal and is opposed to the proposals we have supported? Isn't it understandable that the major medical groups and professions, the doctors and nurses who are concerned about managed care abuses—who understand the abuses happen to those with employer-provided plans, State and local government plans, and individual plans—uniformly support our legislation?

Mr. SARBANES. I did a fast calculation. As I calculate, more than 70 percent of the people who we are concerned about with respect to how they get their health care and the practices which are followed are excluded—not included, excluded—from the Republican proposal.

Mr. KENNEDY. The Senator is correct. That is why this debate has been rather empty until now. We heard much stated by the principal supporters of the other side's bill about all the benefits of the Republican bill. Now we have found out that the benefits do not apply to two-thirds of all those with insurance coverage, and most of those it may protect are not enrolled in HMOs.

(Mr. GREGG assumed the Chair.)

Mr. BIDEN. Will the Senator yield?

Mr. KENNEDY. I yield.

Mr. BIDEN. In my State, the vast majority of the people who have insurance work for Dupont, General Motors, Chrysler, the major pharmaceutical firms such as Zeneca and Hercules. Do you mean all those people—and they all have employer-provided health care—are excluded from coverage in the Republican bill?

Mr. KENNEDY. Not knowing whether those particular programs are self-funded offhand, it would be difficult to respond concerning particular companies.

However, only the larger companies self-fund. They are the only companies that have the resources to self-fund. It is generally the major companies and

corporations that have the adequate resources to self-fund health coverage.

The people buying individual policies are the farmer, and the small shopkeeper. It is the men, women and children on Main Street who are not protected under the Republican plan.

When we talk about State and local government employees, we are talking about policemen and firefighters putting their lives on the line every day, their spouses, their children, their parents. They are the State and local government employees. About 75 percent are covered by an HMO—they are getting no protections under the Republican plan.

I am reminded by my staff that 89 percent of the people in Delaware who have privately purchased health insurance will not be covered under the Republican plan.

Mr. BIDEN. Eighty-nine percent?

Mr. KENNEDY. 89 percent will not be covered by the proposal. We have a breakdown for each State. In Delaware, it is 89 percent not covered by the Republican proposal. The protections they are talking about doing, or will do, will not cover 89% of the people in Delaware, with the exception of the amendment of the Senator of Maine that has just been adopted, which is universal. That is another issue we will come back to.

Mr. SARBANES. Will the Senator yield?

Mr. KENNEDY. I yield.

Mr. SARBANES. As I understand the Senator's chart, there are 15 million people buying individual policies. Under the Republican proposal, they will not be covered, is that correct?

Mr. KENNEDY. The Senator is correct.

Mr. SARBANES. There are another 23 million people, State and local government workers, as I understand it, under the Republican bill, who will not be covered, but they will not receive any protections with respect to the practices of the HMOs, is that correct?

Mr. KENNEDY. The Senator is correct.

Mr. SARBANES. Furthermore, there are another 75 million people whose employers provide coverage through an insurance policy or an HMO, 75 million, and those people will not be covered, is that correct?

Mr. KENNEDY. The Senator is correct.

Mr. SARBANES. That is a total of 113 million people not covered.

As I understand it, the only people covered in this Republican proposal are 48 million people covered through a self-funded employer plan, which is less than 30 percent of the total number of people about whom we should be concerned.

Mr. KENNEDY. The Senator is quite correct.

That raises the question about supporting that plan. It is a legitimate question—whether we ought to be representing to American families that we are doing something to protect them when we are not, we are failing. By failing to provide universal protection, if the Republican proposal comes before the Senate and Members support it, we are failing 70 percent of the American people.

It is a fraud to represent that we are providing them with protections when we are not. This is why I think we are putting the Senate to the test this afternoon. We are testing the seriousness Members have for ensuring that whatever is passed will apply to everyone in this country who has insurance.

Mr. SCHUMER. Will the Senator yield?

Mr. KENNEDY. I yield.

Mr. SCHUMER. Does the Senator have information on what percentage are covered in New York?

Mr. KENNEDY. The answer to that is, yes, we do. Mr. President, 79 percent of those who are insured in the State of New York will not be covered. There are 10,300,000 individuals who are covered with privately purchased insurance, and the number of persons not covered under the Republican bill is 8,101,000, practically 80 percent. Four out of five of the citizens of New York will not be covered under the Republican program unless this amendment is accepted.

Mr. SCHUMER. And, further asking a question, that means that four out of five would not get emergency room coverage; four out of five would not get the right to specialists; four out of five would not get the extended appeals, the independent appeals; four out of five would not have any right to sue.

So this amendment that the Senator from Massachusetts is offering is probably, I would guess, the most important amendment because every other amendment is dependent on it. No matter how good an amendment you agree to, if the amendment of the Senator from Massachusetts is not agreed to, it does not matter to most Americans because they simply will not be covered. We would be voting for a bill that would do one-fifth as much, at best, as a proposal that would cover everybody. Am I correct?

Mr. KENNEDY. The Senator is quite correct. It is the difference between substance and process. You can have the greatest substance in the world, but if you control the process, you can limit it and restrict it in such a way to preclude people from being protected. That is exactly what is happening here.

Mr. SCHUMER. Right.

Mr. KENNEDY. Even the underlying substance of the Republican proposal we believe has fallen short in the areas mentioned by the Senator from New York. We are going to try, during the latter part of the afternoon, tonight, and tomorrow, to continue to address those inadequacies, and hopefully we will have some support.

Mr. SCHUMER. One final question. This chart would indicate it all. It is 48 million/161 million. Under our proposal, the Democratic proposal, 161 million Americans are covered for emergency room, for specialists, for independent review, for the right to sue. And, at best, even if all the other amendments are agreed to, under the Republican proposal under 48 million would be covered?

Mr. KENNEDY. The Senator is quite correct. On the other side of the room—I am glad to see our two colleagues. We are missing some of our other colleagues for this debate on a matter of such great importance.

I rarely see, and I ask my other colleagues how many times have they seen, legislation written that effectively excludes 72 or 73 percent of all Americans but meets American's needs? Yet we effectively exclude 72 or 73% of Americans who need these protections. This, I think, makes the proposal fraudulent in its representation to the American people.

Mr. SARBANES. Will the Senator yield further?

Mr. KENNEDY. Yes.

Mr. SARBANES. I think the Senator from New York has again emphasized an extremely important point. People watching this debate have to understand, we have had these amendments arguing about what practice should be covered—what practice should be covered. So we have an important difference there. But the fact of the matter is, under the Republican proposal, no matter what practice is covered, it is only going to reach less than 30 percent of the people.

For the remainder, the other 70 percent, the 113 million, this debate for them is completely irrelevant because they are not going to be covered at all. So all of this other argument about whether you cover this procedure or that procedure—which I think are extremely important arguments in and of themselves, and important issues—but unless we deal with this issue of coverage, which is the sharpest contrast between the two proposals, well over 70 percent of the people are simply going to be left out altogether. Is that not correct?

Mr. KENNEDY. The Senator is correct. But let me mention an additional fact you will hear from the other side. They will say: We want to cover these 48 million individuals, but the States are covering all the others; therefore, you have an empty argument, Democrats have an empty argument.

Do you know the answer to that? There is no State in this country that provides all the protections provided in the Democratic proposal—not one State. There is no State in the country that guarantees pediatric specialty care for children who may have cancer or other kinds of serious illness—not one.

You can pick and choose and find out that there are 18 States that have require some type of external appeal; almost all reject the kinds of appeal the Republicans have, the self-serving appeals where the HMO appoints the reviewer. They can fly-speck all afternoon and say we have this here and

this here, but there is not a State that provides all the protections we provide.

I ask any of my colleagues who are on their feet if they differ with the concept that we ought to provide a basic floor of protections for all Americans. Then, if the States of New York, California, Massachusetts, or Maryland want to build on those protections, we may do so. This is the model used in the bipartisan legislation Senator Kassebaum and I sponsored which passed the Senate that allows employees to move from job to job while retaining health care coverage. We follow that pattern very closely with this legislation. We follow the same type of model—a federal floor—in COBRA legislation. We follow the same model for mental health programs.

We have followed that model with bipartisan support on 10 different programs, and I will have them printed in the RECORD this afternoon, and yet we have the Republicans saying no to the model on this legislation.

Why? The answer is, the insurance companies will not let them. That is the answer. There is no other answer. We challenge our Republican friends. They are not here. We challenge them. How do you justify following the same type of process and procedure we have used in 10 different programs that have bipartisan support and yet now saying no, no, no, we are not going to do it on this bill? Can they give me an answer? Can they give us a clear answer on why they will not do that?

I do not know. I think it is important, however, in giving a complete answer to the Senator, to at least know what they are saying and how inaccurate and implausible their explanation is.

Mrs. BOXER. Will the Senator yield for a question?

Mr. KENNEDY. I see my friend and colleague from Massachusetts.

Mr. KERRY. Mr. President, I ask my colleague from Massachusetts, who I think has hit the nail on the head when he talks about what the insurance companies will allow or not allow, for the average American listening to this, the immediate question is—it seems incomprehensible—how can we not be covered if that is the purpose of the bill?

The Republicans are going to hide behind a number of false arguments. I wonder if my colleague would share with us what the reality is of the cost, because the Republicans are going to hide behind the notion that somehow what the Democrats want to do, which is cover more Americans, is too costly, and they will bring out the old Harry and Louise chart again and try to confuse Americans about what will happen.

Will my colleague share with us and with the American people what the real costs are of what the Democrats are talking about doing?

Mr. KENNEDY. Mr. President, we have put into the RECORD the letter from the General Accounting Office that said it is 4.8 percent over 5 years. That figure was used by the majority leader, Senator TRENT LOTT, on ''Meet The Press.'' He basically subscribed to that cost over a period of 5 years.

If you take the average program, it averages about $2,000 for an individual; $1,000 for a child; about $5,000 for a reasonably good family plan. Maybe it is somewhat more costly in the Northeast than it is in the South. If you look at a 5 percent cost, it would be $250 over 5 years; that is $50 a year. If you look at the percentage paid for by the worker, it is typically about 20%. If you do that for 12 months, do that over 1 year, it is less than $2 a month, it is a Big Mac.

I see a number of my colleagues. I think all of them would agree, every time we talk about family and medical leave we get a study done by the Chamber of Commerce. When we talk about minimum wage, we get those studies that are done by the restaurant association on the increase in the minimum wage. They talk about the escalation of costs and how it is going to put everybody out of business. The studies about cost used in this debate are studies that are bought and paid for by the insurance companies—bought and paid for by the insurance companies.

We have heard from our Republican friends for months and years, as the President of the United States said yesterday: We always rely on the CBO figures. Now we have a CBO figure, and they do not like it.

Their second point is that all those people are going to lose their health insurance. The fact is that the individuals and groups which have fought for expansion of health insurance coverage for years support our bill. Now we have the insurance industry saying pass this bill because it is going to mean the loss of health insurance coverage. That is poppycock. That is wrong.

The facts, again, is that the General Accounting Office—and I have put in the RECORD the particular provision—has said there may very well be an expansion in total coverage because there will be good benefits and good protections.

The line I like is the one that was stated so well by our good friend from Maryland earlier today at a press conference: Around here it used to be when you bought insurance, it was what you were buying, what you could expect; what you paid for is what you were going to get. Now when you give your money and buy insurance, it is what the insurance company is prepared to give you.

That is what has happened in the United States of America. It is what the insurance company is going to give you. As a result, it fails to give adequate coverage to those children and women, the disabled and people who have bought the insurance and deserve appropriate coverage. That is what is happening.

When they talk about costs, I wish they at least had the decency to address who picks up the cost when people fall through the cracks? It is charity care in the States. It is taxpayers who pick up the costs.

What about the cost of all that advertising we see every day? Mr. President, the profits of the top 10 HMOs total $1.5 billion. There are tens of millions of dollars spent for CEO salaries. Who is paying for all that? That is going to result in higher premiums for American workers, and that is what they should be outraged about.

I will take a couple more questions, and then I will be glad to yield the floor. Can I finish with my colleague?

Mr. KERRY. One further question, if I may. We have talked about some other States. In the State the Senator and I represent, Massachusetts, it is my understanding that 77 percent of the privately insured would not be protected under the Republican plan.

Mr. KENNEDY. That is my understanding as well, 3 out of 4.

Mr. KERRY. How can you describe the rationale for the Republicans coming to the floor and saying that, in fact, they are offering Americans a Patients' Bill of Rights?

Mr. KENNEDY. I find that has been the question for a long time. We had hoped to work in a bipartisan way as we did to get coverage for 5 to 10 million children with the Republicans on our committee. We had hoped to work in a bipartisan way as we did with Senator Kassebaum to allow health insurance to become more portable. We are hopeful of working some of the privacy issues out in a bipartisan way. Yet when it comes to the Patients' Bill of Rights, the wall came down. The insurance companies said absolutely not, not an inch.

I was listening to my colleagues say this is a regrettable situation; I wish we could get together. The insurance companies will not let them get together with us. They will not let them. This bill has been bought and paid for by the insurance industry; no question about it.

I yield to the Senator from North Dakota.

Mr. DORGAN. I appreciate the Senator yielding. I was standing here listening and thinking of Mark Twain. He was asked to engage in a debate at one point. He said: Fine, as long as I can be on the opposing side.

They said: We haven't told you what the subject is.

He said: It doesn't matter. Being on the opposing side doesn't require preparation.

There is no preparation here. We do not have a Republican on the floor at the moment. I am sorry, Senator JEFFORDS is here.

You can fill in the blank. It would not matter if you talk about managed care, minimum wage, clean air. You can talk about Medicare, you can talk about child labor laws, and there will be the same folks coming to the floor saying: It is not the Federal Government's responsibility; let the States do it.

The Senator from Massachusetts made the point that most of the people are left out of the Republican plan. If people wonder if it is us against them, here is a USA Today editorial. It says: ''100 million Reasons GOP's Health Plan Fails.''

That is how many people the proposal will leave unprotected. Judging from the health insurance reform package announced this week by Senate Republicans, at least the title is correct. The proposal is called the ''Patients' Bill of Rights,'' and if you are waiting for this perfunctory plan to protect you, you'll need to be patient indeed. Many of the plan's key protections are restricted to the 51 million Americans who get their insurance through self-insured plans, subject to Federal regulations, but another 100 million or so whose health plans are subject to state regulations are excluded.

The same editorial points out, as the Senator from Massachusetts has, that most of the States do not have these protections.

These folks who come to the floor and say the States already have the protection—access to nonnetwork providers, 35 States do not have that. I just do not understand. Instead of coming to the floor and being honest and saying: We have no interest in this bill, all we want to do is obstruct, we have no interest in passing anything similar to that. Instead of doing that, they come with all these fuzzy shells. You wrap a package. It looks to be the same package that is sitting across the desk, but it has nothing in it. That is what is happening. Amendment after amendment is an empty shell, a package with nothing in it.

USA Today says it right: ''100 Million Reasons GOP's Health Plan Fails.''

Isn't it the case, I ask Senator KENNEDY, because of this every single health organization in this country opposes the Republican plan and supports the Democratic plan? Is that not the case?

Mr. KENNEDY. The Senator is correct. Generally around here it is a pretty good test to take a piece of legislation and ask who is supporting it and who is going to benefit. That is not a bad test for the American public: Who is supporting the legislation—which groups, which people—and who is going to benefit.

What you find out is that our plan has the support of every health professional and every patient group. They are the ones supporting our bill.

Who is opposing it? The insurance industry. Who is supporting the opposition program? The insurance industry.

As this debate goes on and we get involved in technicalities, people ought to know at the bottom line of each and every one of these issues who supports our plan. On the OB/GYN issues, the medical professionals support our proposal in spite of the misrepresentations put forth in this Chamber.

That is what is happening. The reason for that, as the Senator understands, is we have worked this out with consumers and health professionals. We tried to find out what is needed from the consumers—the people who have suffered—and also the health professionals who have tried to protect the consumers. We were out there listening.

I will take these last two and yield the floor.

Mrs. BOXER. I have two quick questions. One involves the largest State in the Union, and that is the State I represent. This is really key. We have 33 million people living in California. How many of them, percentagewise, will not be covered by this Republican plan?

Mr. KENNEDY. It just so happens I have that information: 18 million privately insured persons, 18.6 million; 14,477,000, 77 percent of the people of California will not be covered if our amendment is not successful—77 percent of the people in California.

Mrs. BOXER. I think it is very important that the people in my home State understand that the Republican plan does not do anything for very many of them.

The second question I have deals with children. As the Senator from North Dakota pointed out, we do have national laws. This is one Nation, under God, indivisible, and we do have national laws. I find it unbelievable that colleagues on the other side—a couple came over and said: States are taking care of all these issues.

I want to talk about children. Every Senator in this body I know cares about kids. I know they care about kids. They care about their own kids, their grandkids, and the kids they represent. I ask my friend to elaborate on this. If we can have child labor laws which say you cannot hire a child, you have to wait for a certain age, and when you do, there are certain rules that apply, should we have a national law that protects every child in this country so if that child comes down with a cancer, they are not told by their HMO: Go see a general surgeon; you don't need a pediatric surgeon?

I know my friend has had experience with this. Can he talk just a moment about why the Democratic plan is for the children of this country and the Republican plan is a sham?

Mr. KENNEDY. As the Senator knows, the kinds of protections for children are included, including the preventive programs, specialty programs, the clinical trial programs, and the specialty care programs. Our good friend, Senator REED, is one of our real experts on these issues. The range of different protections and guarantees is out there for children. That is why every child's health group supports our program.

But let me mention something of interest that is on point. The Senate has just accepted the amendment of the Senator from Maine on the issue of mastectomies. In her amendment it says:

[I]n order to provide for uniform treatment of health care providers and patients among the States, it is necessary to cover health plans operating in 1 State as well as health plans operating among [all] States.

So perhaps we could find a distinction. I know the Senator believes strongly that is the kind of coverage we should have for women. But could the Senator possibly explain to me how we could justify supporting that particular provision and not say we need similar protection for children? Are we missing something on this? They will say: We will do it for this.

Right above that it says:

[H]ealth care providers located in a State serve patients who reside in the State and [also] patients who reside in other States. . . .

What they are acknowledging is, people move from State to State, so they are going to provide for them.

It talks about the amendment covering all health plans. What is the rationale? Can the Senator tell me?

Mrs. BOXER. The only rationale I could find—I was here when my friend asked Senator ABRAHAM the same question—this Republican plan has been pieced together. It makes no sense. It is a political response, I believe, to the Democratic proposal. They looked at this issue, and they said: OK, when it comes to mastectomies, we'll make our plan apply to everybody.

But, by the way, if you get ovarian cancer, under the Republican plan you do not get the benefits. If a man gets prostate cancer, he doesn't get the benefits. If you are a little child and you have a rare form of cancer, like one of my constituents, Carley Christie—and there were only a couple doctors who knew how to handle it—you are out of luck.

They say leave it to the States? Fine. If the States want to do a good job, we are happy. We are just setting a floor in this bill, as the Senator from Massachusetts points out.

So I can only respond by saying their approach is pieced together. It is a political response to a real issue. They are doing the least they can do to try to say, with a straight face, they have done something. The bottom line is, their bill is hollow, and if my friend's amendment does not pass, it will make virtually no difference to most of the people in this country.

Mr. KENNEDY. I finally yield to the Senator.

Mr. WELLSTONE. I was going to hold up my own chart, but I would rather ask the Senator from Massachusetts, could you just give me the figures?

Mr. KENNEDY. You have your Minnesota figures there.

Mr. WELLSTONE. I enjoyed when you said: I just happen to have figures here.

Mr. KENNEDY. As the Senator well knows, the State of Minnesota has 3,400,000 privately insured persons and 1,986,000 not covered. So you are going to have some 58 percent—58 percent will not be covered.

Mr. WELLSTONE. The reason I asked my colleague for those figures is, that is over half the State's population.

Minnesota does better than some other States in terms of the number of families that would be covered under the Republican plan because we have more people who are self-insured.

But let me just be clear about this. The Senator from Massachusetts has made it clear that our amendment provides basic protection for every family in the country. We want some kind of floor. Any State that wants to do better, any State that wants to do better by way of protecting children, more access to specialty services, stronger consumer protection, can do so. But this amendment is an amendment to make sure that every family in the United States of America has some basic protection. Is that correct?

Mr. KENNEDY. The Senator is correct.

Mr. WELLSTONE. Let me just ask the Senator from Massachusetts one more question to finally put this debate in sharp focus—if we are going to have a debate. I do not know that we will.

Do you believe there is some correlation between the fact that the plan we now have on the floor of the Senate, the Daschle-Kennedy Democratic plan, altogether covers an additional 113 million people and the Republican plan only covers 48 million people altogether? The Republican plan provides as little coverage as possible to people. Is that why all the consumer organizations, all the provider organizations, doctors and nurses, support our plan and the insurance industry is the only interested party that supports the Republican plan? Do you believe there is any correlation on this whole question of how many people are covered?

Mr. KENNEDY. I think the Senator is correct in his statement. It is basically because the industry is putting its profits ahead of the protection of the patients.

We had reaffirmation yesterday, in an indirect way, with the publication of an article in the medical journal JAMA, that says the for-profit HMOs provide a good deal less service for the coverage of individuals than those which are not-for-profit. It is, I think, a kind of intuitive, self-evident factor that this is taking place.

I would be glad to yield time.

Mr. WELLSTONE. I would like to take 3 more minutes if I may.

Mr. KENNEDY. I am advised by my friend and colleague, 2½ minutes.

Mr. WELLSTONE. That is fine. That is all we have left?

Mr. REID. We have 7 and a half minutes.

Mr. WELLSTONE. I will do it in 1 minute. Then I will pass it on to others.

Let me just finish my line of questioning by saying here on the floor of the Senate that one of the things I have been most interested in as a Senator from Minnesota is reform and how to revitalize democracy, how to make sure that the Government belongs to the people, how to make sure that the Senate belongs to the people.

I really do believe that this vote on this amendment about whether or not we are going to cover all the families in our country and provide them with some basic protection, so that they can make sure they themselves and their loved ones receive the care they need and deserve, is a test case as to whether or not we have a system of democracy for the many or democracy for the few.

This vote ultimately is about more than health care. This is a vote about whether the Senate belongs to people in Minnesota and people in Massachusetts and people in New York and people in North Carolina or whether it belongs to the insurance industry. It is that simple.

I hope every citizen will hold all of us accountable for how we vote and whom we represent and for whom we fight.

I yield the floor.

Several Senators addressed the Chair.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. On behalf of Senator KENNEDY, I yield 2½ minutes to Senator DORGAN.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. REID. Could we change that to 2 minutes.

The PRESIDING OFFICER. The Senator from North Dakota is recognized for 2 minutes.

Mr. DORGAN. Senator KENNEDY has been talking about the issue of the number of Americans who would be covered under these two competing proposals. The point I have made in the past in quoting the USA Today editorial is the same point that a number of us have made: The fact is, our opponents' plan does not cover most of the American people. They say: Well, the States provide protection for those their bill leaves out. But the facts do not bear that out.

My preference would be that if they do not want to legislate in the area of health care, just say that. Do not make a pretense of coming over here and saying, we support all these issues, we support each and every one of them but then vote against the kinds of reforms that will really accomplish them.

My understanding is that the amendment we just agreed to by Senator SNOWE on the issue of breast cancer covers everyone in the country. Why cover all Americans on just that issue? Apparently you are willing to provide some protection for everyone on only that one issue but you are unwilling to cover everyone when it comes to all of the other issues. I do not understand that.

I wish I had the time to again show you the pictures of real victims of our current system to illustrate that this debate is not about theory; it is about real people. Unfortunately, I do not have the time. But this debate is about what kind of treatment patients will get in a health care system that in some cases—not in all, but in some cases—has put profits ahead of patients' medical needs.

Some in this Chamber say these stories don't matter. We stand with insurance companies. We stand with profits, and we don't believe patients need protection.

Others of us believe very strongly that it is time to provide the kinds of protections on a uniform basis that patients ought to expect when they purchase insurance or when they receive insurance through their employer.

Again, to those who have spent this week fuzzing up this debate, if you don't like the Federal Government legislating in this area, just say that. Don't bring a bunch of empty vessels to the floor of the Senate and then pretend they do something because you know better.

The PRESIDING OFFICER. The Senator's 2 minutes has expired.

PRIVILEGE OF THE FLOOR

Mr. REID. Mr. President, I ask unanimous consent that Joshua Segall, an intern in the office of Senator PAUL WELLSTONE, be granted the privilege of the floor today.

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

Mr. REID. How much time does the minority have?

The PRESIDING OFFICER. The Senator has 6 minutes.

Mr. REID. Mr. President, I yield 2 minutes to the Senator from New York and, following that, 2 minutes to the Senator from Massachusetts.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. I thank the Senator from Nevada.

There are two crucial numbers to look at as we debate this entire bill: 48 and 161—48 million Americans covered by the Republican plan, 161 million Americans covered by the Democratic plan. We are saying 70 percent of all Americans will get no protection.

Do we say 70 percent of all Americans are not covered by minimum wage? Do we say 70 percent of all Americans are not covered by Social Security? Do we say 70 percent of all Americans do not get child labor laws applied to them, do not get the Clean Air and Clean Water Acts applied to them? I have never heard anything such as this in my life—take a proposal needed by all people and arbitrarily say 30 percent of Americans will be covered and 70 percent of Americans will not.

This vote on the amendment of the Senator from Massachusetts will be the most crucial vote in the entire debate, because it will determine, do we really wish to cover all Americans.

Should only 30 percent of Americans get the right to emergency room care? Should only 30 percent of Americans get the right to see a specialist? Should only 30 percent of women get to treat an OB/GYN as their primary care specialist? Who would agree with that?

Anyone who votes against the amendment of the Senator from Massachusetts, anyone who votes for the Republican plan is arbitrarily, unfairly,

and inhumanely cutting off 70 percent of all Americans.

The cost: $2 a month. The cost argument is bogus.

The real issue is, who will be covered and who will not be. Under this plan, we cover 161 million; they cover 48 million.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. SCHUMER. Nothing more must be said.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KERRY. Mr. President, this is, indeed, the most important vote with respect to this issue. I congratulate my colleague from Massachusetts for his extraordinary leadership in putting this issue before the American people.

It is extraordinary to me; in the years I have been in the Senate, I think this is perhaps the single most contradictory, craven moment, in some regards, before the Senate. To come to the Senate and suggest you are going to have a Patients' Bill of Rights that in State after State after State leaves out 77, 80 percent, 89 percent of the American people is a contradiction on its face that denies any kind of reasonableness. I think most people in America will understand that our colleagues on the other side of the aisle have spent more time and energy protecting the right to bear arms than the right for citizens to get decent medical care.

What will happen in this legislation if the Republican charade passes—and they have the votes—is, once again, the American people will be left behind and business—and business only, the bottom line—will be the victor.

They are going to suggest there are costs, there is administrative overhead. We are going to go through the whole ''Harry and Louise'' thing again. Literally millions of dollars are being spent to scare Americans and confuse them.

When it is convenient for the Republicans, they love the Congressional Budget Office. The Congressional Budget Office provides the best figures, the most neutral and independent assessment of expenditures. But here, the Congressional Budget Office comes out and says the real costs of this are only 3 to 13 cents per month per beneficiary. There isn't an American I know who wouldn't pay 3 to 13 cents to have the decent kind of coverage and the protections they need in order to guarantee that coverage in a health care system that has run amok.

The PRESIDING OFFICER. The Senator's time has expired. Who yields time?

Mr. KENNEDY. Mr. President, how much time remains for each side?

The PRESIDING OFFICER. The Senator from Massachusetts has 2 minutes, and the Senator from Tennessee has 15.

Mr. KENNEDY. I yield 2 minutes to the Senator from Illinois.

Mr. DURBIN. Mr. President, this amendment really gets to the heart of the debate: how many Americans will we leave behind when it comes to reforming our health insurance protection.

Senator KENNEDY and Senator DASCHLE offer an amendment which will reform health insurance plans across the country. The Republican side of the aisle would leave behind 113 million Americans. They argue that these families should not be protected by a national standard. Just by accident of birth or residence, some people would be disqualified.

Who are we talking about? We are talking about people such as the self-employed, small businesspeople, and farmers, those who have a tough enough time securing health insurance. They pay higher premiums for it, and they are not in a good position to really bargain when it comes to buying their health insurance.

This amendment gets to the heart of which party and which approach really care for American families and the challenges they face. I support Senator KENNEDY and Senator DASCHLE in this effort.

I just left the chatroom right off the floor of the Senate, where people have been, through the Internet and by telephone, calling in from across the United States. I think many people on the Republican side of the aisle have not really taken into consideration how important this issue is to Americans. They can vote with the insurance industry, and a Republican majority can defeat us on these amendments, but eventually they will have to go face the same families who I have spoken to and who write to my office—families who worry on a daily basis about whether their doctors are making medical decisions or the decisions are being made by insurance company professionals.

This amendment, which is about protecting all insured Americans, is one I am proud to support. The idea of picking and choosing the winners and losers across America is inconsistent with the policy that we should have coming out of this Chamber.

I hope a handful of Republican Senators will come forward and join the minority on the Democratic side and enact a bipartisan approach that is sensible.

The PRESIDING OFFICER. The Senator's time has expired. Who yields time?

Mr. FRIST. Mr. President, I yield myself 2 minutes, followed by Senator GRAMM for 10.

The issue we are talking about is an amendment which came on the floor about 50 minutes ago. We are currently looking very carefully at that amendment. It is the first time we have seen the amendment. It comes down to a critically important issue, and that is one of scope.

We have a Patients' Bill of Rights. We have spent much of yesterday and the day before and this morning on what those rights should be. Are they consumer protections? Are they patient protections, gag clauses, access to specialists, access to emergency rooms, poststabilization in emergency rooms, continuity of care? We have talked about the issues of the internal and external appeals process. All are very important.

Now we turn to this underlying discussion of scope. We have heard again and again that our bill excludes a large number of people. No. 1, the whole information section of our bill applies to all 124 million people, the information to understand what is in that insurance policy, in that contract.

On the whole issue of genetic discrimination, something the other side has not even mentioned, again we apply it to all 124 million people. Why? Because it has not been adequately addressed in the United States of America today because projects such as the human genome project are just coming on line. Yet in advance we want to make sure that an insurance company does not use a predictive test in some way to either exclude somebody or raise policies.

No. 3, the internal and external appeals process, the whole accountability process, grievance procedures, inside, outside, applies to all 124 million people.

The issue which has been discussed over the last 40 to 45 minutes is that of the 48 million people who are uncovered today by State plans, cannot be regulated by State plans. It is to those 48 million people that we address the patient protections of gag clauses, access to emergency rooms, continuity of care, poststabilization in the emergency room. That is the focus. In our bill, internal and external appeals covers everybody; discrimination, everybody; information, everybody; recover the uncovered, regulate the unregulated.

I yield 10 minutes to the Senator from Texas.

Mr. KERRY. Mr. President, will the Senator from Texas yield before starting?

Mr. GRAMM. Mr. President, we have now listened to the minority use up their time. I think it is time for us to speak. So with all due respect, I didn't ask for them to yield on their time. I don't yield on my time.

The PRESIDING OFFICER. The Senator from Texas is recognized.

Mr. GRAMM. Mr. President, we have heard, for the last hour, in almost tearful terms, our colleagues talk about how in the amendment they now have before us ''we are down to the heart of what separates the two parties.''

Well, I don't know whether it is the heart, or the lungs, or the liver, but we are sure down to what separates the two parties. Our colleague from Massachusetts has a sign that talks about how we are not protecting Tennessee. That is interesting because Tennessee protected itself by electing one of the Nation's premier physicians to represent them in the Senate and to become the Nation's foremost spokesman

on health care. Yet Senator KENNEDY believes he is somehow here to protect the people of Tennessee. I don't think they elected Senator KENNEDY. I think they elected Senator FRIST. I think they elected him because he does represent their views.

What is in this amendment that is supposed to be the heart of what defines the two parties? Well, it is very interesting. It is about two things. No. 1, they want to raise taxes about $5 billion. That does define the difference between the two parties. Whether it is the heart of the difference, or some other body part, I don't know. But the first thing that is different—and they are speaking in such passionate, tearful tones about it—is they want to raise taxes by $5 billion on this amendment.

So to take them at their word, if you want to know the difference between the two parties, the difference between the two parties is that they, by their own words and deeds and amendments, are the party that wants to raise taxes in the Senate. The tax burden is at the highest level in American history, but it is not high enough to suit them. They want $5 billion, and they want to take it $50 per household in America, and they want it in this amendment. That is the first thing they say defines the heart of the difference between the two parties.

The second thing they say defines the heart of the difference—and I agree with them—is that when they read the Constitution, they quit reading too soon because what the Constitution says in the tenth amendment is that those powers not specifically delegated to the Federal Government are reserved for the States and for the people.

Why is that relevant? Why it is relevant is, despite all the efforts to confuse people, under existing law, the States regulate insurance. There is a Federal statute that carves out between 40 and 50 million insurance policies where the companies actually underwrite the policies—a law called ERISA—where the Federal Government in these circumstances established its primacy and its jurisdiction so that the State legislature of Tennessee, and the State legislature of Texas, and the State legislature of all the States in the Union are prohibited from legislating in these ERISA plans where the company assumes liability for the insurance.

What we have done in our bill is, where the States can't reach, we have passed a bill that guarantees patients' rights, including the one right the Democrats preclude. The Democrats will let a patient look in the phone books' Blue Pages and call the Government if they are unhappy with an HMO, and they will let them look under ''attorneys'' in the Yellow Pages and hire an attorney if they are unhappy with an HMO; but the Democrats don't give them the freedom to fire the HMO. We give them that freedom.

Now, we have written a bill that is aimed at dealing with the part of this problem that comes under the Federal Government. Our Democrat colleagues are very unhappy because they want a national health plan. They believe Senator KENNEDY and President Clinton know everything there is to know about health care, that Dr. FRIST knows nothing about health care, and they would like to write health care policy for Texas.

Now, they want to do it without the inconvenience of having to move to Texas, pay taxes in Texas, and run for office in Texas. They want to assume that if you are elected to the Senate from Massachusetts, that allows you to tell people in Tennessee how insurance ought to be regulated, and that allows you to tell people in Texas how things ought to be. Now, Texas has already passed a comprehensive patients' bill of rights, but that doesn't stop those elected to the Senate from some other State from the right to come in and say to Texas: You don't know what you are doing, you don't know anything about health care, and you don't care about the people of Texas.

Having been elected in Massachusetts, they care about people from Texas; but they believe the people in the senate and the house of the Texas Legislature are somehow deficient in caring to suit them. So the second thing they differ on is that while States throughout the Union have tried to tailor their programs to meet their individual needs, the Democrats would have us say: Take everything Texas has done, everything Maine has done, everything the 43 States have enacted, and the other States that are about to act, and throw it in the trash can because all wisdom emanates from Washington.

So this ''heart'' of the difference between the two parties that we have been listening to for an hour really boils down to two differences. They want to raise taxes by another $50 per family on the amendment they just offered and they want to say to States: We are going to take away from you a right that has been historically guaranteed under Federal law and under the tenth amendment to the Constitution, which allows States, in the area of insurance where they regulate, to state their own policy, to decide what kind of policies they want operating within their own State borders.

Our colleagues have decided taxes are too low and that we don't have enough Federal regulation. So what they would do is attempt to substitute Federal mandates for what our Texas Legislature has decided, which would be dictated and enforced by Federal bureaucrats.

With all due respect, who is doing a poorer job than HCFA in regulating health care in America? Who is doing a poorer job than we are doing at the Federal level?

Our approach is an approach which says where we have responsibility, where only we can deal with a problem, we have put together a comprehensive program that makes sense. Granted, we didn't do a public opinion poll; we didn't get together focus groups and try to say if you ran a 30-second TV ad on this subject, would people tend to agree with it? We have Dr. FRIST. We have SUSAN COLLINS. We have JIM JEFFORDS. We sat down for over a year with people who knew something about the problem and we wrote a bill we believe people will be glad we wrote 10 years from now. But the reality is that there are two differences Democrats want to highlight today. There are two things they claim represent the heart of what separates the two parties.

They believe taxes ought to be higher. So they raise taxes by $5 billion with this amendment.

Second, they don't believe that Maine ought to set its health policy. These people in Maine don't understand health, and they don't care about people in Maine. Only people in Massachusetts care about people in Maine. Only people in Massachusetts care about people in Texas. And we don't understand it.

They are right. We don't understand it. We don't accept it. We reject it.

If the best they can do in telling us what is right with them and what is wrong with us is that they want higher taxes and they want to tell every State in the Union how to run health care, they are going to be in the minority a very long time.

I reserve the remainder of my time.

Mr. KERRY. Mr. President, will the Senator yield for a dialog?

The PRESIDING OFFICER. Who yields time?

Mr. JEFFORDS. Mr. President, I yield 10 minutes to the Senator from Wyoming.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. KERRY. Mr. President, I believe I asked a question.

Mr. GRAMM. The Senator has no time.

Mr. ENZI. Mr. President, I ask unanimous consent that I not be interrupted.

The PRESIDING OFFICER. The regular order is that the time shall be controlled by the managers, and time has been yielded to the Senator from Wyoming.

Mr. KERRY. Parliamentary inquiry, Mr. President.

Mr. GRAMM. Could we have regular order, Mr. President?

The PRESIDING OFFICER. The Senator is unable to propound a parliamentary inquiry. Time has been yielded to the Senator from Wyoming.

PRIVILEGE OF THE FLOOR

Mr. ENZI. Mr. President, I ask unanimous consent that Patrick Thompson, my HELP subcommittee staff person, and Mark Battalini, my legislative fellow, be granted floor privileges during debate on S. 1344, the Patients' Bill of Rights.

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

Mr. ENZI. Mr. President. I rise in opposite to this amendment. Among the handful of principles that are fundamental to any true protection for health care consumers, probably the most important is allowing states to continue in their role as the primary regulator of health insurance.

This is a principle which has been recognized—and respected—for more than 50 year. In 1945, Congress passed the McCarran-Ferguson Act, a clear acknowledgement by the federal government that states are indeed the most appropriate regulators of health insurance. It was acknowledged that states are better able to understand their consumers' needs and concerns. It was determined that states are more responsive, more effective enforces of consumer protections. And, as if we need to re-learn this lesson yet again, it is usually for the best when we let each state respond to the needs of its own consumers. State legislatures are watching, wondering how far we are going to dip into their authority.

As recently as this year, this matter of fact was re-affirmed by the General Accounting Office. GAO testified before the Health, Education, Labor, and Pensions Committee, saying, ''In brief, we found that many states have responded to managed care consumers' concerns about access to health care and information disclosure. However, they often differ in their specific approaches, in scope and in form.''

Wyoming has its own unique set of health care needs and concerns. But, despite our elevation, we don't need the mandate regarding skin cancer that Florida has on the hooks. My favorite illustration of just how crazy a nationalized system of health care mandates would be comes from my own time in the Wyoming Legislature. It's about a mandate that I voted for and still support today. You see, unlike in Massachusetts or California, for example, in Wyoming we have few health care providers; and their numbers virtually dry up as you head out of town. So, we passed an any willing provider law that requires health plans to contract with any provider in Wyoming who's willing to do so. While that idea may sound strange to my ears in any other context, it was the right thing to do for Wyoming. But I know it's not the right thing to do for Massachusetts or California, so I wouldn't dream of asking time to shoulder that kind of mandate for our sake when we can simply, responsibly, apply it within our borders.

An extra, unnecessary layer of mandates, whether they be for certain kinds of coverage or for a protection that not everybody needs or wants, are so-called ''protections'' we simply shouldn't force people to pay for. If we were all paying for skin cancer screenings that only a few of us need or want, or if we were all paying for any willing provider mandates that only some of us need to assure access, then we'd all be one of two things—either over-charged, not-so-savvy consumers, or we'd be uninsured.

As consumers, we should be downright angry at how some of our elected officials are responding to our concerns about the quality of our health care and the alarming problem of the uninsured in this country. It is being suggested that all of our local needs will be magically met by stomping on the good work of the states through the imposition of an expanded, unenforceable federal bureaucracy—kind of a one-size-fits-all plan. It was complicated before.

This is an overlay of how the plan will work under the Democratic plan. It is considerably more complex and considerably tougher to deal with. It is being suggested that our local needs would be magically met by stomping on the good ground of the States that have kept it simple and have the bureaucracy already in place.

It is being suggested the American consumers would prefer to dial a 1–800 number to nowhere versus calling their State insurance commissioner, real people who can be talked to each time you call. You don't have to repeat the same ground to bring them up to speed on where the problem is, and chances are because they know you they will get it solved right away. They are the people you meet in the grocery store after church on Sundays.

As for the uninsured population in this country, carelessly slapping down a massive new bureaucracy on our states does nothing more than squelch their efforts to create innovative and flexible ways to get more people insured. We should be doing everything we can to encourage and support these efforts by states. We certainly shouldn't be throwing up roadblocks.

And how about enforcement of the minority's proposal?

One of the findings of the amendment reads as follows, ''It would be inappropriate to set federal health insurance standards that not only duplicate the responsibility of the 50 State insurance departments but that also would have to be enforced by the Health Care Financing Administration (HCFA) if a State fails to enact the standard.''

That is a name you hear thrown around a lot because HCFA has some problems. HCFA is as much as 10 years late in sending out some notices which they need to send. They are already overburdened. If you don't believe me, talk to the people who are working with home health care, another area of health that is very important. They will tell you how HCFA is able to solve their problem. They are going out of business because of HCFA.

In other words, not only is it being suggested that we trample the traditional, overwhelmingly appropriate authority of the states with a three-fold expansion of the federal reach into our nation's health care, they want HCFA to be in charge. HCFA, the agency that leaves patients screaming, has doctors quitting Medicare, and, lest we not forget, is the agency in charge as the Medicare Program plunges towards bankruptcy.

And you want to give them all of this now, too?

I could go on at length about the very real dangers of empowering HCFA to swoop into the private market with its embarrassing record of patient protection and enforcement of quality standards. For example, it took ten years for HCFA to implement a 1987 law establishing new nursing home standards intended to improve the quality of care for some of our most vulnerable patients. According to the General Accounting Office, HCFA missed 25 percent of its implementation deadlines for the consumer and quality improvements to the Medicare Program which were required under the Balanced Budget Act of 1997.

Even more alarming is that HCFA is still using health and safety standards for the treatment of end-stage kidney disease that are 23 years old. Equally astonishing is that HCFA has yet to update its 1985 fire safety standards for hospitals. HCFA is a federal bureaucracy at its worst, making it the last place to which we want our consumer protection responsibilities to revert—let alone complicating it such as this.

To me, the message is pretty clear. Expanding the role of the Federal Government well beyond its lawful authority would be a big mistake.

The scope of Federal authority under the Employment Retirement Income Security Act, ERISA, with regard to the regulation of health care, is well understood. Duplicating, complicating, and ultimately unraveling 50 years of State experience and subsequent action makes no sense. For those of my colleagues who think no one is bothered by that, I and 117 million Americans currently protected by State health insurance beg to differ.

Our Federal responsibility lies with those 48 million consumers who fall outside the jurisdiction of the State regulation. That is our scope. That is our charge. That is what the States are politely reminding Members of now. If we go through with this, they may remind us less politely.

In March of this year, the National Association of Insurance Commissioners implored Members to not make a mess of what they have done for health care consumers, saying:

> The states have already adopted statutory and regulatory protections for consumers in fully insured plans and have tailored these protections to fit the needs of their states' consumers and health care marketplaces. In addition, many states are supplementing their existing protections during the current legislative session based upon particular circumstances within their own states. We do not want states to be preempted by Congressional or administrative actions.

I am stunned that their pleas is so easy for some to ignore.

I yield the floor.

Mr. JEFFORDS. I yield 10 minutes to the Senator from Maine.

The PRESIDING OFFICER. The Senator from Maine is recognized for 10 minutes.

Ms. COLLINS. Mr. President, I start by commending the Senator from Wyoming for his excellent statement. He has provided Members with a very clear explanation of the issue that is before the Senate.

I am disappointed to hear my friends and colleagues from the Democratic side of the aisle once again completely disregard and, indeed, belittle the tremendous efforts that the 50 States have made to protect health care consumers. It is disappointing to once again hear Senator KENNEDY completely ignore the good work of the States in this area.

The health committee bill builds upon the good work that the States have undertaken to protect health care consumers. Our legislation provides the key protections that consumers want, without causing costs to soar so high that we add to the growing number of uninsured Americans. We would apply the protections responsibly where they are needed.

Current Federal law prohibits States from acting to regulate and to provide consumer protections in self-funded plans. They are covered by Federal law, by ERISA, which specifically prohibits the States from acting in this area.

The States have had the primary responsibility for regulation of health insurance since the 1940s, more than 50 years. I served for 5 years in State government as commissioner of a department that included the Bureau of Insurance. I know how hard the civil servants at the Bureau of Insurance worked to protect Maine consumers. I know Maine health care consumers who are having problems with their insurance companies' coverage or have a dispute would rather call the Bureau of Insurance in Gardiner, ME, than have to go through the maze of the ERISA office in Boston. That is what this debate is about.

The fact is, the States have done a good job of responding to the needs and concerns of their citizens. In fact, every single State has debated and enacted legislation to protect health care consumers. That has been totally ignored by our friends on the other side of the aisle.

This chart shows the enormous number of State laws regulating health insurance. There are more than 1,400 State health insurance mandates—more than 1,400. Every single State has enacted legislation to protect health care consumers by mandating either specific coverages or specific procedures. It is not as if the States have ignored this responsibility. In fact, they have acted far ahead of Washington. They have acted without any prod from Washington. They have acted responsibly and swiftly—indeed, much more quickly than we have—to protect their consumers.

The next chart shows State laws protecting parties are extremely common. This chart demonstrates 47 States have passed laws prohibiting gag clauses that restrict communications between patients and their doctors. This is something I think every single Member of the Senate can agree on: Gag clauses should be prohibited. Mr. President, 47 States have acted to do just that; 50 States have consumer grievance procedure laws; 28 have external appeals; 36 have direct access to OB/GYN; 40 States have provisions dealing with access to emergency rooms.

The States have acted. They have acted in a way to tailor their laws to the problems within their particular State. These problems vary from State to State. We have rural States such as those represented by my friend from Wyoming which do not have a high penetration of managed care. Therefore, imposing all these burdensome new regulations is not necessary. In other States where managed care represents a high degree or a high concentration of the coverage provided, there may be a need for many more State laws.

The point is that the States have acted. They have acted without any mandate or prod from Washington, and they have acted in a way so as to tailor their laws to their marketplace. One size does not fit all. We do not know what is best for every State-regulated plan. What may be appropriate in one State may not be necessary in another.

A State that has been mentioned today, Florida, provides for a direct access to a dermatologist. That is because Florida has a very high rate of skin cancer. That mandate makes a great deal of sense in the State of Florida. It does not make much sense in many northern States where other problems occur and need to be addressed.

That is why the National Association of Insurance Commissioners, which is a bipartisan group, supports the approach that we have taken in our health committee bill. In a March letter to the chairman of the health committee, the NAIC pointed out:

The states have already adopted statutory and regulatory protections for consumers in fully insured plans and have tailored these protections to fit the needs of their states' consumers and health care marketplaces. In addition, many states are supplementing their existing protections during the current legislative session based upon particular circumstances within their own states. We do not want states to be preempted by Congressional actions.

The letter continues:

It is our belief that states should and will continue the efforts to develop creative, flexible, market-sensitive protections for health consumers in fully insured plans, and Congress should focus attention on those consumers who have no protections in self-funded ERISA plans.

That is precisely the approach taken in our Republican bill. We recognize the States cannot protect those health care consumers who are covered in self-funded ERISA plans. That is why we need to act on the Federal level. That is why we need to pass health care protections to reach those consumers whom the States cannot protect.

We received a letter today from the Republican Governors' Association. I ask unanimous consent to have that letter printed in the RECORD following my remarks.

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

(See Exhibit 1.)

Ms. COLLINS. Let me quote from the letter because I think it captures the issue before the Senate.

As Congress begins debate on managed care reform legislation, we would like to emphasize our confidence in states' achievements in managed care and ask that any legislation you consider preserve state authority and innovation. We applaud the Republican Leadership's efforts to complement the states' reforms by expanding managed care protections to self-insured plans without preempting state authority.

Historically, regulating private insurance has been the responsibility of the states. Many, if not all of the ideas under consideration now in Congress, have been considered by states. Because the saturation of managed care is different throughout the nation, each state has its own unique issues relative to its market place. We have concerns about the unintended consequences of imposing one-size-fits-all standards on states which could result in increasing the number of uninsured and increasing health care costs.

As Governors, we have taken the reports of abuses in managed care seriously and have addressed specific areas of importance to our citizens.

That is exactly the issue before us. We do need to act to protect those consumers who are beyond the reach of State regulation. We do not and should not act to preempt the good work done by our States.

Another issue that is before us, raised by the Kennedy one-size-fits-all approach, is what if a State has made an affirmative decision not to act in one of the areas which Senator KENNEDY would impose upon that marketplace? What if the legislature, perhaps even a legislature controlled by the Senator's own party, has reached the decision that a particular mandate is not appropriate for that State and would increase health care costs?

The PRESIDING OFFICER. The time of the Senator has expired.

Ms. COLLINS. Mr. President, I yield the floor. I know there are others waiting to speak. I reserve the remainder of my time.

EXHIBIT 1

REPUBLICAN GOVERNORS ASSOCIATION,
Washington, DC, July 14, 1999.

Hon. DON NICKLES,
Assistant Majority Leader, U.S. Senate, U.S. Capitol, Washington, DC.

DEAR SENATOR NICKLES: As Congress begins debate on managed care reform legislation, we would like to emphasize our confidence in states' achievements in managed care and ask that any legislation you consider preserve state authority and innovation. We applaud the Republican Leadership's efforts to complement the states' reforms by expanding managed care protections to self-insured plans without preempting state authority.

Historically, regulating private insurance has been the responsibility of the states.

Many, if not all of the ideas under consideration now in Congress, have been considered by states. Because the saturation of managed care is different throughout the nation, each state has its own unique issues relative to its market place. We have concerns about the unintended consequences of imposing one-size-fits-all standards on states which could result in increasing the number of uninsured and increasing health care costs.

As Governors, we have taken the reports of abuses in managed care seriously and have addressed specific areas of importance to our citizens. As you know, some analysts estimate that private health insurance premiums could grow from the current 6 percent to double-digit increases later this year. This does not include the costs of any new federal mandates. Health resources are limited.

We hope the Congress' well-intended efforts take into account the states' successful and historical role in regulating health insurance.

Sincerely,

FRANK KEATING,
Governor of Oklahoma,
Chairman.
ED SCHAFER,
Governor of North Dakota,
Vice Chairman.
DON SUNDQUIST,
Governor of Tennessee,
Chairman RGA Health Care Issue Team.

Mr. JEFFORDS. Mr. President, I rise to alert those who followed the minority's debate earlier. It was not only confusing but most inaccurate as to scope. The Democrats claim: ''The Republican plan would only apply to 48 million Americans.''

This is accurate for one aspect, but it ignores many extremely important provisions. Further, charges regarding actions by the insurance industry were not only inaccurate but totally baseless.

Let me set forth what the scope of the protections actually is.

The Republican plan contains nine major patient protection provisions. One of the nine major components has six new access standards to ERISA for the 48 million in self-insured plans that State consumer protection standards cannot reach.

These include: the prudent layman's standard for emergency care; a mandatory point of service option; direct access to OB/GYNs; direct access to pediatricians; a continuity of care provision; and a prohibition of gag rules.

The majority of Americans already enjoy these protections, since most of the states have already adopted these standards through their regulation of health insurance companies.

The other major components of the Patients' Bill of Rights provide significant new protections for millions of Americans. Of these, some provisions are not even included in the Democratic bill. The provisions include:

1. A new health plan comparative information requirement to benefit all 124 million Americans covered by group health plans under ERISA;

2. Grievance procedures and internal and external appeal rights for all 124 million Americans covered by group health plans under ERISA;

3. Providing all 140 million Americans covered by group and individual health plans with new rights that will prevent discrimination based on predictive genetic information; and

4. Benefit all 270 million Americans by providing a stronger emphasis on quality improvement in our health care system with a refocused role for AHCPR.

The GOP plan creates new enforceable federal health care standards to cover those 48 million of the 124 million Americans covered by ERISA plans that the states, through their regulation of private health insurance companies, under the McCarran-Ferguson Act of 1945, cannot protect. We feel that it would be inappropriate to set federal health insurance standards that not only duplicate the responsibility of the 50 state insurance departments—but, that we know from a new GAO report won't be enforced.

The Democrats, by contrast, would set health insurance standards that duplicate the responsibility of the 50 state insurance departments and mandate that HCFA enforce them if a state decides not to adopt them. Building a dual system of overlapping state and federal health insurance regulation is in no one's best interest.

The federal regulators at HCFA have faced an overwhelming new set of health insurance duties under HIPAA. In the five states that have failed to or chosen not to pass the legislation required by HIPAA (California, Massachusetts, Michigan, Rhode Island, and Missouri), the HCFA is now required to act as insurance regulator for the state HIPAA provisions.

A GAO report that I released found that HCFA officials have confessed that their agency has thus far pursued a ''minimalist'' approach to regulating health insurance standards under HIPAA, and they attribute its limited involvement to a lack of experienced staff, as well as uncertainly about its actual regulatory authority.

There is a related concern that HCFA cannot fulfill its responsibilities for administering the Medicare program. At a July 16th, 1998 House Ways and Means hearing, HCFA's administrator stated that she intended to postpone the development of a Medicare prospective payment system for outpatient hospital care and home health services; the consolidated billing for physician and other Medicare part B services in nursing homes; and a new fee schedule for ambulance services. Delaying the implementation of these mandates will result in many home health providers and other providers not receiving the reimbursement that they deserve. It will put many home health agencies in the position of having to chose between turning Medicare patients away and insolvency.

Given HCFA's demonstrated inability to carry out its current responsibilities under both HIPAA and BBA, we believe it would be irresponsible to promise the American people that they will be able to receive new federal health insurance guarantees and then rely on HCFA to enforce these rights when we know they can't do the job.

Our proposal, by keeping the regulation of health insurance where it belongs—at the state level—provides the American people with a real Patients' Bill of Rights that they know from their personal experience will be enforced. The principle that the states should continue to regulate the private health insurance market, and that Congress should only set health care standards in those areas where the states have been preempted, guided the design of the six access standards in the Republicans' Patients' Bill of Rights because we know it works.

The PRESIDING OFFICER. The majority has 18 minutes remaining. Who yields time?

Mr. JEFFORDS. I yield 10 minutes to the Senator from Nebraska.

The PRESIDING OFFICER. The Senator from Nebraska is recognized for 10 minutes.

Mr. HAGEL. Mr. President, there is no issue more important to the American people than ensuring quality health care for themselves and their families. We all agree on that. It is the great common denominator in our society.

All of us in this debate, my Democratic colleagues and my Republican colleagues, want to help the people we serve. We want every citizen to have access to good, affordable health care. As a member of the Republican Health Care Task Force, I am very proud of the bill the Republicans have brought to the floor, the Patients' Bill of Rights Plus.

I think it is important that we focus on the completeness of what this bill is about, what it would do. This bill would increase the quality of health care, the accessibility of health care, and the affordability of health care for millions of Americans. Our bill protects 48 million Americans whose health care plans are not now covered by existing State regulations. Specifically, it provides the following:

Guaranteed access to emergency room care; health plans would be required to use the prudent layperson standard for providing in-network and out-of-network emergency care.

No. 2, guaranteed access to the doctor of your choice. Under our bill, these health plans must provide point-of-service and continuity-of-care options that allow persons to see physicians outside of their health care network.

No. 3, access to medication. Health plans would be required to provide access to noncovered drugs in cases where they are medically necessary and appropriate.

No. 4, our plan provides access to specialists, and no gag clauses that restrict doctors from discussing treatment options with their patients. Health plans would be required to ensure that patients have access to covered specialty care within the network or, if necessary, through contractual arrangements with specialists outside

the network. If the plan requires authorization by a primary care provider, then the plan must have a defined referral and authorization process. Moreover, under our bill providers are given the unfettered right to discuss all treatment options with their patients.

No. 5, guaranteed access to an OB/GYN specialist. Health care plans would be required to allow direct access to obstetricians/gynecologists and pediatricians without the need for referral or the plan's prior authorization.

No. 6, timely appeals by patients who believe they were improperly denied coverage. This is a key part of our bill. Our bill would allow timely review of a patient's claim by medical experts not affiliated with the plan. In emergencies, the review would be within 72 hours. The decision of the outside review panel would be binding. This way, a sick or hurting patient gets the matter resolved now, quickly, rather than languishing in court proceedings for years in a typical lawsuit.

No. 7, it guarantees consumers access to plan information. Our bill requires all group health plans to provide consumer information about what is covered, what is not covered, how much they will have to pay in deductibles and in coinsurance, and how to appeal adverse coverage decisions.

No. 8, it protects patients from being discriminated against on the basis of genetic information. This is a very big part of why our bill is better. The Democrats do not cover this. Our bill expressly prohibits all health care plans and health insurers from collecting or using predictive genetic information about a patient or their family to deny insurance coverage or set premiums. The Democrats' bill has no such prohibition.

No. 9, changes in the Tax Code to make health care coverage more affordable and increase the number of people with health insurance. Isn't that what we are about—bringing more people on our health rolls; making quality, accessible health care affordable? If we want to help increase access to health care, one thing we could do is change the Tax Code. The self-employed ought to be able to deduct 100 percent of premiums for themselves and their families. Our Patients' Bill of Rights Plus does exactly this.

Our bill would give all Americans the opportunity to open a medical savings account, an MSA, to save for their health care needs. Many Americans work for employers who do not now offer health insurance, and they must pay for it out of their own pockets. An MSA would be a tremendous benefit for these individuals and would greatly expand the number of individuals with coverage for their health care needs. According to the General Accounting Office, nearly one-third of the participants in the MSA pilot program authorized by Congress a couple of years ago had been uninsured before utilizing these tax-free accounts.

It is also time to enact full tax deductibility for premiums that cover long-term care. The average annual cost of caring for a person in a nursing home is $50,000. Stories, of course, are legion of people exhausting their access and resorting to Medicaid to pay for nursing care. We address this issue in our bill.

What does the Republican bill not do? There are several important things that the Republican Patients' Bill of Rights does not do. Let's start with liability. The Republican bill achieves the proper balance between legal rights and affordability. Our bill would preserve one of the most important rights patients already possess, and that is the right to file a class action injunction to get coverage. The class action is one of the strongest protections of patient rights under ERISA.

You cannot sue your way to better health care. Let me say it again. You cannot sue your way to better health care. Rare are the patients who can afford a legal challenge against a big, well-financed insurance company. Mr. President, 22 States including Nebraska, my State, have already refused to expand liability and open up the opportunity for countless, endless lawsuits.

The Democrat bill would make employers liable for medical malpractice. That is an incredible thing. Their bill would make the employer liable for medical malpractice. Patients could sue the employer. I cannot think of a more certain way to drive up both the cost of health insurance and the number of uninsured. Small businesses are especially vulnerable. One huge claim could wipe them out completely. It is no surprise that in a verified recent poll of small businesses across this country, 57 percent of small businesses said they would drop their health coverage rather than expose themselves to ruin under the provisions of the Democrat health proposal.

The scope? Our bill does not unnecessarily duplicate State regulations, which adds more Federal Government mandates and increases costs. We do not need more Federal mandates. We do not need more Government mandates. We need more options for the patients and better health care. Our bill targets the 48 million Americans who have self-funded insurance policies. Democrats, including Vice President GORE in a recent CNN interview, and Senators, my friends on the other side of the aisle, have accused the Republican Senators of ignoring the roughly 100 million Americans insured in other ways.

If the Republican Patients' Bill of Rights is so good, my friend Senator KENNEDY asks, then why doesn't the GOP offer it to everybody? The answer is quite simple: Not everybody needs what we are offering. State laws and insurance regulations protect the rights of patients in all other plans but not necessarily in self-funded plans. We protect the people who need the protection. The Democrats duplicate the plans and protections already available under State laws.

Cost: Our focus should be on providing access to quality, affordable health care for more Americans. We heard a lot on the floor in the last few days about quality and access, but we have heard very little about affordability, who can afford health care, especially from those on the other side of the aisle who want to talk about this. Pricing people out of health insurance systems is no way to improve access.

The rate increases that would hit individuals would also hit employers. Dramatic hikes in health care costs cost employees their jobs, and what are we doing for America when we throw people out of work?

Back when I had a real job—and I did have a real job once; I was a small business owner—I remember poring over numerous health insurance plans to determine which were the best, which could I afford for my employees. I have yet to meet a small business owner who does not want to give their employees health insurance.

In conclusion, as I said at the outset of my remarks, there is no issue more important to more Americans than ensuring quality health care for themselves and their families, but in an effort to improve health care, it makes no sense to drive up costs and leave millions of Americans without health insurance.

I look forward to the passage of the Republican bill, the Patients' Bill of Rights Plus, and as one of the architects, one of the Senators who helped write it, I am very proud of it.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. CRAIG). The Senator's 10 minutes has expired. Who yields time?

Mr. NICKLES. Will the Senator yield me 1 minute?

Mr. JEFFORDS. I yield 1 minute to the majority whip.

The PRESIDING OFFICER. The majority whip, the Senator from Oklahoma.

Mr. NICKLES. Mr. President, for the information of our colleagues, we are going to be voting on this amendment probably in another 10 minutes. I urge my colleagues to vote no for all the reasons that have been so amply discussed by my colleague, Senator HAGEL, just a moment ago, and Senator COLLINS earlier, Senator GRAMM, Senator ENZI, and others.

They are exactly right. We should not have ''one size fits all'' or ''Government knows best.''

There are a couple other reasons why they should vote against the KENNEDY amendment. It is a big tax increase. I look at page 14, section (H) and there is a tax increase, a tax increase that boils down to about $3.5 billion over the next 10 years. Section (I) on page 14 is a tax increase that is $1.2 billion over 10 years. Section (J), page 16, another tax increase of $288 million over 10 years. If you add all that together, this amendment we will be voting on increases taxes by $5 billion. I urge my colleagues to vote no on this amendment.

I thank my friend and colleague from Vermont. I compliment him for his outstanding leadership.

Mr. JEFFORDS. I yield 5 minutes to the Senator from Pennsylvania.

The PRESIDING OFFICER. The Senator from Pennsylvania is recognized for 5 minutes.

Mr. SANTORUM. I thank the Chair.

Mr. President, I, too, congratulate all those who have spoken. I do not want to repeat what has been said. They said it well. In the Republican bill we are not leaving 100 million people uncovered. The fact of the matter is, the States that have the authority under the law, under the Constitution, and under the McCarran-Ferguson Act, to regulate insurance do the job and do it very well.

What this is all about, in my mind, is arrogance. This is about people walking around in Washington, DC, thinking: This is the center of the universe, and unless we decide what is best for all of you, you cretins out there in central Pennsylvania or in Wyoming or in Tennessee, you folks just do not understand what we, the enlightened in Washington, know what is best for you. So we are going to impose on you, State legislators, insurance commissioners, what we think you should be doing, even though you have gone through the process, an exhaustive process.

Pennsylvania went through an exhaustive debate in the House and the Senate and with the Governor on what kinds of patient protections they were going to provide for the people who were covered by State insurance, those 100 million people who are ''uncovered.''

For the people in Pennsylvania, rest assured, there was a fine Patients' Bill of Rights passed by the Pennsylvania Legislature and signed by Governor Ridge. In fact, I spoke with the sponsor of that bill over the weekend. He came up to me and said: Rick, please, please, don't pass a bill that is going to wipe out what we so carefully crafted that we believe is in the best interests of Pennsylvania.

Dr. Tim Murphy, the sponsor of the bill in the Pennsylvania Senate, someone who I think cares deeply about the concerns of children and concerns of the well-being of Pennsylvanians, said: Please, don't undermine what we have done. Don't put a layer of bureaucracy, the Health Care Financing Administration, overseeing the kinds of patient protections we have passed in Pennsylvania. Please, let us do what we do well, and if there are problems, we will deal with them, we will come back, and we will revisit this issue—just like the issue here is not over. But give us some credit that we know what is going on in our own States. We care about the people in Pennsylvania more than Senators from California or from Louisiana or from Massachusetts. We care about our people because they are our constituents.

We see a lot of examples of arrogance in Washington, of the ''we know best'' attitude in this town. This is an amendment that says: Washington knows best. What goes on in State capitals is irrelevant because they do not really care about their constituents. If I am in Massachusetts, I care more about what goes on in Pennsylvania than the Governor or the State legislators, State senators.

That is ridiculous. The fact of the matter is, the States are engaged actively. Frankly, they are much more active than we have been in the Congress. They have been actively engaged in dealing with the problems in their States, and we should let the States do what they do best, and we should do—and the Republican bill does—what only we can do, and that is to regulate ERISA plans, with patient protections and, I add, a lot more.

The one thing that really sort of irks me about this whole debate is that it is not just about protecting rights with HMOs. What our bill does is much broader and deals with issues of quality and choice, giving people alternatives to HMOs, not just locking them in and trying to fix something that may or may not be broken.

We say you can fire an HMO, go somewhere else, and get health care in a different way. The Democrats will not let you do that. We do.

We provide tax breaks for the self-employed which, again, increases access to the system. They do not. We have not only quality assurance; we have choice; we have access. The thing we do not do—and I am very proud we do not—we do not drive up cost and drive people out of the insurance market. They do.

On all four counts of what health care reform is supposed to be about—choice, quality, access, and cost—we are the winners, not the other side.

The PRESIDING OFFICER (Mr. CRAPO). The time of the Senator has expired. The Senator from Vermont has 2 minutes remaining.

Mr. JEFFORDS. Mr. President, I yield back the remainder of my time and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.

Mr. KENNEDY. Mr. President, I yield myself 3 minutes off the bill.

The PRESIDING OFFICER. The Senator has that right.

Mr. KENNEDY. I have listened with a good deal of interest to our colleagues on the other side complaining. They want it both ways. On the one hand, they are supporting covering 48 million Americans and leaving out 113 million Americans—so they are covering some Americans—but they are not covering all Americans. Then they are troubled, evidently, because they are covering some Americans. Many of our colleagues on the other side, as we have just heard, do not think there ought to be any kind of protection for the American citizens, that we ought to just leave this up to the States.

My response is, the law of the jungle may be good in the jungle, but we do not accept that in the United States, when people are being exploited by the private sector. In this case, the insurance industry refuses to provide the protections for women and children in our country. The insurance industry refused to provide protections for workers in our country.

That is basically the fact of it. We hear repeatedly, mistakenly, that the States have provided protections. I will include in the RECORD the Families USA analysis of the various States.

An examination of state legislation in 13 areas of basic managed care consumer protections finds that no state has all 13 on the books. . . .

I ask unanimous consent to have that analysis printed in the RECORD.

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

[Press Release from Families USA Foundation]

DESPITE STATE MANAGED CARE LAWS, MOST PEOPLE STILL GO UNPROTECTED

FAMILIES USA RELEASES COMPREHENSIVE REVIEW OF STATE MANAGED CARE LAWS

(Washington, DC) An examination of state legislation in 13 areas of basic managed care consumer protections finds that no state has all 13 on the books according to a new report released today by the national consumer group Families USA.

Hit & Miss: State Managed Care Laws examines state laws for a number of patient protections including the right to independent eternal appeals when health care services are denied, access to emergency room coverage, the right to sue health plans for wrongful denials of care, and the establishment of state funded consumer assistance programs. (See table 1, attached, for a list and explanation of the protections studied in the report.)

The study reveals that only one state, Vermont, had passed 10 or more of the protections, 16 states enacted 5 to 9 of the basic protections, 33 states had passed only 1 to 4 of the protections and South Dakota had passed none. (See table 1 attached.) The report also reveals that, despite state legislation on managed care, many consumers are not protected by those laws.

According to the report, one in three people with employer-based coverage are in self-insured health plans and are not covered by state consumer protection laws. The federal Employee Retirement Income Security Act (ERISA) exempts self-insured employer plans from state health insurance laws. Approximately 51 million Americans are not covered by any of the managed care consumer protection laws in their state because of ERISA.

''Not only do managed care consumer protections vary greatly from state to state,'' said Ron Pollack, executive director of Families USA, ''but even with laws on the books, many consumers who get their coverage from their employer are not protected because of ERISA. Only a federal patients' Bill of Rights would ensure consumer protections for all Americans who receive employer provided coverage.''

Other key findings of the report include:

The requirement of disclosure of treatment options and protection advocacy (that is a ban on ''gag rules'') has been passed by the most states—45 states and the District of Columbia.

Thirty-one states and the District of Columbia have passed laws requiring health

plans to pay for emergency room care when a person believes he or she is experiencing a medical emergency.

Only 15 states have passed laws establishing an independent external appeals process for consumers who believe they have been wrongfully denied care.

Eight states have passed laws requiring plans to have a procedure to allow individuals to obtain prescription drugs that are not on the managed care plan's list or ''formulary.''

Of the 13 key protections studied, the establishment of independent consumer assistance programs and changes in liability laws had been passed by the fewest states.

Vermont is the first and only state to pass a law that provides funding for an independent statewide consumer assistance program.

Two states, Texas and Missouri, passed laws that open the door so that consumers can hold their health plans accountable through litigation. This issue is still being debated in the courts.

While the ERISA statute preempts state insurance laws for people in self-insured plans, the statute goes even further in preventing Americans from suing their health plan for damages in the event of wrongful denials of care. The study found that 83 percent of Americans who get their health care from their employer, 124 million people, cannot hold their health plans liable for their denials of care because of ERISA preemption of state laws relating to grievance resolution. Public employees (state and federal workers) are not preempted.

''ERISA—which was intended to protect employees in pensions and health plans—has become a protective shield for managed care plans even when they wrongfully deny care, either through negligence or malicious indifference,'' added Judy Waxman, director of government affairs at Families USA. ''Health plans have no accountability for their decisions to deny needed care and treatment. This lack of meaningful remedies invites abuse.''

Current proposals in Congress address many of the protections studied in the new Families USA report. The Patients' Bill of Rights introduced by Senators Daschle and Kennedy and Representatives Dingell and Gephardt would establish all 13 of the protections studied. The House Republican proposal, which is not yet in legislative form, would address from two to four of the issues. (See table 2 attached.)

''The American public has said very clearly that they want managed care protections, but because of ERISA they are denied the protections passed by their state,'' added Pollack. ''Because of the federal ERISA law, this issue can not be left up to the states. Federal protections are needed to ensure all Americans get fair treatment from their managed care plans.''

CONSUMER PROTECTIONS EXAMINED IN HIT & MISS

The 13 areas selected for special analysis in Hit & Miss were chosen for a combination of reasons. First, they are important rights to help ensure that health plan enrollees get the care promised by their plans. Second, these rights are sufficiently specific and understandable that consumers can assess their significance. And third, these rights provide good illustrations of the diverse state-by-state approaches to regulating managed care. The 13 protections are:

the right to go to an emergency room, and have the managed care plan pay for the resulting care, if a person reasonably believes he or she is experiencing an emergency;

the right to receive health care from an *out-of-network provider* when the health plan's network of providers is inadequate;

the right of a person with a serious illness or disability to use a *specialist as a primary care provider*;

the right of a seriously ill person to receive *standing referrals to health specialists*;

a woman's right to gain direct access to an *obstetrician or gynecologist*;

the right of a seriously ill patient or pregnant woman to continue *receiving health care for* a specified period of time *from a physician who has been dropped* by the health plan;

the establishment of a procedure that enables a patient to obtain specific *prescription drugs that are not on a health plan's drug formulary*;

the *right to appeal* denials of care through a review process that is external to, and independent of, health plans;

the establishment of *consumer assistance, or ombudsman,* programs;

prohibitions against plans' use of so-called ''gag rules''—rules that prevent physicians and health providers from fully disclosing treatment options to patients;

prohibitions on plans' reliance on *inappropriate financial incentives* to deny or reduce necessary health care;

the establishment of state *laws* that prevent plans from *prohibiting participation in clinical trials*; and

the establishment of state laws enabling enrollees to sue their health plans when they improperly deny care.

TABLE 1.—HIT AND MISS: STATE MANAGED CARE LAWS

[The variability of State managed care consumer protection laws, as of July 14, 1998]

States	E.R. services	Access to providers				Continuity of care	Prescription drug access	Appeals procedures	Consumer assistance	Patient-provider relationship		Clinical trials	Liability
	Prudent layperson standard	Referral to out-of-network providers	Specialists as primary care providers	Standing referrals to specialists	OBGYN direct access	When physicians leave plan	Access to non-formulary prescriptions	Independent external reviews	Independent ombuds programs	Disclosure of treatment options	Prohibit physician financial incentives	Clinical trials	Right to sue health plans for damages
ALABAMA			•	•									
ALASKA										•	•		
ARIZONA								•		•			
ARKANSAS	•				•	•	•			•			
CALIFORNIA	•			•	•		•			•	•		
COLORADO	•	•			•	•				•			
CONNECTICUT	•				•			•		•			
DELAWARE					•					•			
DISTRICT OF COLUMBIA	•									•			
FLORIDA		•		•	•	•		•	•	•			
GEORGIA	•				•		•			•	•	•	
HAWAII	•							•		•			
IDAHO	•				•					•	•		
ILLINOIS					•								
INDIANA	•	•	•		•	•	•			•			
IOWA	•									•			
KANSAS				•		•				•	•		
KENTUCKY	•	•								•			
LOUISIANA	•				•					•	•		
MAINE	•	•			•					•			
MARYLAND	•				•			•		•	•	•	
MASSACHUSSETTS										•			
MICHIGAN	•							•		•			
MINNESOTA	•			•	•	•		•		•			
MISSISSIPPI					•								
MISSOURI	•	•	•	•		•	•	•		•			•
MONTANA		•			•					•	•		
NEBRASKA	•				•					•	•		
NEVADA	•									•	•		
NEW HAMPSHIRE										•			
NEW JERSEY			•		•	•				•	•		
NEW MEXICO	•	•	•	•	•			•		•	•		
NEW YORK	•	•	•	•	•	•				•			
NORTH CAROLINA	•	•			•					•			
NORTH DAKOTA										•			
OHIO	•	•	•	•			•			•	•		
OKLAHOMA										•			
OREGON	•				•		•			•			
PENNSYLVANIA	•		•	•	•	•		•		•	•		
RHODE ISLAND								•		•	•	•	
SOUTH CAROLINA	•				•								
SOUTH DAKOTA													
TENNESSEE		•	•	•	•	•		•		•			
TEXAS	•	•	•		•	•		•		•	•		•
UTAH		•								•	•		
VERMONT	•	•	•	•	•	•	•	•	•	•	•		
WASHINGTON	•				•					•			
WEST VIRGINIA	•				•					•	•		
WISCONSIN	•									•			

TABLE 1.—HIT AND MISS: STATE MANAGED CARE LAWS—Continued

[The variability of State managed care consumer protection laws, as of July 14, 1998]

States	E.R. services	Access to providers				Continuity of care	Prescription drug access	Appeals procedures	Consumer assistance	Patient-provider relationship		Clinical trials	Liability
	Prudent layperson standard	Referral to out-of-network providers	Specialists as primary care providers	Standing referrals to specialists	OBGYN direct access	When physicians leave plan	Access to non-formulary prescriptions	Independent external reviews	Independent ombuds programs	Disclosure of treatment options	Prohibit physician financial incentives	Clinical trials	Right to sue health plans for damages
WYOMING										•			

TABLE 2.—BASIC CONSUMER PROTECTIONS: STATE LAWS AND FEDERAL PROPOSALS

Managed care consumer protection	Number of States *	Gingrich Plan	Daschle/Kennedy Dingell/Gephardt	Nickles Plan
Emergency Room Access	31	•	•	❩
Access to Out-of-Network Providers.	15		•	
Specialist Can Be Primary Care Providers.	10		•	
Standing Referrals to Specialists.	12		•	
Direct Access to Obstetricians and Gynecologists for Women.	31	?	•	❩?
Continuity of Care When Physician Leaves Plan.	14		•	❩?
Access to All Prescriptions Drugs.	8		•	
Independent External Review of Complaints.	15	?	•	?
Independent Consumer Assistance Program.	2		•	
Disclosure of Treatment Options Required.	45	•	•	❩
Prohibit Financial Incentives to Deny Care.	19		•	
Access to Clinical Trials	3		•	
Right to Sue for Damages	2		•	

? Details of the proposal are too sketchy to determine whether the proposal meets the standard.

* None of these laws apply to people in self-insured ERSIA plans (one in three Americans who have employer-based coverage).

• Applies to all consumers with employer-provided health coverage.

❩ Only applies to consumers in self-insured ERISA plans (one in three Americans who have employer based coverage).

Mr. KENNEDY. Vermont has 10 out of the 13, but no State has all 13. These are basic and fundamental standards that can be built upon. If Texas wants to do more, so be it. If Pennsylvania wants to do more, so be it. But these are the most basic and fundamental protections. That is what this legislation is all about. These are basic kinds of protections which, in most instances, have been included in the protections of the Federal employees, who include every Member of this body.

I have been so interested in listening to this debate about how we do not want the Federal Government having anything to do with health care. The Federal employment insurance has 11 million members. Every Member of this body has an opportunity to go in there and check a little box and say: We don't want the Federal employment protections. We don't want that. We want the private sector. Yet very few Members of this body have done that.

Eleven million Federal employees have these protections. It is so nice to hear: Well, we're glad to have protections for our children. We refuse to provide them for other people's children.

You don't hear anyone suggesting we are going to give up our Federal employees' health care. We should not say, when we provide this kind of protection for our children that we are going to provide the protection for other people's children. That is the heart of this issue.

I yield myself another minute off the bill.

I have included in the RECORD an analysis of which States provide these 13 basic protections and which States do not. They are rather basic and fundamental protections. They are protections concerning emergency care, OB/GYN care, access to clinical trials, access to specialists, ensuring adequate accountability, and eliminating the financial incentives that lead to denying people quality health care.

For all those who say they do not want these protections, I do not know what their States are like. I do not know the last time they talked to their insurance commissioners. I doubt if there is anyone in this body—1 more minute—anyone in this body who could call their insurance commissioner this afternoon and not hear scores of complaints. That is what is happening, maybe not in the Senate, but all across this Nation.

This amendment will make an important difference in terms of protection.

I reserve the remainder of my time.

Mr. NICKLES addressed the Chair.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. NICKLES. Mr. President, I yield myself such time as I need off the bill.

The PRESIDING OFFICER. The Senator is recognized.

Mr. NICKLES. Mr. President, I am glad my colleague is sitting down. We might need Dr. FRIST on the floor.

Mr. KENNEDY. Could the Senator yield, on my time, on that issue?

Mr. NICKLES. I am happy to yield.

Mr. KENNEDY. We couldn't see a specialist like Dr. FRIST under the Republican bill. I am glad to use him if I need him. I thank the Senator.

Mr. FRIST. He is here.

Mr. NICKLES. Mr. President, just a couple comments on the underlying amendment. I am always kind of amazed with the philosophy of saying, well, millions of people are not protected, as if the States have not been doing a good job. It is as if saying to the States: We don't care what you have done, it is not good enough. Senator KENNEDY has decided you haven't done good enough. HCFA should be running your health care plans. States need not apply. States, don't bother. We know better. The Federal Government knows better. HCFA, the Health Care Financing Administration, basically should be running your health care plans. We don't care what you have done, States. We don't care if 42 States have already passed a health care bill of rights or 50 States already have consumer grievance procedures or 47 States already have a ban on gag clauses. We are going to pass things that supersede what you have done. We know what is best.

The Health Care Financing Administration has done a crummy job, frankly, in administering rules dealing with home health care. We have home health care problems all across the country. A lot of it is because of HCFA. Or HCFA is getting information out to Medicare—which we passed in the Balanced Budget Act of 1997. They are supposed to give seniors information. They have not done it. Yet we are going to transfer the entire regulatory authority of all the health insurance plans of America over to this governmental agency? To a bunch of bureaucrats thinking they can do a better job than all the States? I do not think so.

If people are somewhat familiar with the labyrinth of regulations dealing with insurance plans, if we pass the Kennedy bill, as now proposed, the amendment that is before us, this is the kind of regulatory scheme we are going to have.

You talk about duplication, you talk about confusion, you talk about almost an impossibility if the State has a plan—wait a minute, do we comply with Federal regulations dealing with the bill of rights or do we comply with the State, or do we comply with the State ban on gag clauses or ours? Somebody says, well, if there is confusion, we will have HCFA decide. HCFA will decide, the Government will decide, the Federal Government will decide.

I urge my colleagues to vote no on this amendment. In addition, I would like to let my colleagues know there is $5 billion worth of new taxes in this amendment that is before us. If you want to increase taxes by another $5 billion, vote in favor of the Kennedy amendment. I urge my colleagues to vote no on this amendment.

Mr. KENNEDY. I yield myself 1 minute.

Mr. President, what about the bureaucrats in the insurance industry who are denying coverage for children in these emergency rooms? What about the bureaucrats who are denying women the right to be able to be in the clinical trials? What about those? This isn't HCFA. The Senator from Oklahoma knows this.

When the General Accounting Office recommended they get additional resources for HCFA, they led the fight against giving them resources to enforce the Kassebaum-Kennedy legislation. Go back and look at the RECORD, I say to the Senator. You know that.

I am not interested in going back and forth on this issue. But I daresay the

bureaucrats in the insurance industry are the ones about whom people are most concerned. Americans know what the insurance industry is doing. They are looking at the bottom line. I think maybe HCFA has its problems—maybe they made some mistakes—but, by and large, they are dedicated men and women who are committed to public service who are trying to do a decent job. It is easy to beat up on employees, Government employees, but for my money, they do a great job.

The PRESIDING OFFICER. The time of the Senator has expired. All time has expired on the amendment. The question is on agreeing to amendment No. 1242. The nays and nays have been ordered. The clerk will call the roll.

The assistant legislative clerk called the roll.

The PRESIDING OFFICER (Mr. SESSIONS). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 48, nays 52, as follows:

[Rollcall Vote No. 204 Leg.]

YEAS—48

Akaka	Edwards	Lieberman
Baucus	Feingold	Lincoln
Bayh	Feinstein	McCain
Biden	Graham	Mikulski
Bingaman	Harkin	Moynihan
Boxer	Hollings	Murray
Breaux	Inouye	Reed
Bryan	Johnson	Reid
Byrd	Kennedy	Robb
Chafee	Kerrey	Rockefeller
Cleland	Kerry	Sarbanes
Conrad	Kohl	Schumer
Daschle	Landrieu	Specter
Dodd	Lautenberg	Torricelli
Dorgan	Leahy	Wellstone
Durbin	Levin	Wyden

NAYS—52

Abraham	Frist	Murkowski
Allard	Gorton	Nickles
Ashcroft	Gramm	Roberts
Bennett	Grams	Roth
Bond	Grassley	Santorum
Brownback	Gregg	Sessions
Bunning	Hagel	Shelby
Burns	Hatch	Smith (NH)
Campbell	Helms	Smith (OR)
Cochran	Hutchinson	Snowe
Collins	Hutchison	Stevens
Coverdell	Inhofe	Thomas
Craig	Jeffords	Thompson
Crapo	Kyl	Thurmond
DeWine	Lott	Voinovich
Domenici	Lugar	Warner
Enzi	Mack	
Fitzgerald	McConnell	

The amendment (No. 1242) was rejected.

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

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

The motion to lay on the table was agreed to.

AMENDMENT NO. 1239, AS AMENDED

The PRESIDING OFFICER. The question is on amendment No. 1239 as amended.

The amendment (No. 1239), as amended, was agreed to.

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

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

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The Senator from Maine.

AMENDMENT NO. 1243 TO AMENDMENT NO. 1232

(Purpose: To expand deductibility of long-term care to individuals; expand direct access to obstetric and gynecological care; provide timely access to specialists; and expand patient access to emergency medical care)

Ms. COLLINS. Mr. President, on behalf of myself, Senator HUTCHINSON, Senator FRIST, Senator JEFFORDS, Senator GRASSLEY, and Senator GRAMS, I send an amendment to the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Maine (Ms. COLLINS), for herself, Mr. HUTCHINSON, Mr. FRIST, Mr. JEFFORDS, Mr. GRASSLEY, and Mr. GRAMS, proposes an amendment numbered 1243 to amendment No. 1232.

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

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

(The text of the amendment is printed in today's RECORD under ''Amendments Submitted.'')

The PRESIDING OFFICER. The Senator from Maine.

Mr. KENNEDY. Mr. President, may we be in order. The Senate is not in order. The Senator is entitled to be heard. We have had a good debate over the course of the day. Members have been attentive. We would like to make sure that the good Senator has the attention of the membership.

The PRESIDING OFFICER. The Senator is correct. Will the Senate come to order.

The Senator from Maine.

Ms. COLLINS. I thank the Presiding Officer. I thank my friend and colleague from Massachusetts.

Mr. President, on behalf of myself, Senator HUTCHISON, Senator FRIST, Senator JEFFORDS, Senator GRASSLEY, and Senator GRAMS, I have sent to the desk a four-part amendment.

We explained in producing our health committee bill that two of our goals were to expand access to health insurance and also to provide important consumer protections to those individuals who are insured in self-funded plans that the States cannot reach, cannot regulate, and that come under Federal jurisdiction. The amendment which I and my colleagues have proposed seeks to advance both those goals.

The legislation would permit individuals who purchase long-term care insurance that is not subsidized by their employer to deduct 100 percent of the cost of that coverage.

That is the first part of the amendment.

The second part of the amendment includes the access to emergency services provision which Senator HUTCHINSON and Senator FRIST have been working on. We believe it strengthens those provisions. It includes some of the language which Senator GRAHAM of Florida had offered yesterday, but that has been refined. It takes a somewhat different approach.

The third part of this amendment includes language developed by Senator FRIST dealing with timely access to specialists. Senator FRIST will explain that provision in more detail.

The fourth provision in this amendment has been developed by Senator JEFFORDS dealing with access to OB/GYNs. It is an attempt to improve upon and strengthen the health committee legislation.

I am not going to address the provisions that deal with long-term care insurance. Most Americans mistakenly believe that either Medicare or their regular health insurance policies will cover the costs of long-term care should they develop a chronic illness or a cognitive impairment such as Alzheimer's disease.

Unfortunately, far too late, far too many Americans discover their families do not have the coverage they need until they are confronted with a difficult decision of placing a frail parent or loved one in a long-term care facility and face the shocking realization they will have to bear those enormous costs themselves. With nursing home costs ranging from $40,000 to $70,000 a year, a chronic illness requiring long-term care can easily bankrupt a family. It can also result in the taxpayer eventually having to pick up the costs through the Medicaid program. Concerns about how to finance long-term care will only multiply as our population ages and is at greater risk of chronic illness.

By the year 2030, the demographics of 32 States will resemble those of Florida today. The number of people over age 65 will nearly double. Moreover, the fastest growing segment of our population are Americans who are age 85 and older. These older Americans are at least five times more likely to reside in a nursing home than people who are age 65.

Americans should obviously think about and plan for their future long-term care needs as they plan for their retirement or purchase life insurance to protect their families. Private planning for long-term care through the purchase of long-term care insurance will not only provide families with greater financial security, but it will also ease the growing financial burden on Medicaid and strengthen the ability of that program to serve as a vital safety net for those Americans most in need.

Moreover, private long-term care insurance policies provide Americans with much greater choice in the type of services they can receive. While government programs predominantly pay for nursing home stays, private long-term care policies provide a wide variety of services, ranging from personal assistance with activities of daily living such as bathing or eating or dressing, to 24-hour skilled nursing assistance. Many policies also cover assisted living.

In addition, policies often cover home care, adult day care, and respite

care, giving seniors greater flexibility and enabling them to retain the dignity of choice and to have the most appropriate care in their senior years.

The Health Insurance Portability and Accountability Act of 1996 made long-needed changes in our Tax Code to give long-term care insurance essentially the same tax treatment as other health insurance. As a consequence, long-term care insurance premiums are now deductible for those employers who choose to offer the coverages of benefit and also are excludable for taxable income for the employee. Moreover, premiums for long-term care insurance are treated as a medical expense for the purposes of itemized deductions for medical expenses and are also partially deductible for self-employed individuals.

The amendment I am introducing today will expand the tax deductibility of long-term care insurance to encourage and to help more Americans to purchase it. In this regard, I want to acknowledge the leadership of Senator GRASSLEY as chairman of the Aging Committee on which I am privileged to serve. Senator GRASSLEY has been a long-time advocate of expanding the tax deductibility for long-term care insurance.

The legislation I am proposing will permit individuals who purchase long-term care insurance on their own, without any kind of subsidy from their employer, to deduct 100 percent of the cost of that insurance. Providing additional financial incentives for individuals to plan for their own future long-term care needs is particularly important in order to encourage younger people to purchase the coverage.

By encouraging individuals to plan now for retirement through the purchase of long-term care insurance, not only are we helping to ensure their future financial security; we are also giving them the peace of mind knowing that should they develop a chronic illness, should they become ill with Alzheimer's disease, for example, they will be covered by private insurance. Moreover, the insurance will ensure that they receive the choice of care they need and on their own terms.

Finally, encouraging individuals to plan and prepare for their future long-term care needs will help strengthen and preserve the financial solvency of the Medicaid program. This is an idea that I hope will have the support of colleagues from both sides of the aisle. I encourage all of my colleagues to join me in this effort to make this critical coverage more affordable to millions of Americans.

I yield such time as he desires to my colleague from Arkansas for an explanation of the emergency care provisions of this amendment.

Mr. HUTCHINSON. I applaud the Senator from Maine for her outstanding leadership on this legislation and particularly for this amendment and the tax provisions which I believe are going to provide significant tax relief. The Joint Committee on Taxation estimates that 3.8 million taxpayers benefit from this provision on long-term care. It is an important provision. Senator COLLINS and Senator GRASSLEY have been great leaders in pushing for this. I applaud their efforts.

I will briefly address the provisions in this amendment regarding access to emergency services, an issue we debated at some length yesterday. I think the provisions in this amendment adequately and significantly improve the Republican bill and address the concerns that have been expressed.

Let me compare briefly the Kennedy bill and the Republican bill in this area. Both bills, with the adoption of this amendment, will eliminate prior authorization for visiting the emergency room. This was included in the committee bill as it came out. We reaffirmed that in the amendment. It eliminates the need for the requirement for prior authorization, something that is obvious, something that is common sense. If you have an emergency event, you don't want to get preauthorization before you go to the emergency room. We eliminate that requirement for prior authorization. For policies that have it, we prohibit that.

Both bills require coverage for medical screening exams and stabilization services under the prudent layperson standard for emergency.

That language, that provision, is included in both the Democrat bill and the Republican bill. Both bills, with the adoption of this amendment, will ensure that patients will not have to pay more for emergency services provided by an out-of-network provider than an in-network provider. Many of the stories and examples we have heard on the floor of the Senate regarded individuals who had to pass by an emergency room when something tragic occurred, drive across town to find a provider that was in the network. That should never happen. It should not ever be required. No one should bypass an emergency room that is close to them because they are afraid of having to pay a penalty or pay a higher copay because that emergency room is not in the network. So we would prohibit that kind of differential. The Democrat bill has that provision. With the adoption of this amendment, we would prohibit that. You would go to the closest emergency room.

Both bills, with the adoption of this amendment, would provide the coverage of poststabilization services. The Republican amendment will do the following. It will require coverage of services to maintain the stability of the patient, those services which are related to the emergency condition, treatment related to the emergency condition, provided in the emergency room, and under the condition that the health plan has been contacted by the nonparticipating provider regarding approval for such services.

If the plan has not responded within 1 hour—this is exactly what is required under Medicare—to arrange for transfer, discharge, or for further care at a nonnetwork facility, the plan continues to be liable for the care needed to maintain stability and those conditions related to the emergency situation.

So we believe this is very strong language. It provides the kind of protections we need for poststabilization services. What it does not do—and this is the difference, this is the distinction—it does not allow someone to go into the emergency room with a genuine emergency and then ask for treatment of a condition totally unrelated to the emergency event. If you go in and you have a knee injury because of a fall and then, after you have been stabilized, you tell the doctor you have not had your heart checked and you haven't had an x ray and you want this done or that done, on conditions totally unrelated to the emergency event, that should not be required to be covered by the insurance policy.

We clarified what we believe was ambiguous language, where there had been abuses, to ensure that in fact treatment has to be related to the emergency event.

I think it is a very strong provision, and I urge my colleagues to support the overall amendment and this provision regarding access to emergency services.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Mr. President, I commend the efforts of the Senator from Arkansas. He has worked very hard on this issue. What he and the Senator from Tennessee have developed clearly strengthens the bill reported by the HELP Committee. I think it is an excellent refinement, and I commend him for his efforts.

I now yield such time as he may need to the Senator from Tennessee to explain the access to specialists provisions in the amendment.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. FRIST. Mr. President, I thank the Senator from Maine for laying out so well what this amendment is all about.

The amendment has four parts: Long-term care deductibility, which has been spelled out. The Senator from Arkansas has just laid out the second portion of this amendment on access to emergency services, something he and I have worked on very closely that I think really pulls together so much of the debate over the last 3 days and demonstrates we are working together to improve the underlying legislation as we go forward. Another demonstration of that is the third component, the access to specialists, which I will outline. Then I will turn to the Senator from Vermont to discuss the fourth component on access to obstetricians and gynecologists—again, an issue that has been on the floor again and again and again.

I think overall this amendment demonstrates our very sincere effort to

work together as we go forward, taking ideas, bringing ideas forward, and improving this bill as the day develops.

Under access to specialist, we do four things:

No. 1, we ensure timely access to specialty care. ''Timely'' is the key word. Timely is important. I will come back to why it is important and what we do.

No. 2, we expand the provision to ensure access to primary care subspecialists. It is an expansion to the underlying provision, but again I think it is one that is very important to clarify the intent to which I believe both sides agree.

No. 3, the third component of the access to specialists is that we acknowledge, in very specific language, that a specialist could be the patient's case manager. That is important. It is very important to understand what a case manager is, and I will come back to that very briefly.

The fourth point I want to make in describing my aspect of this amendment is that there are concerns that referrals do not require a treatment plan to be in place.

No. 1, timely access to specialty care. This amendment is necessary to improve the underlying bill. It does so by requiring the plans to ensure ''timely''—it is in the bill—access in accordance with the surrounding medical circumstances in the case. That is very important.

It is important to me as a physician, to patients, and to doctors because the last thing in the world we want to do is have something on the books that says you have access to a specialist, which we have in our bill, but to have a plan be able to delay in some way, or say, yes, the provisions are there; we are going to work on it. So we want to put a temporal component in it to make sure you have timely access, that you can see that specialist in a timely way so you get that care when you actually need it. Therefore, we have timely access.

Why is it in the Patients' Bill of Rights? Basically to guarantee to the patients, to assure the patients, the plan has to respond in a way that meets the circumstances of their particular care—appendicitis, heart disease, lung disease; that they will have a timely response to that with a specialist.

No. 2, we expand the provision to ensure access to primary care subspecialists. Again, this is something very close to me. Again we focus on access because that is what patients want. They don't care what titles these people have, but what they say is: If I need a cardiologist, I can get to a cardiologist; I can get to a heart transplant surgeon. I want to make sure that care is there. So we remove the barriers. We do not try to dump people into categories and give them labels.

There are some subspecialties within primary care that are actually subspecialties under primary care, and we want to make absolutely sure, because for those individuals it is critical that they are involved in chronic care—we want to make sure it is very clear. We want to reach out and expand that amendment to include that definition of specialty care to include both primary and specialty health care professionals who are appropriate to the patient's condition. If you have heart disease, it needs to be a cardiologist. If you have cancer, it needs to be an oncologist.

A typical example to bring this home is a cardiologist. I am a heart transplant surgeon. We also have cardiologists. I operate on patients. Cardiologists are the medical end of the study of the heart. To become a cardiologist, you go through training to become an internist, or internal medicine. Internal medicine is considered a primary care specialty. But a subspecialty of internal care medicine is cardiology. You may go for 3 or 4 years of internal medicine training, which is a primary care field; then you go ahead and do a subspecialty of internal medicine, and that is cardiology, an additional 2 or 3 years.

I want to make clear that we are talking about access, we are talking about the subspecialties underneath the primary care of internal medicine. This amendment ensures that access.

No. 3, I want to make sure, what this amendment does is it acknowledges that many times the treating specialist could be the patient's case manager, the person who is coordinating that care. Therefore, our amendment adds the words ''case manager'' where information may be required to be communicated to a patient, to a patient's primary care provider, in the creation of a whole section called Treatment Plan. Both the Democratic bill and the Republican bill have a section called Treatment Plan. This also applies to obtaining an adequate number of referrals.

The fourth point: The Republican bill follows the recommendation put forth by the President's own quality commission, the commission we referred back to that was in effect for about a year and produced a document. Under their section, Access To Specialists, they use the word ''authorization.'' I quote from that:

> Authorization when required should be for an adequate number of direct access visits.

I wanted to actually take that language and put it in our bill.

> Authorization when required should be for an adequate number of direct access visits.

Again, that is from the President's commission, his quality commission. What we have done there is follow their recommendations. What our amendment does is revise and amend and improve that recommendation to clarify that a treatment plan is not required to obtain an adequate number of referrals. We need to make very clear that the treatment plan does not have to be the provision in order to get an adequate number of referrals. It is a necessary clarification because the underlying bill simply states that a plan may require the specialist to put together a treatment plan in consultation with the patient and primary care provider or case manager, but we do not require or expect that a treatment plan will be required or necessary for every patient.

I have spoken long enough on this whole issue of access to specialists. The timely component, the case manager component, the access to subspecialists, and adequate number of direct visits are very direct components. I yield the floor.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Mr. President, I commend the Senator from Tennessee. As the Senate's only physician, he brings a unique perspective and a very useful perspective to these important health care issues. He has been a leader in working to improve still further on the work that was done in the HELP Committee.

The task force has been working on this issue for some time. We first started working on the issue in January of last year. We met every week for many months. That is an indication of our determination to produce a balanced bill that will really make a difference to millions of Americans.

Our efforts did not cease. Once we went to the HELP Committee, we continued our work, and we are continuing our work today. That is why we have come up with this amendment to further strengthen and improve the legislation reported by the HELP Committee.

I yield as much time as he would like to the chairman of the HELP Committee, the Senator from Vermont.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. JEFFORDS. Mr. President, women have special health needs that require the expertise of practitioners trained in obstetrics and gynecology. We must offer them the best means to provide for their preventive women's health needs, as well as access to an obstetrician to ensure a safe pregnancy and delivery of healthy children. Under our bill, direct access for women to routine gynecological care will be ensured. Obstetrical care and needed follow-up are also ensured without requiring preauthorization by the plan. For coordination of care, providers may be asked to provide on a continuing basis the medical treatment plans in order to allow for good coordination of a woman's health care needs.

In Vermont, legislation has ensured that women have direct access for their obstetrical and routine gynecological needs in order to facilitate optimal care. Vermont's law however does not cover 42 percent of women in Vermont who are in self-insured group health plans. Our bill will ensure that all women in Vermont will be guaranteed direct access for their preventive women's gynecological health needs, as well as obstetrical care.

I do not support the Democratic bill that requires health plans to designate their practitioners specialized in obstetrics and gynecology as primary care providers. This provision in the Democratic bill would force practitioners specialized in obstetrics and gynecology to practice primary care, independent of whether they feel qualified or have the desire to do so. Some obstetricians and gynecologists may be adequately trained and experienced in primary care medicine as well as their specialty. In those special cases, the plan will be able to review their competency and comfort level, and determine if women in the plan would be well served to be able to designate them as their primary care doctor as well. We must protect our women's health care needs to the same degree as we protect our men's, and ensure that women are being cared for by the people best trained to do so.

I want to ensure that women's health care needs are met the best possible way. We will do so by requiring direct access in self-ensured group health plans for obstetrical and routine gynecological services to practitioners specialized in these areas. We will also expect the same degree of training for the providers looking out for the overall health needs of women, by not assuming that all obstetricians and gynecologists are as well trained in primary care as providers who have had focused training and practice experience in providing for the total general health. I strongly urge my colleagues to ensure that the best health care needs for women is met. This will be done by supporting our bill.

I reserve the remainder of the time and yield the floor.

Mrs. BOXER. Mr. President, I wonder if the Senator will yield for a question.

Mr. JEFFORDS. On your time.

Mr. REID. Mr. President, I yield the Senator from California up to 5 minutes.

Mrs. BOXER. I am very interested in the comments by the Senators who support this amendment because if one reads their bill, first of all, they say women deserve OB/GYN care, and they are right. That is why Senator ROBB offered his amendment to cover all the women in America.

I ask my friend from Vermont: How many patients are covered by this amendment?

Mr. JEFFORDS. As we are going along here, we have two different approaches, and the approach we take is that we are trying to help those women who are primarily under ERISA prohibitions——

Mrs. BOXER. I am just asking the Senator if he can tell us how many women are covered, just the number.

Mr. JEFFORDS. I can give you a number.

Mrs. BOXER. Perhaps I have the answer to the question.

Mr. JEFFORDS. Somewhere around 20 million.

Mrs. BOXER. Twenty million.

Mr. JEFFORDS. There are 48 million. It is higher. Somewhere in that area. From 20 to 48.

Mrs. BOXER. I say to my friend, 50 million are left out. I say to my friend, the vast majority of women are left out. In the last amendment by Senator SNOWE, the one good thing she did is cover all the women in terms of her amendment that dealt with mastectomies. We are facing an amendment, whereas the underlying bill will guarantee—that is the Democratic bill—all women these protections, this only applies to a very small percentage of the women. Let's make sure people know this is a sham.

Mr. DORGAN. Will the Senator from California yield for a question?

Mrs. BOXER. I will be happy to yield.

Mr. DORGAN. I wonder if the Senator will include in her question why a proposal would have been offered by one Senator, Senator SNOWE, that covers all the women. With respect to mastectomies, but the proposal offered on OB/GYN leaves out up to 50 million women.

Mrs. BOXER. It would leave out about two-thirds. My friend is correct. I wonder, I say to my friend, what his response is. I was asked that question by Senator KENNEDY. The only thing I can come up with is politics. The heat was on on the mastectomy issue, the light was on, so they covered everybody. Now on this other amendment, they do not cover all the women.

If my colleagues will turn to page 8 of this bill, I say to my friend from Maine and my friend from Vermont, if they will read the way they have structured this, it says:

> A group health plan described in this paragraph may treat the ordering of other care that is related to obstetrics or routine gynecological care.

''May treat.'' It does not say they have to. This, I say to my friends, is a sham proposal. It does not do anything for the women of this country. It leaves out two-thirds of the women, and it leaves it up to the health plan if they are going to give this kind of care.

Let me tell my colleagues specifically what I mean. Yes, they provide access for routine gynecological care. Suppose you finish your checkup, everything is fine and a month later you find a lump in your breast. You cannot go to that OB/GYN, except if the Democratic bill passes because we give direct access to women and make OB/GYNs the primary health care provider.

In the debate yesterday, the Senator from Tennessee stood on this floor and said the OB/GYNs do not want to be primary care providers. That was an untruth. We have a letter on the desks from the organization that represents them, and the gentleman who was cited on the floor of this Senate said it was a misrepresentation; they support the Democratic proposal. They want to be primary care providers.

So we have an amendment here that purports to help women, but, A, it does not help the vast majority of the women in this country; B, it undermines the Democratic bill, which says you can go to your OB/GYN any time you want without having to go through a gatekeeper; and, C, it does not treat women the way they ought to be treated.

So I would call on my colleagues to support the underlying Democratic bill.

Mr. DORGAN. Will the Senator yield?

Mrs. BOXER. Yes.

Mr. DORGAN. Instead of saying this helps women, this amendment should be characterized as saying it helps some women but not most women. Would that be accurate?

Mrs. BOXER. I would say some women just a little bit. Not as much as they say.

The PRESIDING OFFICER. The Senator has used 9 minutes.

Mr. REID. Mr. President, I would like to direct a question to the manager of the bill, the Senator from Vermont. There is a provision in your bill—by the way, let me, for everyone, just explain. Because of the way we were forced to debate this issue, we have been unable to look at this amendment. We just got this amendment. What happens in the ordinary course in the Senate is if somebody offers an amendment, under normal conditions, we would ask for a quorum call so we could take a look at the amendment before the debate started. We cannot do that. Our time is running as we speak. So we are trying to work our way through this amendment they have jammed in here at the last minute without giving us any notice as to what was going to be in it.

But my question to the Senator from Vermont is, there is a provision—in fact, it is the first provision in the bill—that includes long-term care insurance. Would the Senator from Vermont tell the minority how much this is going to cost and from where the money comes?

I would like the RECORD to note the dull silence.

Mr. DORGAN. Will the Senator yield while waiting for an answer?

Mr. REID. Yes.

Mr. DORGAN. I think there are two other questions on that point: Not only how much does it cost, but because this is a tax provision, is it not the case that this clearly is a blue-slip provision? A tax provision cannot start in the Senate.

Mr. REID. Will the Senator explain what this means to the people watching?

Mr. DORGAN. Constitutionally you must not start a tax provision in the Senate; it has to originate in the House. Second, is it offset? If so, how would one pay for this tax incentive? I think those questions should be asked as well. I wonder if we could get an answer to that.

Mr. REID. I would ask, through the Chair, the manager of the bill to answer those questions, if he would,

please. We have just received a copy of the amendment from the pages a couple minutes ago.

Mr. JEFFORDS. I will defer to the distinguished Senator from Oklahoma.

Mr. NICKLES addressed the Chair.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. NICKLES. Let me make a couple comments on the bill in general. I am assuming I am on our time.

The PRESIDING OFFICER. Yes.

Mr. NICKLES. How much time remains on the amendment?

The PRESIDING OFFICER. The majority has 23 minutes 6 seconds; the minority has 42 minutes 45 seconds.

Mr. NICKLES. Mr. President, one, I understand some of my colleagues made the statement, what about a blue slip? If we pass a tax cut, won't the House of Representatives automatically blue-slip it? For those people who are not aware of what that means—and probably a lot of people watching do not have the faintest idea what that means and what that has to do with health care—the idea of a blue slip is that the Constitution of the United States says: All revenue measures must originate in the House. If the Senate originates a tax cut or revenue measure, the House can refuse to take it. They can blue-slip it and not have it go anywhere. We do not plan on having that on this particular bill. We have seen it before.

I might mention, in the unanimous-consent agreement that was agreed to, that outlined the procedures for the bill. We agreed:

> That following passage of the bill, should the bill upon passage contain any revenue blue slip matter, the bill remain at the Desk; that when the Senate receives the House companion bill, the Senate proceed to its immediate consideration; that all after the enacting clause be stricken, the text of the Senate-passed bill be inserted in lieu thereof, and the bill, as amended, be passed; and that the Senate insist on its amendment and request a conference with the House, all without any intervening action or debate.

What that means is, obviously, we knew in the Senate bill it was our intention to deal with tax issues because we want to increase access; we want to improve access; we want to increase the number of people who are insured. Unfortunately, our colleagues' bill, the Democrat bill, the Kennedy bill, will increase the number of people who are uninsured. It is estimated by people to increase the number of uninsured by 1.8 million, maybe 2 million people who would lose their insurance. We don't want to do that.

I stated on the floor of the Senate, maybe 2 years ago, that whatever we did we should do no harm, we should not increase health care costs, and we should not increase the number of uninsured. We should be doing just the opposite. We should be increasing the number of insured.

In the amendment the Senator from Maine has offered, we have given a tax credit for people with long-term health care, a provision I believe and I hope and expect will improve the access to long-term health care, which is a problem for millions of Americans. That will improve it dramatically. It will be a very positive change.

I compliment my friend and colleague from Maine for basically saying: We want this in our bill. Long-term health care is a very significant problem. There are a lot of people going into nursing homes and they are going bankrupt or their families are going bankrupt trying to take care of loved ones in nursing homes.

Shouldn't we do something to address that? In the Tax Code we have incentives to help with health care, rather significant incentives. Large corporations get to deduct 100 percent. Unfortunately, the self-employed only get to deduct 45 percent. We have already addressed that. That was one of the amendments we agreed to yesterday, allowing 100-percent deductibility for the self-employed. That is a positive change.

This change, as offered by our colleague from Maine, and others, is a very positive change saying, let's give a tax deduction for people in purchasing long-term health care coverage so they will not be so dependent on their kids or their grandkids, in some cases, or other family members, so they can start working on preparing for their later years and making that available for them now. That will improve their quality of health care now, or they will be ready for it now. Most people do not do that. Most companies do not do it. Most plans do not do it. We want to encourage it. We want to jump start it. We want to make it a common option, a common fringe benefit that, frankly, right now is not there. Most people do not have it, do not think about it until it is too late, until a loved one goes into a nursing home or maybe a loved one has a real problem with Alzheimer's or something, and the expenses are very large.

So the provision my friend and colleague, Senator COLLINS, has offered allows individuals with no employer subsidy to deduct 100 percent of the cost of long-term care insurance and allows long-term care benefits to be offered through a cafeteria plan.

The estimated cost—I think somebody asked that—is $5.4 billion over 5 years and would benefit an estimated 3.8 million taxpayers. I make that clear.

One of my colleagues said: How is it paid for? How are you going to pay for it? What is your intention on how to pay for it?

We actually do intend on having some offsets. We have not introduced those yet. We will at the appropriate time.

I have been somewhat critical and maybe have had a little fun with my colleague, Senator KENNEDY, because he had some tax increase in some of the provisions including Superfund and others. I do not think Superfund belongs in this bill. We do plan on having some offsets at the appropriate time. We do not have to, under this UC, have them in the bill at this point or else my colleague could make a point of order on it. That is not allowed in the unanimous consent agreement that was already reached by both sides, and so I just mention that.

But at the appropriate time we expect to have an offset. Even if we did not have an offset, the bill would not pass the Senate; it would be held at the desk until we received the appropriate vehicle from the House of Representatives.

Mr. President, I reserve the remainder of my time.

Mr. REID addressed the Chair.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. I think this is an interesting argument, to say the least. We have, on this side, striven, worked very hard to make sure there are some benefits for long-term care. It is great that there is some acknowledgement they want to do that, but in this age of frugality, it is interesting that the majority is willing to spend $5.4 billion with no offset. Anything we have set forth in this bill had offsets. We looked at the Superfund as an appropriate offset, and the only complaints we heard were from the majority in this regard. In short, it appears that we have, as the Senator from California pointed out, a provision to help women that really doesn't help women. Helping the women which is about 20 million women, is not mandatory. The HMO could do it if they want to. It is permissive. It is like having nothing.

We have learned from a letter from the President of the American College of Obstetricians and Gynecologists that at least a third of the women who want to go to a gynecologist in these HMOs are refused. This amendment, the little bit that we have been able to see in the last few minutes, it is clear, has no substance. It is a sham. It is a phantom.

It is, as I pointed out in my opening statement, a game that I first learned when I went to New York, the shell game. Every time you look under one of these shells that the majority gives us, it is empty. There is nothing there. You keep looking, hoping that one of the times you are going to pick up a shell and there is going to be something of substance. This amendment that we have been able to see, again, is similar to the rest of the game that has been played here the last 3 days.

The shells appear. We anxiously pick one of them up. And just like the street game in New York, they are empty.

Mr. DORGAN. I wonder if the Senator will yield for a question?

Mr. REID. I am happy to yield.

Mr. DORGAN. This all reminds me of that old moonwalk that you have seen people do, where they look like they are walking forward, but, in fact, they are making no progress. A famous singer used to do that moonwalk. That is what I see on the floor of the Senate.

We offer a proposal that has the support of virtually every health organization in this country and every consumer and patient group in this country.

Mr. REID. My only correction is, not virtually every group. Every group.

Mr. DORGAN. Every group. And the proposal deals with care by specialists, emergency care, OB/GYN. It covers the vast array of the American people.

Then we have amendment after amendment that is kind of like decoration. It is kind of like the paint and the chrome and the hood ornaments to try to dress things up and make it look like it is something, but it is a vehicle without an engine.

The engine is what we have produced on the floor in terms of a bill that says we are going to do something real for patients who are not getting the health care they need. So we will give them some protection.

The response we get is to come out here with some empty vessels and some dressing up of some empty vessels saying: We share your concern and so here is how we address it.

On the issue before us, isn't it the case that when someone stands up and says: Women have a right to get treatment by their OB/GYN, except when they offer the proposal, it is a right for only some women, but a right that will be denied to most women? Isn't that the case?

Mr. REID. And a right that doesn't mean anything. It says that the group health plan described in paragraph 2 may treat the ordering of other care, ''may treat.'' That says, as my friend from Massachusetts has talked about for 3 days, if the insurance company decides it is good for them; right? What are they going to decide is good for them? The bottom line, what is going to give the HMOs another top $10.5 billion in profits.

Mr. DORGAN. One additional question: Wouldn't it be the case that if the Senator from Nevada brought to the floor a tax proposal, or a spending proposal for that matter, that costs $3 or $5 billion, our friend would chase you off the floor and say: If you are bringing something to the floor that is not paid for, come on, that violates all the rules of the Senate?

Yet we just heard from our friend from Oklahoma that this provision provides tax incentives. It is going to cost billions of dollars. How are you going to pay for it? Well, we don't pay for it in this bill, but we have an intention to pay for it at some point along the way.

Do you think our friend from Oklahoma would let you get by with that, bringing a provision to the floor that says we are going to have a tax incentive and you are not going to pay for it, but you will come up with an answer later?

Mr. REID. I say to my friend from North Dakota, maybe it is going to be paid for the same way as the huge cuts that American veterans are getting. It could be paid for the same way: Cut them some more, as the budget that passed this body that not a single Democrat voted for.

Mr. DORGAN. Talking about health care.

Mr. REID. I am talking about health care for veterans. Maybe that is where we could get part of it, cut them some more, the veterans.

Mr. DORGAN. Obviously, the Senator is talking about the budget that was passed by the Senate on a partisan basis. I did not support that. It is not the right approach to have substantial veterans' health care cuts. The Second World War veterans are reaching a time when they need maximum health care that was promised them. The right approach is not to cut veterans' health care. The need is to increase it. Getting back to the point, we have an amendment that was offered, which we had not previously seen, that suggests it will provide some protection. In fact, it denies that protection to the majority of the American women. It doesn't guarantee it, in any event, and provides tax cuts that are not paid for.

Mr. REID. I say to my friend, it guarantees them that they may, if the insurance company or HMO decides they want to give it to them, get it. It is permissive. That is what it does. It guarantees nothing.

Has my friend from Florida—again, we have had little opportunity to look at this—has my friend from Florida, who has done such an outstanding job in previous days talking about our second amendment that we offered on emergency medical care, had an opportunity to look at their provision in this amendment, beginning page 15?

Mr. GRAHAM. I say to my colleague, the answer is, briefly, yes. I have a couple of questions. Maybe I could engage in a dialogue with Senator HUTCHINSON on these matters.

Mr. REID. I yield my friend from Florida 3 minutes for this question so that we leave the Senator from Massachusetts ample time. If you need more time, we will consider it. Three minutes to the Senator from Florida.

Mr. GRAHAM. That depends on how long it takes to respond to the question. I will get started

As I said last night, there were two principal differences between the Republican and Democratic emergency medical care provisions. The first of those was the question of, if your child has a 103-degree fever and needs to go to an emergency room, and the closest emergency room is one that doesn't belong to your HMO, but you are taken there anyway, can you be required to pay higher charges for that closest emergency room as opposed to taking him to the more distant hospital that belongs to your HMO's network?

What had concerned me was the language in the original Republican bill. I am looking at subpart (C), section 721, Patient Access to Emergency Medical Care, in the original Republican bill. On page 5, lines 5 through 18, is the outline of the uniform cost-sharing provision. I had read the equivalent language in the amendment which appears on page 18, line 13 through line 2 on page 19. I have tried to read them, and I believe the language is verbatim the same.

This is what the committee report which was issued by the Committee on Health, Education, Labor, and Pensions and signed by all of the Republican Members said about that language:

> Plans may impose cost sharing so long as it is uniformly applied to similarly-situated individuals and to all benefits consisting of emergency medical care. The committee believes that it would be acceptable to have a differential cost sharing for in-network emergency coverage and out-of-network emergency coverage, so long as such cost sharing is applied consistently across a category.

The language is verbatim in the amendment as it was in the original Republican bill. So can I assume that that committee language, which interprets what section (B)(1) on page 5 of the original Republican bill, lines 5 through 18 meant, is the same thing that the verbatim language in your amendment says?

(Mr. ABRAHAM assumed the Chair.)

Mr. HUTCHINSON. I respond to the Senator from Florida by, first of all, complimenting him for his concern and interest in this issue and for, I think, pointing out clearly some improvements that were needed in the committee bill. I do not believe it was the intent of the committee to allow a differential in cost sharing for out-of-network providers.

Mr. GRAHAM. Would the Senator look at page 29 of the committee report, the first full paragraph?

Mr. HUTCHINSON. I have looked at that. I cannot explain that language, but I believe a clarification was necessary. We have made that clarification in the amendment.

Mr. GRAHAM. Then why is the amendment—what concerns me is that the amendment has, word-for-word, much of the same language as contained in the underlying Republican bill to which this paragraph relates.

Mr. HUTCHINSON. I say to the Senator, the change in the amendment is in in-network uniform cost sharing. That was the intent to be permitted. The amendment, on page 19, on out-of-network care, makes it abundantly clear that such differentials in going to an emergency room that may not be in the network and requiring a penalty, requiring an additional copayment because you went to an out-of-network, would not be permissible.

Mr. GRAHAM. That language is also verbatim in the underlying Republican bill. There is a paragraph in the committee report that interprets that, as well. That says:

> The committee adopted an amendment offered by Senator HUTCHINSON, adding a new paragraph (2) to Section 721(b)—

Which is the same language in the amendment—

clarifying that plans may not hold a participant or beneficiary liable for any additional charges—

That is not the issue of copayments or deductible; that is additional charges. This is what we used to refer to as double billing.

—from a nonparticipating provider who has provided emergency services for the participant or beneficiary. In many communities, plans and MCOs typically contract with specific providers and hospitals. However, an individual as a prudent layperson may seek services at the nearest facility, depending on the severity of the symptoms. It is the committee's intent to ensure that individuals acting under the prudent layperson standards are not held liable financially for exercising this right when they seek care at a non-network facility.

That refers to the double billing; that is, if you go to a nonparticipating emergency room, they can't charge you more. But the issue—

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. GRAHAM. The subject of subparagraph 1 is the issue of whether they can charge you a different copayment or deductible; that is, if my standard deductible, if I go to an in-network emergency room, is, let's say, 20 percent, can I be charged a 70-percent copayment because I am going to an out-of-network? That is what both subparagraph 1 and the paragraph on top of page 29 of the committee report refers to. They are two significant and different concepts.

Mr. REID. Mr. President, on our time, I say to my friend from Florida, he has answered his own question. The fact of the matter is, they have copied the old stuff from the old bill. They have changed nothing. They have packaged it in this fancy package with all these ribbons and bows, as the Senator from North Dakota said. As I have said, we have this shell game being played. We pick it up and there is nothing under it.

I respect and admire so much the Senator from Florida, who is an expert in emergency room care. He has given a number of dissertations on the floor that have been outstanding. I say that sincerely. Obviously, he understands this issue much better than some who have tried to speak on this issue.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. REID. I yield the Senator another minute.

Mr. GRAHAM. If we both have the same objective, which is to ensure that a family with a child with a 103-degree temperature won't be at an economic disadvantage by going to the nearest emergency room—if our desire is to encourage that, let's not be vague about it. Let us not leave this ambiguous.

Mr. HUTCHINSON. Will the Senator yield?

Mr. REID. On your time?

Mr. GRAHAM. No one is served by ambiguity.

Mr. HUTCHINSON. I don't think it is ambiguous at all. There has been a misunderstanding of the language in the amendment.

Certainly, there can be a differential in a network plan between going to an emergency room and going to a provider other than an emergency room. That is what is clear both in the bill and in the amendment. If you will listen to the language of the out-of-network case, I think it is as unambiguous as any language can be:

The plan shall cover emergency medical care under the plan in a manner so that, if such care is provided to a participant or beneficiary by a nonparticipating health care provider, the participant or beneficiary is not liable for amounts that exceed the amounts of liability that would be incurred if the services were provided by a participating provider.

I believe that is as clear and unambiguous as language can be. It was our intent that you should not have any incentive to drive across town while your child or your spouse is in jeopardy, that you should be able and would be able to go to the closest emergency room without incurring additional costs. That is what the amendment does, and that is what I think should be done.

Mr. GRAHAM. Here is the problem. I am a court or I am an administrative agency trying to apply this law. I have exactly the same language in this amendment as was reported by the Senate committee of jurisdiction. That committee issued a report that, in very unambiguous language, specifically interprets these words to mean that you can't be charged more if you take your kid to the closest emergency room that doesn't happen to be a part of a participating network.

Now, you have said, Senator FRIST has said, and I think everybody agrees, that we don't want that to be the result. So why don't we get a set of words that removes any ambiguities so that no one, a year from now, can go back to this same report and read what the committee allegedly meant as applied to the Senate words. It is not a complicated concept to articulate. We ought to do it.

Mr. FRIST. Mr. President, I yield myself 2 minutes. To clear this up, the three of us have had discussions. The issue in the underlying bill was not clear. The question was raised two or three nights ago by the Senator from Florida that there is a potential barrier there that we need to clarify, to make sure you can go to the closest emergency room, that there is not an economic barrier there, believing you are going to be charged more if that is an out-of-network provider or participant.

I agreed on the floor openly two or three nights ago. The committee report I disagree with, he disagrees with it, and Senator HUTCHINSON disagrees because it says—I don't have the exact words, but it implies they are allowed to charge more out-of-network. Therefore, agreeing with that, we have come up with this wording, which is as clear as we can make it. I want to make sure the RECORD is clear that I agree with the Senator from Florida and with Senator HUTCHINSON, and this is our best effort to be as clear as we can, and that the language in the committee report is inconsistent with the amendment on the floor.

I yield the floor.

Mr. GRAHAM. I don't mean to be repetitive, but my concern is that the language in the amendment is exactly the language that is in the underlying bill to which that committee report was written.

PRIVILEGE OF THE FLOOR

Mr. DORGAN. Mr. President, I ask unanimous consent that Marc Schloss be allowed privilege of the floor.

Mr. REID. Mr. President, I yield 5 minutes to the Senator from Rhode Island to talk about the provision in this amendment dealing with specialists.

The PRESIDING OFFICER. The Senator from Rhode Island is recognized.

Mr. REED. Thank you, Mr. President. I thank Senator REID for yielding.

This amendment contains many elements, one of which is apparently an attempt to provide access to specialty medicine and specialists. But it is an attempt that I think falls far short of the mark.

If you look at the definition of specialty care, it means, according to the legislation, someone who has ''adequate expertise.'' I don't know of any medical professional who would define themselves as a specialist using that terminology—it seems oxymoronic—''adequate expertise.''

It also says ''age appropriate expertise.'' That is one of the crucial issues we must address. It is one of the critical differences between the Democratic proposal and the Republican amendment that is before us today, because in our proposal we specifically guarantee access to pediatric specialists. For example, these are individuals who we hope have more than ''adequate expertise.'' These are individuals who have been recognized by their colleagues as in fact highly qualified, highly specialized practitioners of medicine.

Their amendment is somewhat illusory. It talks about specialists. But then it just says to the insurance company that if you can find someone with adequate expertise, you can call him or her a specialist. And with respect to age, it doesn't have to be a pediatric specialist; it can just be someone who has, as I quote, ''age appropriate expertise.''

What does this mean? Someone who 2 years ago saw a 12-year old or a 13-year old—the individual might, in fact, be a cardiologist, or a nephrologist, but saw the child a couple of years ago—is that ''age-related expertise?''

That is not what I think we have to ensure in this legislation. We should be able to guarantee to every parent that if their child is seen by a general practitioner—a pediatrician, we hope, in the case of a child—and that child needs a consultation, or referral, to a pediatric specialist, that is what will

happen. Sadly, this legislation falls far short of that. We must do that.

I just spent several hours on Monday at the Providence, RI, General Hospital. I met with pediatricians and pediatric specialists. They all told me the same thing. They have a lot of difficulty getting referrals in managed care to pediatric specialists. They sometimes might be offered a referral to an adult specialist. But there is a difference. I think anyone with any knowledge of the medical profession—in fact, far more than I—would identify and recognize immediately that a pediatric cardiologist and a pediatric nephrologist are in a different subset of specialties from what you find at the adult level.

Our legislation guarantees this type of elasticity to the family.

The other chorus I heard from listening to these practitioners is the fact that the primary care physician in the pediatric field today are overwhelmed because they are seeing children—particularly in the context of some of these attention-deficit disorders—and they are in five or six different types of medicines that they don't see frequently or commonly in their practice. They need to get a referral to a specialist in child psychiatry, for example, or someone who has much more expertise. And, once again, without hard, iron-clad guarantees of access to pediatric specialists, this will not happen. It is not happening now.

I seriously question the effectiveness of this particular language when it comes to doing what we think can and must be done; that is, to have, particularly with some of the children—I have made this point time and time again—to have children be with pediatric specialists and not just with people with ''adequate expertise,'' not just someone who may have seen a few children a few years ago but recognized pediatric specialists.

I continue to hammer away at this issue of children because typically they are so poorly served in managed care in regard to access to specialists. For one reason, there is a very small volume of chronically ill children who need this access. As a result, managed care panels seldom will employ these pediatric specialists.

For this reason, and for the reasons from the other side, my colleagues, I think this amendment falls far short of what we need to do. I strongly urge its rejection and acceptance of the Democratic alternative.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I yield 3 minutes to the Senator from North Carolina.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. EDWARDS. Mr. President, I say to my colleagues and to the Senator from Tennessee that I suffer from the disadvantage of having seen this amendment only for a short period of time, as my other colleagues have. But just in that short period of time, I have found what appear to me to be—and I am perfectly willing to listen to an explanation—three gaping holes in this amendment, particularly as it relates to the issue of specialty care. I think our amendment completely closes those holes.

Hole No. 1: Even though the bill provides for timely specialty care in accordance with the exigencies of the case of access to primary and specialty care specialists—that on the surface sounds wonderful—here is the problem. There are three huge holes in that provision.

No. 1, the plan can still do anything it wants to control costs, which means the plan can have a provision that essentially wipes out access to some particular specialty, or some particular kind of specialty care, in order to control costs. All they have to do is justify it on that basis, which is to control costs.

So they can essentially eliminate the value and substance of this provision by simply saying, as they do every day now: We are doing this on the basis of cost. That is the reason the HMO is doing this. We have to do it for cost control—so they can keep kids from seeing specialists and so they can keep adults from seeing specialists. And their justification is, they are controlling costs.

Huge gaping loophole No. 2: They can still condition access to a specialist in a treatment plan, which means the HMO can provide a treatment plan that is completely contrary to what the medical professionals taking care of the patient believe the patient needs to see in terms of a specialist.

If that treatment plan—written by the health insurance company, written by the HMO—is inconsistent with what the doctor is doing in taking care of, for example, a young child whom he believes he needs to see in terms of a pediatric specialist, then the right to see a pediatric specialist is gone.

So we already have two huge gaping holes:

No. 1, the HMO can keep people from seeing specialists by just saying, we are controlling costs. That is as simple as that. It is over. Control is in the hands of the health insurance company.

No. 2, if they say we have a treatment plan that is different from what the treating doctors say the child needs, they can keep the child from seeing a specialist, completely eliminating the right.

And the killer is gaping hole No. 3, particularly working in combination with the other two, which is, there is no right to an external appeal.

The result of this is, if the HMO says, we are not going to let you see a specialist because of cost, we are not going to let you see a specialist because we have a treatment plan that is inconsistent with what the treating doctors say, the patient is completely out of luck. They can't do a single thing about it. They have no right to an external appeal. They are completely stuck. The power remains entirely in the hands of the HMO and the health insurance company.

It doesn't cure it in any way because of the extraordinary problems we have with access to specialty care today.

Thank you, Mr. President.

The PRESIDING OFFICER. Who yields time?

Mr. JEFFORDS. Mr. President, I yield 5 minutes to the Senator from Minnesota.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. GRAMS. Thank you very much.

Mr. President, I rise to lend my voice in support of Senator COLLINS' amendment regarding deductibility for long-term care insurance.

I know some of those on the other side call this a sham-type proposal. But to the minority, a lot of times a sham, or empty vessel, or a shell game, if the Government doesn't do it, or buy it, or provide it somehow, if you encourage personal responsibility, if you encourage individuals to buy in the private sector, that doesn't count. The Government is left out.

I think by offering this amendment—by offering the tax incentives—to try to level the playing field between big employers, self-employed, and employees who do not have coverage, and giving them this incentive, many will take the option to buy this long-term insurance because they will have more access and because it will be more affordable.

That is the heart and basis of this amendment.

As Senator COLLINS mentioned, the long-term care provision of this amendment was contained within the Health Care Access and Equity Act which I introduced last month. I am pleased the Senate will get a chance to vote on this issue because it is such an important issue for today's seniors and tomorrow's retirees.

Mr. President, it is estimated that, in the history of the world, half of the people who have ever reached age 65 are alive today. As the baby boom generation ages, the population of those over age 65 will increase quicker than at any time in history. The increase in the aged population brings with it a number of complex and vexing issues, one of which is long-term care.

The Health Insurance Portability and Accountability Act tinkered slightly with the issue of long-term care insurance, but we need to meet the issue head on rather than skirt the edges.

I have believed we should encourage individuals to save for their retirement needs and, for a number of reasons, usually cost, long-term care insurance is often overlooked during retirement planning. Unfortunately, I think this often leads to individuals spending themselves down to poverty and relying on Medicaid in order to pay for long-term care.

Again, the heart of this amendment is to encourage people when they are

planning for those years to also include long-term care to protect their estate, to protect their heirs.

By allowing individuals to deduct the costs of long-term care insurance, we can prevent many of our elderly from impoverishing themselves in order to receive long-term care.

I also wanted to express my appreciation to Senator HUTCHINSON for his work on the prudent layperson language which is so important to all of our constituents.

As many of my colleagues know, I have been working on emergency medical services issues for the past 3 years and believe this provision will not only help patients in their time of emergency, but it will help our EMS providers continue to offer the most advanced emergency care in the world. This will help do that.

Finally, Mr. President, I'd like to express my appreciation to the physician Senator from Tennessee for not only his work on the access to specialists provision, but also his work throughout this debate providing a voice of experience and reason.

Again, I would urge my colleagues to vote for this much needed tax relief for long-term care insurance.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. Before my friend from Minnesota leaves the floor, I am curious as to how you are going to pay for the $5.4 billion that the long-term care would cost. Where would that money come from?

Mr. GRAMS. We have discussed that. I believe Senator NICKLES has today talked about that. We do have provisions that will be offered.

The plan is there. Don't think Republicans would offer this without a plan to go along with it.

Mr. REID. What is the plan?

Mr. GRAMS. As Senator NICKLES said, it will be offered.

Mr. REID. He said it would be offered later.

Mr. GRAMS. It will not come out of the Superfund money, I assure you of that.

Mr. REID. What other ideas do you have as to where it would come from?

Mr. President, I yield 4 minutes to the Senator from New Mexico.

Mr. BINGAMAN. Mr. President, I appreciate the chance to speak about the pending amendment, particularly about the specialty care provision of the pending amendment.

I read it recently, but I think there are some serious concerns that need to be addressed. The Senator from North Carolina has raised them. I know others have as well.

As I understand the amendment now, there is no provision in it to restrict an HMO from charging additional for a patient if they need to go outside the plan to get specialty care. One of the things we have tried to do in the amendment we drafted on specialty care is to ensure not only that a person has the right to specialty care but that they cannot be charged whatever the HMO determines in additional charges they want to tack on in order to get that access.

I think this is important. Clearly, if a person has signed on to a health care plan, they expect to be able to access the care they need without incurring additional costs, particularly when there is no restriction in this legislation or this pending amendment, that I am aware of, which would in any way restrict the amount of the additional cost that might be added. That is a very real concern which I think we have to bear in mind.

Another concern is, the amendment we intend to offer on specialty care tries to specify that if a person has a chronic illness that requires the care of a specialist, that specialist could be designated as the primary care provider. For example, someone who is diabetic and who needs to see a specialist, an endocrinologist—which I believe is the specialty that is focused on dealing with the problems of diabetics—a person could have that endocrinologist designated as their primary care physician so they could go directly to that person and not have to go through a primary care provider in each case.

As I read this amendment, it says nothing in this section shall be construed to prohibit a plan from requiring the authorization of a case manager—that is, the person working for the insurance company—or the primary care provider each time you go to see a specialist.

I think that is another defect in the bill, as I understand it. Now, I could be corrected on any of this if the author of the amendment can point to other language that I am not aware of.

The third point I want to make is the same question the Senator from North Carolina raised. He referred to it as ''gaping hole No. 3.'' That is the question about what do you do when the health maintenance organization says no, we will not allow you to access a specialist. That is a real-life circumstance that many people face.

In the amendment we intend to offer, we provide if you are denied access to a specialist, you can get an independent reviewer to review that decision on a very timely basis and then abide by that decision. There is nothing in the pending amendment I can see that would provide for any such appeal if the HMO turns down a patient's request for specialty care.

We had a very good opportunity earlier today to hear from a mother of a 4-year-old boy about the problems she encountered in trying to get access to specialty care for him. That circumstance is one that many people face. She was delayed and delayed and delayed by the health maintenance organization constantly saying they would not allow her to see anyone but her primary care physician for the various ear infections her 4-year-old son was having because they believed those should be treatable by that primary care physician. After more than 2 years of being delayed, she finally did get access to a specialist. The specialist did a surgical operation which corrected the problem.

Unfortunately, because this situation existed at this time in her son's life, her son now has a speech impairment and is having to go through therapy for that. Again, she is encountering problems getting access to that speech therapy for her son through the HMO.

I don't believe the specialty care provision in this amendment that is pending solves the problem for most Americans.

I yield the floor.

Mr. JEFFORDS. I yield 5 minutes to the Senator from Iowa.

Mr. GRASSLEY. Mr. President, I am pleased to support Senator COLLINS' amendment that addresses several important areas. In particular, I am glad to support the provision to allow a 100% above the line tax deduction for the long-term care insurance.

As chairman of the Special Committee on Aging, addressing the challenges of long-term care have been high on my list of priorities. During the past two years, I've heard firsthand from individuals and family members about the financial challenges that go along with managing long-term care needs, such as those associated with Alzheimer's Disease.

In too many cases, families experience financial devastation when faced with long-term care needs. Unfortunately, many families do not plan for costs associated with long-term care. And many families are mis-informed about what Medicare and Medicaid cover in respect to long-term care.

Today's average cost of nursing home care is about $40,000 a year. When individuals are faced with a chronic or disabling condition in retirement, they often quickly exhaust their resources. As a result, they turn to Medicaid for help.

In fact, the care for nearly 2 out of every 3 nursing home residents is paid for by Medicaid. As many seniors realize too late, Medicare does not cover long-term care costs.

I introduced legislation last Congress and again this Congress to provide an incentive for individuals to plan and prepare for long-term care cost. Like the provision in Senator COLLINS' amendment, my bill will allow Americans—who do not currently have access to employer subsidized long-term care plans—to deduct the amount of such a plan from their taxable income.

This encourages planning and personal responsibility by helping to make long-term care insurance more affordable for middle class taxpayers.

Longer and healthier lives are a blessing and a testament to the progress and advances made by our society. But Americans must be alert and prepare for long-term care needs. The role of private long-term care insurance is critical in meeting this challenge. Over the past ten years, the

long-term care insurance market has grown significantly. The products that are available today are affordable and of high quality.

As policy makers, our job is to develop policies for public programs that can deliver efficient and cost-effective services. Yet, equally important is the role of private long-term care financing. We must take steps to inform Americans about the importance of planning for potential long-term care needs. And, in turn, we should provide incentives now for the families to prepare financially for their retirement.

The PRESIDING OFFICER. Who yields time?

Mr. JEFFORDS. Mr. President, I yield the Senator from Maine such time as she may take.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Mr. President, I ask unanimous consent that the Senator from Michigan, Mr. ABRAHAM, be added as a cosponsor to the pending amendment.

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

Mr. JEFFORDS. Mr. President, I yield to the Senator from Tennessee as much time as he may desire.

Mr. FRIST. Mr. President, how much time remains?

The PRESIDING OFFICER. The Senator from Vermont has 7 minutes; the Senator from Massachusetts has 10 minutes 40 seconds.

Mr. FRIST. Mr. President, a number of issues have been raised again. I appreciate the debate. I think it has been very good on a number of these issues, some of which we have talked about in the past and some of which have come up on the floor. It is difficult, with the amendments being presented, to know exactly what to address and what not to address. Those of us who have been looking at this for the last year, and through the Health, Education, Labor, and Pensions Committee, have looked at a number of these issues. Let me comment.

The allegation has been made the Republican bill does not assure access to specialty care. The fact is the following: The Republican bill guarantees access to specialists. Period. Section 725 states that plans ''shall ensure access to specialty care when such care is covered under the plan.'' We brought up again and again that the problem with the Democratic bill is that it guarantees that 1½ million Americans, if it were adopted, would not have any health insurance at all and, therefore, would not have access to specialty care.

No. 2, we have heard that under the Republican bill there is no guarantee a child with cancer will have access to a pediatric oncologist. That came up earlier in the debate. The Senator from Rhode Island brought it back up, so let me just clarify what we have done. Again, it has been a process, as we talked again and again about that.

The Senator from Rhode Island says we need to specifically say ''appropriate pediatric expertise.'' We talked about it in the committee. The reason we use the words ''age appropriate expertise'' instead of just pediatric, which is much more narrow than ''age appropriate expertise'' is because it includes pediatrics but it also includes a terribly important part of our population and that is the geriatric aspect of health care.

We are going to have a doubling of the number of seniors over the next 30 years in this country. We have to write this legislation for today and 10 years from now and 20 years from now. By using the words ''age appropriate expertise'' instead of the very narrow construction of ''appropriate pediatric expertise,'' we include the geriatrician, both of today and the future, as well as the pediatrician; on either end of the spectrum. That is the intent. That is the way it is written. That is the way it is spelled out very clearly in the committee language in the report.

Going through, we have heard again and again: Under the Republican bill, patients could be charged more for out-of-network specialty care, even if the plan is at fault for not having access to appropriate specialists.

Again, let me read from the committee report, on page 33, because some people have not gone back to read the original committee report which is the intent behind the language. We say:

> . . . the committee intends that when the plan covers a benefit or service that is appropriately provided by a particular type of specialist not in the network, the benefit will be provided using the ''in-network'' cost-sharing schedule.

I want people to understand that. It is on page 33 of the committee report, for people to refer back to that.

I heard again and again: The Republican bill will not allow patients to appeal a denial of access to a specialist, to make that appeal to an independent reviewer. The fact of the matter is the Republican bill provides the right to an independent, external review by a medical expert when the access to a specialist is denied on the basis that care is not medically necessary or not medically appropriate.

So, again, let me summarize for, I think, the Senator from Rhode Island. The ''pediatric expertise'' I have explained to be more ''age appropriate expertise.'' The Senator from North Carolina listed three gaping holes which I simply contend are not gaping holes.

I have not addressed one. The first was the plan can do anything to control costs. That was his point No. 1. Let me say that what we have used in the bill is, in fact, almost the exact words out of the Democratic bill. He is referring to the rule of construction under the timely access provision, section 104. Basically, we lifted—used the exact same wording as the rule of construction. It goes something like:

> Nothing in this paragraph shall be construed to require the coverage under a group health plan of particular benefits or services or prohibit a plan from including providers . . .

And it goes on forward.

With that, I will simply refer him to the rule of construction on page 34 and 35 of their bill, of the underlying Kennedy bill, because that is where we took that rule of construction, about not requiring coverage.

The second so-called hole was the treatment plan issue and the limitation. Again, from your bill, if you look at page 12 where we say we require a treatment plan, your bill requires the same sort of treatment plan as what we actually required. Again, you can be critical of it in our plan, but explain why it is in your plan on page 12.

The third is this right to appeal. It is very important to deal with that right to appeal. Saying there is no right to appeal is, basically, absolutely false. We have obtained a legal opinion on this to make absolutely sure. If required, the treatment plan is required—what they told me, it is to be an element of medical judgment; that is, is it medically necessary or not necessary, which takes it in the realm of medical judgment. If that is the case, there can be an appropriate request for an external appeal, where you have a medical physician, independent reviewer, have the final say as to whether or not that coverage is there.

That is about 9 or 10 of the complaints that have been discussed over the course of the day.

Senator BINGAMAN mentioned cost sharing. Again, I would refer him to page 33 of the report where we talk about in-network cost sharing.

His second point where the specialists have to be primary care physicians, I have gone on and on about this. I just disagree. Specialists today—a heart transplant surgeon does not need to be designated a primary care physician from an access standpoint when you have removed the barriers, and that somebody does have access, as guaranteed in the bill.

I see there to be no reason why you designate a heart transplant surgeon to be a medical specialist. We just disagree. I yield the floor.

The PRESIDING OFFICER. Time has expired on the time of the Senator from Vermont. Who yields time? The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I want to go over where we are in the debate. The amendment that has been proposed by our Republican colleagues covers, as close as I can figure, four different areas: One is the tax credit of long-term care. It is being defined. We have asked the Treasury Department to look at that because many of us are interested in the long-term care issue. We have not heard back from the Treasury Department. Time has expired on this particular amendment.

There is also the issue of changes to the OB/GYN provision and whether this is a change which gives the protections to women which we have included in our legislation. The provisions have

been examined by various OB/GYN specialists. We will include in the RECORD the inadequacies of those particular provisions in achieving the objectives described on the floor. The OB/GYN specialists find the language included in that amendment fails. That will be available to the Members.

Third is the speciality issue. Our good friends, the Senator from New Mexico and the Senator from Iowa, as well as the Senator from Rhode Island and the Senator from North Carolina, and others will address in greater detail the issue of specialists.

I want to make a brief comment in response to the particular proposal of the Senator from Tennessee. In reading through the language—and it is important to read the language, as the Senator has said—it says:

Nothing in this section shall be construed to prohibit a group plan from requiring that speciality care be provided pursuant to a treatment plan so long as the treatment plan——

Is developed by the specialist. On page 12, it says:

. . . appropriate to the conditions of the participant or beneficiary, when such care is covered under the plan, such access may be provided.

''When such care is covered under the plan'' makes the provision meaningless because the care is covered only if authorized by the gatekeeper. It says when the care is covered, but it does not say it has to be covered.

Then it says:

Such access may be provided through contractual agreements with specialized providers outside the network.

That is optional. You can read all the lines you want about age-appropriate speciality if they include it in the plan, but if you start right out and say it is not included and is optional, it is meaningless. That is not only my opinion, but it will be gone into to some degree by others.

I listened to my friend and colleague from Tennessee say the issue is appealable. Why not write that in the bill? We wrote it in. Why leave any question? Why does he have to quote a letter from some law professor? I have a letter from a law professor that says it does not. Why not just write it in the bill?

I hope there will be some kind of response. I will be glad to yield for a minute. We wrote in our bill that it is appealable if a specialist such as a pediatric oncologist or necessary specialist is denied. Why isn't it included in the Republican plan? It is not.

We will have an opportunity to debate that issue.

I do not want to get off message, but I hope our good friend from Oklahoma, as well as our good friend from Texas, will now look at what the Republican bill is costing.

This is what the Republican bill is costing. According to joint tax, it is $1 billion for patient protections; 100 percent deductibility for small business is $2.9 billion; liberalized MSA, $1.5 billion; flexible spending account is $2.3 billion. That adds up to $7.7 billion. Long-term care is $5.4 billion. That is $13 billion—$13 billion for the Republican plan.

I hope we do not hear any more about the cost of the plan with no offsets. I hope we can get rid of that argument. It has taken us 2½ days. Under CBO, ours is $7 billion. The Republican plan with this will virtually be doubled. I hope we are going to be free of that argument. We want to focus on what we are interested in, and that is the Patients' Bill of Rights.

We are going to have an amendment when I yield back the time in just a moment. I want the membership to understand, this amendment will not be targeted to OB/GYN. It will not be targeted to long-term care. It will not be targeted to emergency room care, though there are many different provisions in that with which we take issue, which our friend from Florida has pointed out. This will only be targeted to the provisions of the Republican amendment on speciality care.

Our amendment is accepted and those who will put forward and present it are Senator BINGAMAN, Senator HARKIN, Senator EDWARDS, and others will debate that for the next 50 minutes. It will only be amending that particular provision. We will have an opportunity to make a judgment on the rest of the provisions later, depending upon what happens on this.

We are limiting this debate to what we have always wanted: a debate on the Patients' Bill of Rights, and that is, protecting people from the abuses of HMOs. Long-term care is not a part of that provision, although it was brought in and that is important. We do not believe it belongs on this, but it is here.

Many of us are unprepared to make a judgment on that since we just found out about that particular provision. We will be interested in what the offsets are going to be.

The next proposal will be the amendment that will be offered by the Senator from New Mexico which will be targeted to speciality care. We are protecting patients, and we insist they get the specialty care we believe is so essential.

Mr. President, I yield back the remainder of my time.

Mr. GREGG. Will the Senator yield for a question prior to yielding back his time?

Mr. KENNEDY. Not at this time.

The PRESIDING OFFICER. All time is now yielded back on the Collins amendment.

AMENDMENT NO. 1245 TO AMENDMENT NO. 1243

(Purpose: To guarantee access to specialty care)

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

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Massachusetts [Mr. KENNEDY], for Mr. BINGAMAN, for himself, Mr. HARKIN, Mr. DODD, Mrs. MURRAY, Mr. REID, Mr. EDWARDS, Mrs. BOXER, Mr. DURBIN, Mr. GRAHAM, Mr. KENNEDY, Mr. DASCHLE, Mr. FEINGOLD, Mr. ROCKEFELLER, Mrs. FEINSTEIN, and Mr. REED, proposes an amendment numbered 1245 to amendment No. 1243.

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

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

(The text of the amendment is printed in today's RECORD under ''Amendments Submitted.'')

Mr. KENNEDY. Mr. President, I am going to yield the floor. If the Senator has a question, I will be glad to yield for a minute to respond. I want to have our colleagues talk about this amendment.

Mr. GREGG. I can respond on our time relative to this amendment. I will do it then.

Mr. KENNEDY. Fine. I did not want to be discourteous to the Senator. I yield 7 minutes to the Senator from New Mexico.

The PRESIDING OFFICER. The Senator from New Mexico is recognized for 7 minutes.

Mr. BINGAMAN. I thank the Chair, and I thank the Senator from Massachusetts for yielding this time.

Mr. President, this is a very important amendment. This is the amendment that I believe is the most significant for many Americans in this entire debate. This is the amendment that relates to the question of whether they are going to have access to speciality care as part of their arrangement with their health maintenance organization.

Often, if speciality care is denied or if access to speciality care is delayed for a substantial period of time, it can involve a real health risk and even death for a patient. This is not an insignificant matter. This is a very important matter which is essential we deal with if we are going to put in place some protections for patients in this legislation.

The amendment that Senator KENNEDY has sent to the desk on my behalf establishes, first of all, a general right to speciality care if it is medically necessary. If a plan cannot provide such care within its own network, then it must allow the patient who needs that care to go outside the network at no extra cost to the patient. This is in sharp contrast to the amendment we were talking about before which the Senator from Maine sent to the desk. In that case, there was no restriction on the HMO in its ability to charge additional amounts to the patient if they went outside the plan.

We provide that no additional charges can be imposed. This is a procedure which is in place in many of our managed health care plans, but unfortunately not in all. What we would do is say that this is a basic right that people in this country are entitled to if they have health care through health maintenance organizations.

The second thing this amendment does is it allows people who have a

chronic or a serious ongoing illness that requires specialty care to receive that care either through a standing referral to a specialist or by designating a specialist as their primary care provider.

This is very important. This is an important protection for disabled people, for individuals with serious chronic illnesses, such as diabetes. In my comments a few minutes ago, I referred to the fact that a person with diabetes clearly needs access to a specialist on an ongoing basis. They receive most of their care from a specialist who understands their condition, and that specialist is in the best position to coordinate their care.

The plan which the Republican Members offered a few minutes ago does not guarantee access to that specialty care without additional cost. It does not guarantee access to that specialty care for all patients. And it does not guarantee access to that specialty care on an ongoing basis with that specialist being designated as a standing referral or as a primary care provider.

So there is a very great difference between what we are offering in this second-degree amendment and what was earlier discussed.

This amendment I think is absolutely crucial for people who suffer from these ongoing chronic diseases. This is an issue which we heard very dramatically described earlier this morning in a press conference that occurred outside the Capitol.

We had a woman attend who talked about the problems—she is a nurse herself, so she knows a great deal about providing medical care to individuals—and she talked about the problems she and her husband had in gaining access to specialty care for their young child, their 4-year-old son Matthew. What she said I think rings true to a lot of Americans.

Let me just go briefly through her story. She talked about Matthew having a significant speech delay that had been directly linked to his repeated ear infections. She said for the first 2 years of his life Matthew suffered 14 ear infections. In most cases this is a normal childhood illness that is treatable by antibiotics, but in the case of Matthew it was not a normal childhood illness.

The doctor who treated Matthew repeatedly used antibiotics instead of granting the request, which the parents made, for a referral to an ear, nose, and throat specialist. As a nurse, this mother, Beth Gross, knew the risks of the chronic condition. She grew frustrated at how a simple surgical procedure called an ear tube placement could have immediately corrected this problem, and eventually her frustration grew to a level where she made the decision to change her primary care physician.

She called the insurance company at that point. She said when she explained the dilemma she was in, she was outraged by the response she received from the insurance company.

This is a quotation from her statement. She said:

> We could not get a referral for Matthew because it was their policy [the policy of the insurance company] to impose monetary sanctions on the physician for giving a referral for something that he is able to treat.

It was the view of the insurance company that he was able to treat this. They were going to impose monetary sanctions on him if there was a referral made. On that basis, they would not allow the referral. So she had to fight for another year to get the referral that Matthew needed.

By that time, Matthew was 18 months old and was still not speaking. Although she had changed doctors, she could not change insurance companies. When they finally did see the specialist they needed, the specialist immediately knew the right procedure and performed it to correct the problem. So Matthew finally did receive this ear tube surgery that he desperately needed. After that, his hearing cleared up; the problem was solved.

Unfortunately, though, if Matthew had only been treated earlier he would have been able to avoid the speech problem he now has as a 4-year-old. She said in her statement:

> Now our family must work to correct his speech problem. Our insurance company has changed since then, but it has been another fight with another HMO to cover speech therapy. They denied coverage for that service until the National Patient Advocate Foundation stepped in and won that battle for Matthew.

We have a serious problem in gaining access to specialty care in the case of many of these HMOs. The amendment we have prepared has the support of a tremendous number of groups: The National Alliance for the Mentally Ill, the Patients Access Coalition, the Religious Action Center of Reform Judaism, the Coalition of Cancer Organizations, the Oncology Nursing Society, the American Thoracic Society, and on and on.

So there is a very long list of organizations that believe very strongly we need to have this protection built into the law. I believe very strongly in that.

When I travel through New Mexico and talk to people about their health care problems, of all the issues that I am told about, probably this issue of gaining access to specialty care is the most significant.

People are very concerned that if a circumstance befalls them or their child or their parent, they will be denied access to specialty care unless we do something to ensure that that access is there. The amendment we are offering will provide that access. It will ensure that access is there. It is a basic right that we ought to ensure.

Let me mention one other thing because I think this is a point that was made several times this morning.

We spend billions and billions of dollars in this country, and we vote for those dollars right here on this Senate floor, to support the very best medical research in the world. At the National Institutes of Health, I think their budget this year is somewhere in excess of $13 billion. We do have the specialists that the rest of the world envies. People come here from all over the world to gain access to these specialists.

The PRESIDING OFFICER (Mr. SMITH of Oregon). The Senator's time has expired.

Mr. BINGAMAN. Unless we put some of these protections in the law, we are denying our own citizens, in many cases, access to the specialists their tax dollars have paid to train in the specialty care their tax dollars have gone to develop. So we need to put these protections into place. The great research and the great health care that is developed at NIH needs to get to the patient, and that is what this amendment will try to do.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. BINGAMAN. I very much hope that all Members of the Senate will support this amendment.

I yield to the Senator from Nevada the remainder of my time and yield the floor.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. REID. I yield 7 minutes to the junior Senator from Iowa.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. HARKIN. Mr. President, this is an extremely important issue that Senator BINGAMAN has come up with. I am proud to be a cosponsor of the amendment with him. I will just read the list of additional cosponsors: Senators DODD, MURRAY, REID of Nevada, EDWARDS, BOXER, DURBIN, GRAHAM of Florida, KENNEDY, DASCHLE, FEINGOLD, ROCKEFELLER, FEINSTEIN, and REED of Rhode Island.

This is an important issue. I have worked, as Senators know, for a long time on issues dealing with disabilities, people with disabilities in this country. This is an extremely important issue for people with disabilities and people with long-term chronic health conditions such as cancer and others. The Bingaman amendment would ensure access to specialty care would be guaranteed to individuals in a group health plan so they have access to the specialty care they need. The inability to access specialists is the No. 1 reason people give for leaving HMOs. When I hear criticism of managed care from my constituents, it almost always involves some sort of problem with access to specialists.

Senator BINGAMAN has articulated the differences in the bill. I want to review them again so people have a clear understanding of what the Bingaman amendment does.

First, the amendment guarantees patients access to specialists who are qualified to treat their conditions. If the specialist in the plan's network cannot meet a patient's needs, this amendment allows the patient to see a specialist outside of the HMO's network at no additional cost.

For example, there are several rare and deadly forms of cancer that strike children at an early age. Pediatric oncologists often have advanced skills and technical knowledge that general oncologists do not possess. We have to make sure the parents of these kids can gain access to such specialists, even if the plan they have doesn't have pediatric oncologists in its network. We have to ensure they can get these without additional cost. The Republican proposal fails to provide this basic protection.

Secondly, our amendment allows a specialist to be the primary care coordinator for patients with disabilities or life-threatening or degenerative conditions. For example, imagine a woman with severe heart disease who also has diabetes and hepatitis. She recently had heart surgery and wants her cardiologist to coordinate her care. The Bingaman amendment would allow her to have her cardiologist as her primary care coordinator, who would then coordinate her care under a treatment plan in collaboration with her internist, endocrinologist, gastroenterologist, and the health plan.

Again, the Republican proposal fails to provide this logical protection. According to their version of patients' rights, a patient with a serious illness could be required to entrust important decisions to a primary care doctor who has no knowledge of the specific disease the patient may have. If someone has a chronic or degenerative illness or disability, it is only logical to have a specialist who understands those special needs to coordinate the patient's care.

The third element of this amendment provides for standing referrals for people who need ongoing specialty care, which enables them to go straight to the specialist instead of jumping through hoops time after time after time with primary care doctors or insurance companies.

Here is a true story: A San Diego woman with paraplegia wanted a standing referral to a rehab specialist, but her HMO primary care physician refused that. After she developed a severe pressure wound, something a rehab doctor would have caught and treated, her primary care physician still refused a referral. Eventually this woman had to undergo surgery and spent a year on her back in the hospital with round-the-clock nursing care. Later the HMO's medical director was quoted as saying, managed care ''doesn't accurately meet the needs of the special patient.''

Again, the Republican proposal fails to provide this commonsense protection. According to the Republican's version of patients' rights, a patient receiving ongoing care from a specialist would have to go back and go back and go back to her or his primary care doctor whenever he or she needed to visit the particular specialist.

From anyone's point of view, this does not make sense. By requiring a patient with an ongoing medical condition to continue to go back time and time again to a primary care doctor, every time they need to be treated by a specialist, inhibits the process of making the patient well.

Some people say our amendment would create onerous new burdens on plans. In fact, many plans already allow specialists to be primary care coordinators, and they let people have standing referrals. In addition, the numerical estimates don't factor in the importance of Americans' trust in the health care industry. The patients' rights we are legislating on will build consumer trust in the health care industry and consumer satisfaction. I believe that is in the best interest of our entire health care system.

Most importantly, when you step back and consider the policy of the Bingaman amendment, it is very simple: Insured Americans should get access to specialty care when and how they need it. They shouldn't be charged a single dime more than what they bargained for—nothing more and nothing less.

A lot of organizations support this amendment, including the American Academy of Pediatrics, the Consortium for Citizens with Disabilities, and the Patient Access Coalition.

I encourage my colleagues to join in supporting the Bingaman amendment.

Mr. REID. Mr. President, I yield 7 minutes to the Senator from North Carolina.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. EDWARDS. Mr. President, first, I join my colleagues, Senators BINGAMAN and HARKIN, in support of their amendment. I strongly support it. They have made great cases for it.

There is another issue I will address that goes to this amendment but also goes to the amendment presently pending from the other side which deals with issues of specialty care, emergency room care, and OB/GYN care. I want the American people who are listening to this debate to listen carefully to what I am about to say.

There is a huge, fundamental issue we are debating in the Senate this week. That issue is, are health care decisions going to be made by doctors and patients, or are they going to be made by insurance companies and HMOs.

Every provision that has passed and has been proposed, including this amendment presently before us, leaves power in the insurance company. It leaves power in the HMO. The arguments we hear that these bills are true patient protections are entirely circular.

If the American people believe insurance companies and HMOs should continue to make all the decisions, should continue to have control of the process, then they should support what our colleagues on the other side have been supporting. If they believe there needs to be a change in that system, then they should support what we are proposing and supporting.

The very simple reason—it is easy to understand—why their bills change nothing about the present system is because there is no way to enforce them. They allow appeals only on the issue of what is medically necessary. It is the only thing that is appealable. What is medically necessary is determined by the HMO and the health insurance company. They write in the contract what is medically necessary. So no matter what we do in the Senate, no matter what we pass, so long as the insurance company and the HMO can define what is medically necessary—and we have seen some ludicrous definitions discussed on the floor, including, for example, that it shall be in the sole discretion of the HMO and health insurance company to determine what is medically necessary, which means they can do anything they want, since that is the only thing that is appealable and, therefore, the only thing that is enforceable—the HMO has total control over this process. The patient has no power whatsoever.

To me, it is as if having a law saying you can't steal money from people but not having a court system to enforce it, not having a police force to enforce it. So when somebody steals something from you, you say: Wait a minute, you can't do that. That is against the law. And the person who has just stolen from you says: So what? What are you going to do about it?

What we have done is left the power entirely in the hands of the HMO to determine what is medically necessary and, as a result, to determine what is appealable. The only enforcement that any patient has is the appeal, which means the health insurance company has total control of the entire process.

This argument is completely circular. It makes no difference what we pass. We can pass anything—OB/GYN reform, emergency room reform, specialists reform. It doesn't matter. The health insurance company gets to determine what is medically necessary. The health insurance company gets to determine, therefore, what is appealable.

Those things have already passed, before this debate that is going on right now.

The bottom line is this: Patients have no power; they have no ability to enforce anything. As long as the health insurance company maintains control over the appeal and grievance process, as long as they maintain control over the only enforcement mechanism that exists, we have no police, we have no court, we have no way to hold the HMOs accountable.

When we finish the debate this week, and whatever passes here, HMOs are going to have a field day. They are going to go back with their teams of lawyers, and they are going to write contracts that completely protect them from any patient ever being able to appeal anything. That is all they

have to do. There is nothing in anything we have passed thus far that will prevent them from doing that. They can write their contracts any way they want. They get to decide what is medically necessary. What I have just talked about applies to everything; it applies to everything that has passed thus far.

I will say what my colleagues have said. If what I am saying is not true, why don't we simply say, for example, in the amendment that is presently pending from the other side, which deals with OB/GYN, emergency room care, specialist care—why don't we put one sentence in that says: Any denial of services under this amendment shall be subject to independent appeal and review.

That is all it would take. Then it is enforceable. Then you have police and a court system. But when that doesn't exist —and it doesn't exist, in my opinion, for a reason, in that amendment. I might add, that it is clearly stated in the amendment that Senator BINGAMAN has just offered. There is a direct, independent appeal if the HMO denies service.

It is very simple. It is a question of who has power. The way we live in the health care system in this country, the power rests with the HMO and the health insurance company. I hoped that the debate on the floor this week would be about how we can go about shifting that pendulum so we put more power in the hands of patients, more power in the hands of doctors, that we would pass some thoughtful, moderate legislation that would move the pendulum back to the middle.

Unfortunately, as long as there is no way to enforce it, as long as the HMO can write the contract any way they want, they can define medical necessity. They define the appeal process and, therefore, they can eliminate the right to enforce anything. The power rests entirely with the HMO and entirely with the health insurance company, which is where it is today, and that is what I believe we need to do something about.

Mr. JEFFORDS addressed the Chair.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. JEFFORDS. I yield myself such time as I may consume.

I have listened to the Senator, and I guess he has not been listening to the debate because the very argument he made, which has been made before—and we spent the time of this body going through the law, going through the definitions, going through the committee reports—is 100 percent wrong. The patient is in control. The patient has the right, first of all, to an internal review. First of all, the standard is not just necessary; it is necessary and appropriate.

Mr. EDWARDS. Will the Senator yield for a question?

Mr. JEFFORDS. Let me talk first and then I can yield. I want to inform you because, obviously, you are talking from a poor base of information, so there is no sense discussing it until I explain to you what is in the bill.

First of all, we have established for the first time in this country the right of patients to be able to get the necessary and appropriate health care that they deserve and are entitled to under their plan. That is why we have set up an internal review process first, which can be appealed within the HMO. And then if care is not given to the patient that the patient thinks is appropriate and necessary, there is an external review. That external review is made by someone outside of the HMO who is a qualified individual, knowledgeable on the subject, with the authority to overrule the HMO.

So how can the Senator get out of that the fact that they have no rights, when for the first time we give them rights? We give much more rights than your bill does to ensure that people in these HMOs have the absolutely necessary and appropriate care that they are entitled to.

So I hope that we will not continue to hear this repetition of things that are not true. Yesterday, the Senator from Pennsylvania came and read this to all of you. He read all this, which explains and details this and gives you exactly what the process is. And now you turn around and say it doesn't exist. It does exist.

Mr. EDWARDS. Will the Senator yield for a question? I request permission to ask the Senator a question.

The PRESIDING OFFICER. Does the Senator yield?

Mr. JEFFORDS. Yes, I yield for a question.

Mr. EDWARDS. Mr. President, I have two questions.

First, let me ask the Senator, is it his understanding that the insurance company, the HMO, writes in the contract what the definition of what medically necessary is?

Mr. JEFFORDS. Yes, but that is appealable.

Mr. EDWARDS. Is it the Senator's understanding that what is appealable is based upon the insurance company's definition that is contained in the contract?

Mr. JEFFORDS. No, that is not correct.

Mr. EDWARDS. Can he show me that in any bill, in anything we have passed——

Mr. JEFFORDS. We have read it to you.

Mr. EDWARDS. Let me finish the question. I don't mean to interrupt you. Can he show me anyplace, in anything we have passed, where we have put any confines, any kind of restrictions on how the HMO or health insurance company can define what is medically necessary? Can he show me anything to prevent them from defining what is medically necessary any way they want?

Mr. JEFFORDS. They can do that, but it will not be legally binding. The patient will have an appeal because in the law it says it must be necessary and appropriate care that must be provided. They cannot define necessary. They cannot define appropriate. That is a standard which we established after evidence as to what the best care is that should be available to them. The provisions are in the bill.

Mr. EDWARDS. I am reading from your bill, page 173, where it says what is appealable is what is medically necessary and appropriate ''under the terms and conditions of the plan.''

Mr. JEFFORDS. Mr. President, I want to continue this only if it is on the Senator's time. I don't have the ability——

Mr. REID. Mr. President, I yield such time as the Senator from North Carolina needs to finish his statement.

Mr. EDWARDS. I am reading from your bill, where it specifically says what is appealable is what is medically necessary and appropriate ''under the terms and conditions of the plan''—under the terms and conditions of the plan written by the health insurance company. Your own bill specifically says that the only thing that is appealable is what the insurance company's written plan says is medically necessary. How does that change the power from the insurance company having total control over the enforcement mechanism?

Mr. KYL. Mr. President, will the Senator from North Carolina yield?

Mr. JEFFORDS. We are getting into a lengthy dissertation. I think the Senator is reading from the old bill, which is a starting problem.

Mr. EDWARDS. I respectfully suggest that what I am reading from is the actual bill.

Let me ask the Senator one last, simple question. If what he is saying is true, is the Senator willing to put in the amendment presently before us OB/GYN care, specialty care, and emergency room care? On those three provisions, is he willing to put in a specific provision that says denial of any of those services is directly appealable to an independent body? Would he be willing to do that?

Mr. JEFFORDS. It is unnecessary. It is already in the bill.

Mr. EDWARDS. Is the Senator not willing to do it?

Mr. JEFFORDS. We have legal opinion given to us to exonerate.

Mr. EDWARDS. What is the right to do it?

Mr. JEFFORDS. We believe what we have is absolute protection for the patient. Not only that, it establishes a new national standard, which yours does not. You are using generally acceptable practices, which is a much lower standard. We establish a higher standard that every patient is entitled to the best medical care which is necessary and appropriate. That is a new standard. That is why the doctors are concerned, because they are going to have to reach a new standard.

Mr. EDWARDS. On my time, I am only asking the Senator, if that is true,

why does he have any objection to a simple sentence in this amendment that says denial of services under any of those areas is directly appealable to an independent body? Does the Senator object to that?

Mr. JEFFORDS. It is already in the bill, so why should I need to put it in?

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. Mr. President, we have gone over this before. Senator KENNEDY made the same offer. Our legislation says that anything, as set forth by the Senator from North Carolina, is appealable. It is as simple as that. It is appealable. They are depending on a legal opinion from some insurance lawyer. We are not willing to do that. We want appealable as part of the legislation. They are unwilling to do that for obvious reasons, because their legislation is dictated by the insurance companies.

I also say that the majority leader today bragged about one of his Members. I would like to brag about one of our Members.

We have JOHN EDWARDS, a new Senator from the State of North Carolina, who has represented the injured, the maimed, and the wrongfully killed for many years. He is one of the prominent attorneys in the United States. He is one of the finest representatives of protecting the rights of the oppressed and injured.

That should be spread across the RECORD of this Senate.

We have heard some people boasting about Members on the other side. We have one of the finest lawyers in America, now a Member of the Senate. We are very proud of that.

I think he has made a very clear case that the reason they are unwilling to agree to his simple words ''it is appealable'' is that they don't want it appealable. They know it is not appealable.

Mr. President, will the Chair indicate to the Senator how much time the minority has left on this amendment?

The PRESIDING OFFICER. The minority has 26 minutes 11 seconds remaining.

Mr. REID. I yield 5 minutes to the Senator from Rhode Island.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. REED. Thank you, Mr. President.

I rise in strong support of the Bingaman amendment and the Harkin amendment and all my colleagues who are supporting it.

This amendment is particularly responsive to the needs of children in the health care system. That is why it has been endorsed by the Children's Defense Fund.

We find when we look at the access to pediatric specialists that children don't have that kind of adequate access. As a result, they are the ones who will suffer the most, I believe, if we do not have strong, explicit language giving the right to access to pediatric specialists.

There was a survey done in 1992 by Pediatrics magazine. This survey indicated that of the pediatricians who were asked, 35 percent represented that they thought their patients' health outcome was severely upset by denial of access to a pediatric specialist. They found that this practice was all too common. For children, in particular with chronic illnesses, they must seek specialists. It must be clear. It must not be some type of very ambiguous language, as we find in the Republican version of the legislation.

Let me suggest another area when it comes to children where access to specialists is difficult. I have a letter from Paul L. Schnur, who is president of the American Society of Plastic and Reconstructive Surgeons. He points out that approximately 7 percent of American children are born with pediatric deformities and congenital defects such as birthmarks, cleft lips, cleft palates, absent external ears, and even more profound facial deformities. Yet, even in these compelling circumstances, he reports that it is very difficult to get a referral from a managed care plan to a specialist, and it is probably even more difficult to get a referral to a pediatric specialist.

Of the surgeons who indicated they had trouble getting referrals, 74 percent had patients denied coverage for initial procedures and 53 percent had patients denied coverage for subsequent procedures.

What you see is, access to specialists is difficult for children. Access for pediatric specialists is extraordinarily difficult for children. And unless we do something about this, we are going to find the situation where children will again and again be shortchanged by the managed care system.

The Republicans have said, listen, we have some in here who say it is ''age specific.''

We have a great deal of respect and esteem for our colleague from Tennessee, who is a physician. I suspect if he were making these decisions about referrals to specialists, he would be sensitive to ''age specificity.'' But that is not who makes these referral decisions. It is attorneys, reviewers, bureaucrats, and technicians. And, frankly, when they see ''age specific,'' they are going to say: Well, you know, we don't have a pediatric specialist on our panel. But that is OK, because we can find somebody who perhaps saw a child in the last year or two, and that is ''age specific'' enough for us.

This whole approach is an invitation, once again, to the HMO to make up the rules and then make those rules work against the interests of their patients, and particularly I am concerned that they will work against the interests of children.

There has been some various research done about managed care plans throughout the country. But I received some firsthand information from a doctor in Los Angeles who is conducting a very interesting program. It is Dr. Craig Jones. He is at the UCLA Medical School. He has developed a ''Breathmobile program.'' This program goes right to the schools in Los Angeles, and they deal with the No. 1 environmental illness affecting children, and that is chronic asthma.

Dr. Jones has treated lots of children. He has had a great outcome. But they collected data. The startling thing about their data is that a child in managed care gets the same kind of treatment for severe asthma as a child without any insurance. If they look at the numbers, there is no difference, because a child in managed care doesn't get the referral to a pulmonary specialist or a respiratory specialist. They get—like every other child who shows up in the emergency room—a little bag with an inhaler, and some medicine, and are told to go home.

We can do better, and we must do better. But we will not do better until health care plans are required to make references to specialists and, in the particular case of children, pediatric specialists. I have said this over and over again, but it still remains true. There is a difference between an adult oncologist and a pediatric oncologist. I don't think anyone in this body would dispute that.

One other final point, if I may make it, is that when you go around and look at how physicians are categorized and how specialists are categorized, you are not going to find an ''age appropriate'' specialty. You are not going to find someone who says, I am qualified ''age appropriate.'' They are pediatricians, neurologists, and a whole host of people who have special qualifications. We have to work with those categories and not some vague, disingenuous category which will be severely distorted by the insurance companies.

I urge passage of the Bingaman amendment.

Mr. BINGAMAN. Mr. President, the amendment that myself, Senator HARKIN, and many of my colleagues are offering today guarantees American families the right to access medical specialists. Our amendment is fair. It is what working families pay for each month, and very simply put; this amendment can literally save lives.

Let me briefly outline the fundamental components of this amendment.

First, our amendment says that if you pay for health insurance, you are guaranteed the right to see a specialist if medically appropriate.

Second, if a plan cannot provide such care within its network, it must allow the patient to go outside the network to an institution or individual competent to provide the care, at no cost to the patient beyond what would be required if the patient were treated in network.

Third, this amendment allows people with chronic or serious ongoing illnesses that require continued specialty care to receive that care either through a standing referral to a specialist or by designating the specialist as their special care coordinator.

The current requirement that patients must go back to a primary care doctor whenever they need to see a specialist or when additional care is ordered is at best an inconvenience, and at worst, a real detriment to timely, appropriate medical services. This is especially critical for the disabled and for people with chronic disorders and serious or complex medical conditions.

Our Republican colleagues have said that they cover access to specialists in their bill. In fact, their bill does not guarantee access to specialists. Under their bill, patients could actually be charged more for out-of-network specialty care—even if the plan is at fault for not having access to appropriate specialists within the plan.

Our amendment will have a profound effect on the lives of American children and the families who care for them.

For example, our amendment would allow a child with leukemia to go directly to a pediatric oncologist instead of being hauled from doctor to doctor.

A sick child should not have to go through such an additional ordeal. This makes perfect sense to me and the American people overwhelmingly agree. People who are fighting to stay healthy should not have to battle their HMO as well.

This amendment has other common sense effects. The access provisions in this amendment, when combined with a right to a meaningful and speedy independent appeal, will help minimize the need for litigation by helping ensure patients get the benefits they need from appropriately qualified providers in a timely fashion. The guaranteed right to have access to a specialist should not be a controversial issue. This is a simple matter of allowing working Americans to get what they pay for—the best medical health care available.

Mr. President, I believe this amendment is fair. The current system wasn't fair for Henry, a 40-year-old man from Albuquerque, New Mexico who had what the doctors refer to as ''lymphocytic lymphoma'' a form of cancer.

Henry was not responding to conventional therapy and quickly required a specialized procedure. This was not an experimental procedure and he would most certainly die without it. His doctor immediately applied for the referral.

Since there were no facilities for such a procedure in Henry's managed care network, his doctor requested a referral to a specialist out of network, a right he would have guaranteed under our amendment.

Even knowing exactly what kind of speciality procedure was necessary, where that specialist was, and that time was critical, the managed care company held multiple meetings which dragged on for more than a year.

Under our amendment speciality care is guaranteed to be available and accessible because we recognize the importance of providing timely, appropriate medical services.

A final meeting was held between Henry's doctors and the managed care company personnel. During that meeting, the managed care company required that Henry's doctor explicitly relate descriptions of what would happen to Henry without the referral for the necessary procedure.

Henry's doctor writes:

I had to sit in front of this patient and his wife and explain in graphic detail just exactly how he would die, how that would be, and how little hope there actually was that anything else would occur.

Henry's doctor continues, ''Henry had been pretty strong until that time, but this broke him and after that point he lost any spirit to fight.''

After one year of requests and delays, the managed care company did, in fact, approve the referral, but by that time Henry's condition had deteriorated and it was too late. Henry died.

In a final, sad epilogue to this story, the managed care plan is on record as having approved the referral to the specialist for the procedure.

We are fortunate to live in a country that has seen so many medical advances. We all have family or friends who have benefited from the knowledge and expertise of specialists. Blocking access to these health care professionals is wrong and it is well past time to address this issue.

Mr. President, I ask unanimous consent to have printed in the RECORD letters in support of the amendment from the American Academy of Pediatrics, the Children's Defense Fund, the American Academy of Physical Medicine and Rehabilitation, the National Breast Cancer Coalition, Consortium for Citizens with Disabilities, the National Association of People with AIDS, the Oncology Nursing Society, and the National Multiple Sclerosis Society.

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

AMERICAN ACADEMY OF PEDIATRICS,
Washington, D.C., July 12, 1999.

Hon. JEFF BINGAMAN,
U.S. Senate,
Washington, DC.
Hon. TOM HARKIN,
U.S. Senate,
Washington, DC.

DEAR SENATORS BINGAMAN AND HARKIN: On behalf of the 55,000 physician members of the American Academy of Pediatrics, I am writing in support of your amendment to guarantee that managed care enrollees have access to appropriate providers of care.

In many ways, children differ from adults. They have a wider spectrum of disorders and much of their care is more complex than similar care in the adult patient. Also, because children are rapidly developing, they often require more comprehensive services in order to promote appropriate development. Physicians who are approximately educated in the unique physical and developmental issues surrounding the care of infants, children, adolescents, and young adults should provide their care.

Your amendment would ensure access to specialty care, including, in the case of a child, pediatric medical subspecialists and pediatric surgical specialists. The Academy strongly believes that pediatric-trained physician specialists should have completed an appropriate fellowship in their area of expertise and be certified by specialty boards in a timely fashion if certification is available. These practitioners should also be engaged actively in the ongoing practice of their pediatric specialty and should participate in continuing medical education in this area. This is a critical guarantee for the pediatric population.

The Academy also agrees that an efficient process for approving referrals to pediatric specialists, in- and out-of-plan, should be developed and publicized widely to plan members. In some instances, this might include the provision of standing referrals for children with certain health care needs. Your amendment would make this possible.

Additionally, we support proposed arrangements to allow a specialist to serve as primary care provider in certain cases. Though the role of the ''gatekeeper'' should be assumed by the primary care pediatrician (i.e., the physician who assures that all referrals are medically necessary), this function might be transferred to a pediatric specialist team for certain children with complex physical health problems (e.g., those with special health care needs such as cystic fibrosis, juvenile rheumatoid arthritis, etc.) if the specialist assume both responsibility and financial risk for primary and specialty care.

Finally, we strongly support the ability of a beneficiary to go out of network, at no additional cost, if the plan has not contracted with appropriate specialty providers or they are not available. For children in need of specialty care, this protection is crucial. Because children tend to be generally healthy and a majority of them do not require specialty services, in some areas and/or within some plans, pediatric medical subspecialists and pediatric surgical are not available. This should never, however, be an excuse to force a family to take a child to a lesser-qualified provider.

If we can be of assistance or provide additional information in support of your efforts, please do not hesitate to contact us.

Sincerely,

GRAHAM NEWSON,
Director, Department of Federal Affairs.

CHILDREN'S DEFENSE FUND,
Washington, DC, July 13, 1999.

Hon. JEFF BINGAMAN,
U.S. Senate,
Washington, DC.

DEAR SENATOR BINGAMAN: I am writing to let you know that the Children's Defense Fund supports the access to specialty care amendment that you and Senator Harkin plan to offer during the Senate debate this week on the Patients' Bill of Rights. As you know, the mission of the Children's Defense Fund is to Leave No Child Behind® and to ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life and successful passage to adulthood with the help of caring families and communities. Your amendment will ensure that families and their children in managed care get access to needed specialty care to help those children get the healthy start in life that they deserve.

Children with special health care needs often need out-of-network specialty care. Cost cutting and profit maximizing managed care decisions all too frequently serve as a bar to access to specialty care for these children. Also, when these children receive ongoing specialty care treatment, they should be able to designate their specialists as their primary care providers.

Your amendment will guarantee that children will get access to the specialty care they need and ensure that children in managed care have the opportunity to grow and

develop. Without such protection, children will suffer harm that is unconscionable. Thank you for taking a leadership role in raising this important amendment for consideration by the Senate. We look forward to implementation of meaningful managed care reform that includes these important specialty care provisions.

Sincerely,

GREGG HAIFLEY,
Health Division Deputy Director.

AMERICAN ACADEMY OF PHYSICAL MEDICINE AND REHABILITATION,
Chicago, IL, July 13, 1999.

DEAR SENATOR HARKIN AND SENATOR BINGAMAN: The American Academy of Physical Medicine and Rehabilitation, representing 6,000 physicians who provide comprehensive rehabilitation services to people with physical disabilities, strongly endorses your amendments to assure direct access to specialists for people with disabilities who need specialty care and others who may have ongoing specialty care needs.

While S. 326 includes a provision on access to specialty care, it does not assure access for it does not enable a person with a condition requiring ongoing specialty care, such as spinal injury, brain injury or stroke, to have direct access to a specialist. Primary care providers are empowered to continue as gatekeepers in such cases under S. 326. Your amendments would authorize standing referrals to specialists or allow a person with conditions such as spinal injury to utilize a specialist as the care coordinator. Your amendments would therefore assure direct access to the specialist while S. 326 would not.

Sincerely

JOHN MELVIN, President,
American Academy of Physical Medicine and Rehabilitation.

NATIONAL BREAST CANCER COALITION,
Washington, DC, July 13, 1999.

Hon. JEFF BINGAMAN,
Hon. TOM HARKIN,
U.S. Senate, Washington, DC.

DEAR SENATORS: On behalf of the National Breast Cancer Coalition (NBCC), I am writing to thank you for your leadership in offering the access to specialists amendment to the ''Patients' Bill of rights'' being debated in the U.S. Senate this week. NBCC is a grassroots advocacy organization dedicated to eradicating breast cancer through action and advocacy. Formed in 1991, the Coalition now has more than 500 member organizations and tens of thousands of individual members. NBCC seeks to increase the influence of breast cancer survivors and other activists over public policy in cancer research, clinical trials, and access to quality health care for all women.

As you know, NBCC believes that this amendment is an essential component of a meaningful patients' bill of rights. By offering this amendment and making it a priority, you highlight the importance of ensuring that individuals in group health plans have access to the specialty care they need.

We appreciate that your amendment includes standing referrals that would allow patients to go straight to their oncologist instead of jumping through hoops with primary care doctors or insurance companies. This direct access is extremely important for women who are fighting for their lives against breast cancer.

We look forward to working with you to get this important patient protection, and a comprehensive and enforceable ''Patients' Bill of Rights'' enacted into law. Please do not hesitate to call me, or NBCC's Government Relations Manager, Jennifer Katz, if you have any questions.

Sincerely,

FRAN VISCO,
President.

CONSORTIUM FOR CITIZENS WITH DISABILITIES,
Washington, DC, July 9, 1999.

Re CCD strongly supports the Bingaman/Harkin amendment on access to specialists.

Hon. JEFF BINGAMAN,
U.S. Senate,
Washington, DC 20510

DEAR SENATOR BINGAMAN: We are writing as Co-Chairs of the Health Task Force of the Consortium for Citizens with Disabilities (CCD) to express our strong support for the amendment you intend to offer along with Senator Harkin to ensure appropriate access to specialty care during the upcoming debate on the Patient's Bill of Rights. CCD is a Washington-based coalition of nearly 100 national organizations representing the more than 54 million children and adults living with disabilities and their families in the United States.

Ensuring that people with disabilities and others with complex medical conditions can designate a specialist as the primary care provider (PCP) is among the most necessary new patient protections, along with the right to go out of network for specialty care when such specialty care is not readily accessible within the network. Most people with disabilities live with extremely complex conditions and getting access to appropriately trained providers with the knowledge and skill to treat their condition can have an enormous impact on their health status. When persons are treated by providers without the expertise or experience with their particular condition, many people unnecessarily become further debilitated, their capacity to function independently is often diminished, or their quality of life could be substantially eroded.

The Republican Leadership's reform plan clearly fails Americans who may ever need access to a specialist. Consider, for example, a person with a neurological condition. Under the Republican Leadership's proposal, a health plan could refuse to allow the patient to designate a qualified neurologist as their primary care provider. Or, the health plan could restrict the patient's access to a limited number of specialty visits—even when the nature of the condition clearly justifies the need for on-going specialized medical treatment. Any legislation that purports to protect patients, but doesn't give them the basic right to be seen by appropriately trained providers does not deserve to be enacted—and does not address the widespread concerns of the American people.

The CCD Health Task Force is pleased that you will offer an amendment that will ensure that people whose health condition warrants it are guaranteed that their health plan must enable them to seek the specialty care they require. This amendment addresses the dual issue of access to a specialist as a primary care provider and access to out-of-network specialists when such specialty care is not available within the health plan's network.

The CCD Health Task Force is grateful for your leadership on this critical issue and we look forward to working with you and your staff to ensure that this amendment is adopted.

Sincerely,

JEFFREY CROWLEY,
National Association of People with AIDS.
BOB GRISS,
Center on Disability and Health.
KATHY MCGINLEY,
The Arc of the United States.
SHELLEY MCLANE,
National Association of Protection and Advocacy Systems.

THE NATIONAL ASSOCIATION OF PEOPLE WITH AIDS,
Washington, DC, July 9, 1999.

Re NAPWA strongly supports the Bingaman Harkin amendment on access to specialists.

Hon. JEFF BINGAMAN,
U.S. Senate, Washington, DC.

DEAR SENATOR BINGAMAN: I am writing on behalf of the National Association of People with AIDS (NAPWA) to express our strong support for the amendment you intend to offer along with Senator Harkin to ensure appropriate access to specialty care during the upcoming debate on the Patient's Bill of Rights. NAPWA serves as a national voice for the nearly one million people living with HIV and AIDS in the United States. We advocate on behalf of all people living with HIV in order to end the HIV pandemic and the human suffering caused by HIV and AIDS.

Ensuring that people living with HIV and AIDS and others with complex medical conditions can designate a specialist as the primary care provider (PCP) is among the most necessary new patient protections, along with the right to go out of network for specialty care when such specialty care is not readily accessible within the network.

In recent years, medical advances and the development of highly active antiretroviral therapy (HAART) have given hope to hundreds of thousands of people living with HIV in the United States. This new drug therapy has been successful in preventing or slowing HIV progression for many people. Making appropriate treatment decisions, however, is incredibly complex. If we were to look only at the complexities involved in devising a medication regimen, there are numerous factors to be considered. Most current antiviral combinations involve taking at least three medications. Some of them produce certain types of side-effects more commonly than others. Some must be taken with food, while others must be taken without food. Some medications develop resistance in ways that if you become resistant to one drug you could become resistent to all of a particular class of drugs—and this impacts decisions about which drugs you should take first and which ones you should reserve in case your treatment regimen begins to fail.

Keeping up with the latest research, working with patients to devise a regimen to which they can adhere, and monitoring HIV progression is very complex. Unless providers have the training and spend time treating many people living with HIV, they cannot treat them well. Shouldn't people have a right to designate a primary care provider that has the training and expertise to treat them effectively? I am glad you think so. Unfortunately, the Republican Leadership proposal would not give America's health care consumers that right. Shouldn't a person be guaranteed that if their health plan does not have the in-network specialists they need, they can go out-of-network, and the health plan will pay for such care? I think this is common sense. And I think the American people think that is what health care is supposed to be all about.

I am hopeful that you and Senator Harkin will prevail in convincing a majority of your colleagues to support ensuring access to specialists. Now that our nation's scientists have delivered us medications that provide hope to people living with HIV until a cure is found, Congress needs to take the next step and make sure that heartless managed

care does not deny people the specialty care that can help to keep them alive.

Sincerely,

. CORNELIUS BAKER,
Excecutive Director.

ONCOLOGY NURSING SOCIETY,
Pittsburgh, PA, July 13, 1999.

Hon. JEFF BINGAMAN,
U.S. Senate,
Washington, DC.

DEAR SENATOR BINGAMAN: The Oncology Nursing Society (ONS) is the largest professional oncology group in the United States and is composed of over 29,000 nurses dedicated to improving the care of oncology patients and oncology health services. We endorse the Harkin-Bingaman amendment to assure that managed care plans do not discriminate among providers, such as the care provided by a nurse practitioner. We urge the Senate to pass provisions to allow for the non-discrimination of providers in managed care plans.

This amendment is extremely important to patients in managed care, especially in rural and underserved areas, such as New Mexico. Many areas in this country do not have enough physicians to adequately care for patients in our growing health care system. Many private and managed care plans do not allow nurse practitioners to be reimbursed for their services, thus preventing them from being full partners in our health care system.

Advanced practice nurses, such as nurse practitioners, provide competent and needed health care resources and information, particularly to the under-served. In one study in Tennessee, it was shown that nurse practitioners provided more care to women and to young clients than physicians. It has been shown that nurse practitioners provide more teaching and counseling services, smoking cessation counseling, weight reduction counseling, as well as nutrition counseling than other providers. These are valuable and needed services to improve many patient's overall health and ultimately reduce future health care costs.

Nurse practitioners are well prepared to care for the health care needs of patients. Nurse practitioners are well-educated to provide health care services. Most nurses entering advanced degree programs already have a wealth of experience in their planned specialty even before entering the advanced educational programs to prepare them as a nurse practitioner. As our population ages, more individuals will have cancer, and the majority of nurse practitioners working with oncology patients have many years of experience as oncology nurses. This type of specialization and care for patients with cancer must be supported. Also, as health care moves from hospital-based care to more care given in out-patient settings, nurse practitioners will become more needed to fill the growing gaps in health care resources. It is of outmost importance that they are recognized and receive reimbursement for their health care services.

The Oncology Nursing Society fully endorses the Harkin-Bingaman amendment to provide for the non-discrimination of providers in managed care. We urge the Senate to pass this amendment.

Sincerely,

ROBERT STROHL, RN, MN, AOCN,
President.
PEARL MOORE, RN, MN, FAAN,
Chief Executive Officer.

NATIONAL MULTIPLE SCLEROSIS SOCIETY,
New York, NY, July 13, 1999.

Hon. Jeff Bingaman,
U.S. Senate, Washington, DC.

DEAR SENATOR BINGAMAN, The National Multiple Sclerosis Society is pleased to support the Bingaman/Harkin amendment (access to specialists) to the Patient's Bill of Rights legislation pending in the Senate. Passage of patient protection legislation is one of the top public policy issues for the National Multiple Sclerosis Society. The MS Society supports legislation that would assure the right to quality medical care for all people, including those with chronic illnesses such as MS.

Our top priority for patient protection legislation is access to specialists. The Society supports legislation that:

Provides for direct access to a specialist when there is a life-threatening or chronic illness;

Provides for standing referrals when a patient regularly needs to see a specialist, thereby eliminating unnecessary delays;

Allows an individual with a life-threatening or chronic illness to choose a specialist as primary care physician.

We commend your continued leadership in the managed care reform debate and look forward to working with you on the common goal of getting the best medical care possible for patients. Please let us know what we can do to help persuade your colleagues to pass comprehensive bipartisan managed care reform legislation.

Sincerely,

MIKE DUGAN,
General, USAF, Ret.,
President and CEO.

The PRESIDING OFFICER. The Senator from Arizona is recognized.

Mr. KYL. Mr. President, let me begin by complimenting Senator JEFFORDS, the chairman of the committee, for the work the committee has done, and all of the members of the committee, in bringing forth this legislation. I make a point to those who might be watching, this debate, frankly, is not quite as cut and dried, as black and white, as people on both sides of the aisle are attempting to make it. This is a complicated issue. I want to compliment some of my friends on the Democratic side for insisting the issue be brought before the Senate for debate.

There are, indeed, situations around this country in which some HMOs have abused their position. In order to cut costs—which we all would like to see—some HMOs have denied the highest-quality care to people under their care. That is something about which we all should be concerned.

Just as much, we need to be concerned about how much it will cost to fix the problem. If it costs too much, the cost of insurance escalates too high, too many people will no longer be able to buy the insurance that is offered.

We have to be very careful that in working out a solution to what is, in fact, a real problem, we don't go too far. That is where the differences of opinion are. They should be considered reasonable differences between reasonable people. But I fear that too much of the debate has been characterized by finger-pointing and by both sides characterizing the other side's ideas as absolutely off the wall, or that no one could possibly ever think such a thing could solve the problem, when, in reality, there are some common answers and there are some good ideas on both sides.

One of the problems Senator EDWARDS was referring to a moment ago was a problem during the external review process and what would be included in that external review process. There is going to be a change made by Senator ASHCROFT and myself that I am sure will be fully acceptable to the Senator from North Carolina. It accepts part of the definition he and others have offered with respect to what ought to be considered. Specifically, among the factors to be considered are not just what the HMO writes as its ''practice guidelines or definitions,'' but also ''recognized best practice'' and ''generally accepted medical practice.'' I know the Senator would be pleased with that.

The fact of the matter is if we continue to talk about this we are going to be able to come to some common agreement about what will make this work. We have to be careful it doesn't end up costing so much that it drives people off of insurance plans.

I will talk about that for a moment. David Broder, a respected columnist, wrote on April 7 in the Washington Post that the cold truth about health care raises this critical policy issue which is the irrefutable link between health care premium increases and the number of Americans without insurance. He said as we debate these various proposals, we have to keep this linkage in mind.

My colleagues on the other side are quick to point out their bill could improve health care, but they are not so quick to admit it will raise costs. That is the problem. If it raises costs too much, some employers will stop offering health insurance as a benefit. That will make insurance unaffordable for more Americans. Obviously, that means people are worse off, not better off.

Here are some statistics I think we should keep in mind. The Lewin Group, a very respected consulting group, said for each 1 percent of premium increase, an additional 300,000 citizens will lose their insurance; 300,000 people will lose their insurance for every 1 percent premium increase.

The Barents Group, another respected entity, projects a 5-percent premium increase would cause 1.6 million Americans to become uninsured. It further points out the increase would force employees who already have insurance to pay an additional average of $935 per household in out-of-pocket expenses. Most families are not going to be able to afford that.

The Congressional Budget Office has concluded the bill offered by our colleagues on the other side of the aisle, the Daschle-Kennedy Democratic proposal, would increase premiums by 6.1

percent. That is the Congressional Budget Office. That is not a biased insurance company study. By these projections of these specialty groups, this would result in almost 2 million more uninsured nationally.

In my own State of Arizona, over 34,000 people who are currently insured would be uninsured as a result of the increased premium costs, if the Democratic proposal were to pass. That is why some of the people on this side of the aisle are so concerned about what is being done. Yes, there is a problem, but the physician's first rule of thumb is to do no harm. We are concerned on this side that the proposal of the Democrats is so costly that it would, in effect, remove 3 million people from the insurance rolls. That is a worse result than is currently the case.

We believe, and David Broder concluded in his column, by correctly pointing out, that additional benefits for those with insurance are less vital than providing access to basic care for the uninsured. This is one of the reasons why we have provisions in our bill which would provide more of an opportunity for people to actually get insurance and why we think the Democratic version of this bill is just too expensive.

What does the Congressional Budget Office score the Republican bill as costing? Less than 1 percent. That is why we believe ours is a better approach. We would not preempt the laws of 50 States, as would the Democratic bill.

Here are some of the things the Republican bill would do:

First, we make health care more affordable for the self-employed by letting them deduct 100 percent of their health premiums in the year 2000, 3 years ahead of schedule.

We give more patients more control over their medical care and make it more affordable by expanding access to medical savings accounts. These MSAs can provide coverage for a lot of Americans who currently are not covered.

We require the health plans actually provide the benefits that have been promised.

We require the health plans provide care based on the best scientific information available.

We require the health plans provide patients with access to their medical records and ensure that the medical information will only be used to provide better care, not to increase their premiums.

We require the health plans provide reasonable access to specialists such as OB/GYNs and pediatricians without the need for referral.

We require them to remove so-called gag clauses. I worked on that with my colleague, RON WYDEN.

We require they be held accountable through the appeals process. This is where I refer back to the colloquy Senator JEFFORDS and Senator EDWARDS had a moment ago. It is true that HMOs write their contracts. They are the ones that write the contract. They can't force any employer to contract with them. This is a matter of bargaining. It is a matter of competition. It is a matter of what they cover. Once a contract has been written and an employer has bought that contract and provided coverage to his employees, the question then is in any given case whether or not a particular procedure may be medically necessary.

What we provide in our legislation is a two-step process by which this matter can be reviewed. It is by an independent party with the external review. Not by the HMO, not by somebody the HMO picks; rather, it is by an independent external medical reviewer, someone who has expertise in the area in which the diagnosis is involved.

This has to be done on an expedited basis so if there is a concern about time, the care can be provided in a timely way.

Senator ASHCROFT and I will be proposing two changes to the language which I think solves two big problems. The first is the problem Senator EDWARDS raised. We add to the factors that the external review specialist has to consider not only the party's records and the evidence submitted by the plan and the guidelines offered by the plan but also the external review expert would have to examine the recognized best practice and generally accepted medical practice as part of the consideration of what is appropriate in any particular case. It wouldn't be bound by any of these specifics but would have to consider these factors.

Another thing we have added, and I think it is very important, in the event for some reason the HMO would decide, even though it had been ordered by the external reviewer to provide a certain procedure or care, should it decide not to do so, then in that case we have provided a new process whereby the patient will be able to go to some other physician or some other provider and have that care provided by the other provider and bill the HMO that refused to follow the recommendation or the order of the external reviewer. So in no case should there be a situation where after the expert external review process takes place and a particular procedure has been ordered, in no case should the party be denied that care.

There is one final thing I want to say. There has been a lot of finger-pointing about HMOs, about doctors, and so on. I think it is important to recognize that HMOs have provided an important contribution to reducing costs and providing quality care to the citizens of our country. It is equally important to note that physicians have done a tremendous job in working under the conditions that were unfamiliar to them—the conditions of managed care—which require them in many cases to submit their diagnosis, plans, and care plans to someone else for review, something they are loath to do. And in many cases they have been overruled with respect to the care they would like to provide. The physicians are not just out to put money in their pockets. They are guaranteed only a certain amount by these HMOs, and it is a less and less amount each year. They are concerned for the good of their patients. I do not think we ought to be constantly pointing our fingers at doctors as if they are somehow the problem. Physicians are fighting for their patients, for the kind of care they think their patients need.

When a group such as the American Medical Association, for example, lobbies legislation, they are trying to do what they think is right for the good of their patients. Even though I do not support the legislation they have been sponsoring primarily, I am going to be the first to defend the physicians of this country, and specifically the American Medical Association, for doing what it thinks is right.

So I urge my colleagues, as we trade charges back and forth, that we just lower the rhetoric a little bit, recognize there is a problem to be solved, recognize that both sides of the controversy have something important to contribute, and try to come together with an idea that will solve the problem at an affordable cost.

That is what I think the Republican bill does. I again commend Senator JEFFORDS and his committee for coming forth with this legislation.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I yield 5 minutes to the Senator from California.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. Mr. President, I have been keeping score of these votes, where the HMOs are in every single vote. It may not be an All-Star game, but 7–0, HMOs over patients, that is where we are. Every single amendment they have won on their position, and the vote on every single amendment has basically been party line. To me, it is a sad day in this greatest of all deliberative bodies to have such partisan voting.

I wanted to mention a couple of things to the Senator from Arizona before he leaves the floor. In his opening he was very gracious. He said: Yes, it is true, some HMOs have made mistakes in their zeal to cut costs. I think he was very accurate in the way he talked about it.

The Republican bill—and this is such an irony—does not even cover HMOs. It covers only the 48 million people who essentially have self-funded plans. So the Republican bill doesn't even reach to the people in this country who utilize HMOs.

Mr. KYL. Will the Senator yield on that?

Mrs. BOXER. On your time I will be happy to.

Mr. KYL. Mr. President, I ask Senator JEFFORDS for 30 seconds, if I could?

Mr. JEFFORDS. I yield 30 seconds.

Mr. KYL. Is the Senator from California aware the external review process and internal review process, the appeal process we have been talking about, applies to all people, to HMOs, too, not just the ERISA plans?

Mrs. BOXER. Yes. I will take this on my own time. As Senator EDWARDS pointed out, it is a meaningless situation which I hope the Senator is going to correct. We talked about correcting it after the Senator from Vermont said it is perfect. Now we hear there is an amendment coming. Good, we are looking forward to seeing it.

But the basic bill, as Senator KENNEDY has pointed out, does not cover the vast majority of the people. Take the Collins amendment. The Collins amendment does not cover the vast majority of women in its provisions, or the vast majority of patients. Mr. President, 77 percent of the people in California are not covered by the basic bill. If you look at the whole Nation, it is about 70 percent or so. So it is 7–0, and we have many more amendments to go. I do not have much hope this is going to change. That is why I have this little flip chart. But we are hoping for something better in the later innings.

Let me say to my friends who support the Collins amendment, do not be fooled. You better look at this letter that just came in from the American College of Obstetricians and Gynecologists. Let me tell you what it says.

This amendment is an empty promise to the millions of women enrolled in managed care plans, covering only one in three women in ERISA-regulated plans. . ..[It erects] new barriers to follow-up care for both ob and gyn services.

I ask unanimous consent that the entire letter be printed in the RECORD.

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

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS,
Washington, DC, July 14, 1999.

Senator TRENT LOTT,
Majority Leader.

Senator THOMAS DASCHLE,
Minority Leader.

DEAR SENATORS LOTT AND DASCHLE: The American College of Obstetricians and Gynecologists, representing the nation's 39,000 obgyns and the women they serve, does not support passage of Amendment 1243 to the Patients' Bill of Rights, offered by Senator Collins. This amendment is an empty promise to the millions of women enrolled in managed care plans, covering only one in three women in ERISA-regulated plans.

While this amendment supposedly addresses the weaknesses in the Majority's managed care reform bill, it takes away as many protections as it provides. It removes barriers to access to obstetrical care while erecting new barriers to follow-up care for both ob and gyn services. While under this amendment, health plans would be required to provide direct access to the full range of initial obstetrical services, plans would still be able to limit direct access to needed gynecological care. The amendment would also weaken access to follow up ob and gyn care if a problem is identified in a routine or periodic visit. Indeed, by changing ''shall'' to ''may'' the follow up care provisions does no more than restate current law.

We continue to look forward to working with both sides of the aisle, but are disappointed that this amendment offers women less than half a loaf of needed protections.

Sincerely,

RALPH W. HALE, M.D.,
Executive Vice President.

Mrs. BOXER. Mr. President, this debate is very interesting, but it is very sad because we, on our side of the aisle, are offering amendments to try to correct real problems that are happening to real people. On the other side, we get empty promises. Not my words, the words of the OB/GYNs: Empty promises, sham, shells, but nothing real. So it is 7–0.

I rise also in support of a very fine amendment. I rise in very strong support of Senator BINGAMAN's amendment on specialists.

I want to tell you about one of my constituents, Carley Christie. I met her dad a long time ago. These are his words:

Carley was 9 years old when she was diagnosed with malignant kidney cancer: When the HMO insisted we trust our daughter's delicate surgery to a doctor with no experience in this area, we were forced to find an expert and pay for it ourselves.

Mr. President, $50,000 Mr. Christie had to come up with. He said:

You only get one chance at removing a Wilms' tumor correctly and successfully to ensure the highest probability of survival in children, and we weren't going to take that chance with our daughter's life because the HMO wanted to save money.

And he goes on to say:

Congress must close the ERISA loophole and hold health plans accountable for cost-cutting decisions that result in patient injury.

These are the words of a dad, a loving dad. We have a lot of loving dads in this institution. We have a lot of loving granddads in this institution. One is on the floor right now, the Senator from Utah.

I have to tell you, we have to start acting to help loving moms and dads such as this because we are not doing that.

I ask for 30 additional seconds.

Mr. KENNEDY. I yield the Senator from California 30 seconds.

Mrs. BOXER. We are not acting on behalf of loving dads such as Harry Christie. We are turning our backs on them and we are acting in favor of the HMOs against the patients, against the Carley Christies, against the Harry Christies. It is wrong and we ought to change and we ought to support the Bingaman amendment and get on the right track.

I yield the floor.

Mr. KENNEDY. Mr. President, I yield 30 seconds to the Senator from Iowa.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. HARKIN. Mr. President, the Bingaman amendment offered by the Senator from New Mexico, I began speaking about it, the Senator from California spoke about it, Senator REID spoke about it, but I have not heard one word on the other side about the Bingaman amendment that allows people to go outside their plan to get specialty care, as Senator BOXER just mentioned. Not one word from the Republican side about this amendment.

What is it? Are they going to support it? Are they going to oppose it? What are they going to do? Not one single word about it.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. JEFFORDS. I yield 15 minutes to the Senator from Utah.

Mr. HATCH. Mr. President, we are nearing the end of debate on legislation that is, unquestionably, one of the most important measures to be considered in the 106th Congress.

We have heard the horror stories about denials of coverage for certain treatments. We have heard about the bureaucratic nightmares suffered by family members who have a simple question: Why can't the insurance companies understand a family's anxiety as well as they understand the costs of diagnostic tests or the arcane science of filling out forms?

As a matter of fact, our constituents may be surprised to know that many of us have also experienced the bureaucratic two-step, many of us have also sat on ''hold'' trying to get past an automated switchboard.

Our colleagues on the other side of the aisle have made it seem that we are completely oblivious to the health care needs of the American people.

On the contrary, we are well aware of the public's frustration and of the need for effective legislation to ensure that those individuals enrolled in managed care plans are provided quality health care.

Over the past several years, numerous hearings have been held in both the Senate and the House of Representatives, exposing story after story about individuals who had complaints about their managed care plans.

The National Association of Insurance Commissioners (NAIC) recently published figures that, in 1998, more than 35,000 health insurance complaints were made to state insurance departments.

According to an article in the February edition of the Employee Benefit Plan Review magazine, ''consumer complaints about health insurers and HMOs are surging.'' The article goes on to say that ''these complaints encompassed matters such as health care claim denials, disputed claims, slow payments by health insurers, and premium-related matters.''

But the article also reports that insurance commissioners in 12 states where the data were collected ''doubt the rise implies a deterioration in care but rather that the numbers reflect greater public readiness to fight HMOs, and encouragement by states for consumers to file complaints.''

Enrollees in managed care plans are not likely to acquiesce and abide by

coverage decisions as final—when their lives are at stake. That is why we are here today and that is why the Senate is now poised to take significant action in addressing this issue for the American people.

The question before the Senate this week is not so much will we pass a patients' bill of rights measure—and I hope and believe that we will—but rather what kind of patients' rights bill will the Senate pass and send over to the House of Representatives for consideration?

All of us in this Chamber know very well there are numerous competing bills that have been introduced over the years that provide a variety of legislative remedies to address these concerns. In many respects, these bills have common components intertwined with similar and, in some cases, identical provisions.

It is my understanding that there are presently 47 various bills that have been introduced in the Senate and House this year alone which are designed to provide patient protections to managed care enrollees.

Clearly, we are all concerned. But, for Congress to act and pass responsible and workable legislation, we must come together in a bipartisan fashion and put forth the best bill for the American people. We have done this many times on health care legislation in the past, and there is no reason why we cannot succeed again today and do what is right for the country.

I have joined 49 of my colleagues in sponsoring one of the proposals currently under consideration, S. 300, the Patients' Bill of Rights Plus Act of 1999. This legislation, along with its companion bill, S. 326, represents a balanced approach at addressing the concerns over managed health care.

This bill is sound public policy that avoids unnecessary and costly federal mandates that would ultimately undermine the affordability and availability of health insurance to millions of Americans.

S. 326 was considered in the Senate Health, Education, Labor, and Pensions Committee, where extensive hearings were held affording an opportunity for all points of view to be heard on the various provisions of the legislation.

The HELP Committee reported S. 326 on March 18, 1999, and I want to commend Senator JEFFORDS and the members of the HELP Committee—Senators FRIST, COLLINS, GREGG, and others—for their work on this legislation.

S. 300 is identical to S. 326 except that it contains important tax provisions that will make health insurance more affordable for those who either do not have insurance, or are paying high premiums for such coverage out of their own pocket.

For instance, pursuant to the Title V provisions of S. 300, self-employed taxpayers would be permitted a 100 percent deduction for health insurance premiums. This provision would be effective beginning next year thereby easing the financial burden for self-employed individuals.

Moreover, S. 300 removes the current law provisions restricting Medical Savings Accounts, or MSAs, to employees of small employers and self-employed individuals, making MSAs far more generally available to individuals than they are today. This legislation also eliminates the existing 750,000 policy cap on the number of taxpayers who can have MSAs as well as the cap placed on Medicare+Choice MSA plans.

I would emphasize that a December 1998 report from the General Accounting Office concluded that 37 percent of those individuals who enrolled in MSAs were previously uninsured. Clearly, with greater availability and flexibility in the MSA design, these plans will attract even more of the uninsured.

These tax provisions will provide much needed reforms in tax-based assistance to those individuals without employer-subsidized insurance. They also will help millions of employees and business owners in obtaining coverage.

Today, however, the pending bill is S. 1344, championed by Senator KENNEDY and my colleagues on the other side of the aisle. For months, we have heard from a number of our colleagues on the Democrat side about their desire to bring their bill to the floor for a vote. I am glad they got their wish, although I happen to believe that Senator LOTT was quite generous in agreeing to this debate before we had even finished the appropriations bills. So, I hope we will hear no more about the majority's unwillingness to have this debate.

So, tomorrow, with the roll call of the clerk, we will decide which approach to managed care reform will be in the best interest of our constituents. So I encourage the American people to listen carefully to this debate. I encourage them to listen with discernment. They will have to separate a lot of fact from fiction and a lot of reality from rhetoric.

Let me see if I can shed some light on the fundamental differences that distinguish the Republican bill from the bill being advanced by Senator KENNEDY and President Clinton.

Contrary to the allegations made by some of my colleagues, the Republican bill that was reported by the HELP Committee—S. 326—is not the insurance industry's bill. In fact, the insurance industry's idea of a bill is no bill at all. Officials from the insurance and managed care industry tell me they not only oppose the Democrats' bill, S. 1344, but they also oppose the Republican bill, S. 326.

S. 326 would, in fact, impose a number of new rules on group health plans relating to access to care, scope of coverage, disclosure of plan information to enrollees, and appeals of claim denials.

Our Democrat colleagues assert that our bill is limited in scope and that it does not apply to all enrollees in ERISA plans. That simply is not true. Our bill includes many important features that will provide patient protections for enrollees in self-insured ERISA plans, about 48 million people.

However, our bill also provides protections to all ERISA enrollees, or 124 million people, regarding the critically important issues relating to an internal and external appeals process, patient information disclosure, and on discrimination in underwriting based on genetic information.

On the surface, the Democrats' criticism of our bill sounds credible. But the fact of the matter is that states have historically regulated the insurance market for those individuals not in self-insured ERISA plans. Why should Congress now suddenly preempt these regulations and impose a whole new series of costly federal mandates on plans that are already state regulated?

In Utah, there are currently 21 state mandates on fully insured health insurance plans. Let me just highlight some of these rules:

Direct access to OB-GYNs was adopted in 1995.

The ban on the so-called gag clause was adopted in 1997.

We have rules on drug abuse treatment, alcoholism treatment, maternity stays, coverage for optometrists, nurse midwives, podiatrists, psychologists, chiropractors, and well-child care.

Why does the Congress need to duplicate and preempt what the states are already doing? And perhaps the single most driving reason why we should not impose these rules on all health plans is that the Health Care Financing Administration would ultimately regulate this whole program. Frankly, I have more confidence in our state legislature and governor in deciding what is best for Utah.

I mean, if you think health insurance is complicated and bureaucratic now, just wait until HCFA is second-guessing everything from Washington, D.C. HCFA is that federal agency that administers Medicare and Medicaid—both of which have regulations that are the size of the New York City telephone directory.

Mr. President, our constituents will benefit absolutely nothing if we merely transfer regulatory power from states to the federal government. On the contrary, they will suffer even more frustration since decisionmaking is more remote in terms of both distance and impact.

Under the Republican bill, those plans which historically have been subject to state insurance regulation will remain subject to state law.

This is consistent with the McCarren-Ferguson Act of 1945 which essentially codified the states traditional role in regulating the insurance industry. This is a wise policy that has worked well in many sectors including life insurance, automobile insurance, business casualty insurance, as well as health insurance.

All of these areas are important, and thank goodness we don't hear cries to federalize matters like car insurance.

The McCarren-Ferguson Act embraces the important principles contained in the 10th Amendment to the Constitution, which reserves to the states all governmental functions not specifically assigned elsewhere in the Constitution to the federal government. Elected state and local officials can weigh unique state and local conditions. As well, state and local officials can be held politically accountable for their decisions concerning state and local matters—including insurance regulation.

So, while it may be true that health care is a vitally important matter, it does not necessarily follow—as my colleagues across the aisle apparently believe—that we should rush headlong into federalizing every aspect of health care delivery. The Congress wisely rejected this type of misguided thinking in 1994 when the public registered its adamant opposition to the Clinton/Kennedy/Gephardt health care reform bill.

I do not think my friends on the other side of the aisle really mean to send the message that only the federal government can tackle ''important'' matters and that states and local governments are okay to handle the insignificant, less important issues. If that isn't the height of federal elitism, I don't know what is.

From the beginning of our nation it has been left to the states to regulate the licensure of doctors and nurses. What is more important to the integrity and performance of the health care system than the credentialing of health care professionals? Do my colleagues want to take that over as well?

Don't be fooled by the false argument that if something is not federally controlled and regulated by Washington that somehow that it will be second-rate.

The Republican bill recognizes the traditional role of the states in the health insurance arena. By and large our states do a first-rate job with the responsibilities assigned to them under the Constitution and by law. States have done a good job in regulating the insurance industry—a task assigned to the states back in 1945 by the McCarren-Ferguson Act.

This is not to say that every aspect of the insurance industry should be beyond some reasonable federal requirements. The bipartisan Health Insurance Portability legislation is one example where we all worked together to fashion a narrow, targeted, and effective set of federal rules that apply to health insurance.

The challenge for legislators is to evaluate carefully which particular issues require national rules and which issues are best left to the states. In this regard, I must highlight the Republican bill's treatment of one of the most important aspects of this legislation—dispute resolution.

Under our bill, the important appeals process protections, which are the fundamental heart of this debate, apply to all ERISA plans. The Republican bill revises and improves the existing internal appeals provisions and adds new external appeal and nonappealable grievance procedures. And, as under current ERISA law, the claims procedures apply to both self-insured and fully-insured group health plans.

I would add that the issue of ensuring a patient's right to an appeals process, for both internal and external review, is one of the central issues in the patient protection debate. Under the Republican bill, health plans are required to issue an internal coverage decision within 30 days after the date on which the request for review is submitted. The notice of the decision must be issued no later than 2 working days after the decision is made.

For matters in which a patient's life or health is in jeopardy, a plan's decision must be made within 72 hours after a request for review is submitted. A notice of that decision must be made within that 72 hour period.

Moreover, the review is to be conducted by an individual with appropriate expertise who was not involved in the initial determination. Appeals involving issues of medical necessity or experimental treatment are to be conducted by physicians with appropriate expertise.

With respect to appeals for external review, the Republican bill requires that after a patient's internal appeal is denied, he or she can then submit a written request for review which must be submitted within 30 days after the date of the internal review decision. Within 5 working days after the receipt of a request for review, the plan will select an external appeals entity that will designate external reviewers.

These entities could include an independent expert in the diagnosis or treatment under review, or certain state or federally authorized or privately accredited entities using appropriate credential experts.

In addition, external reviewers are required to make an independent determination and consider all appropriate and available information on the patient. The review must be conducted no later than 30 working days, or earlier, after either the date on which a reviewer is designated, or all necessary information is received. And, finally, the decision of the external reviewers is binding on the health plan.

With respect to the consumer protection standards, our bill provides for the following:

Our bill requires that a group health plan ensure that enrollees have access to specialty care when covered by the plan.

Our bill would require a plan to provide coverage for emergency medical care, including severe pain, without prior authorization by applying the so-called prudent layperson standard to medical screening.

Our bill would permit individuals, with their providers consent, to continue a covered course of treatment for up to 90 days when a contract between a group health plan and health care provider is terminated.

Our bill would permit women to obtain gynecological and obstetric care from a participating OB-GYN specialist without prior authorization by a primary care provider.

Our bill would permit a child to obtain pediatric care from a participating pediatric specialist without prior authorization by a primary care provider.

And, under our bill, a plan could not impose a prohibition or restriction on advice by a health professional for medical care or treatment. In effect, our bill prohibits the imposition of the so-called gag rule.

With respect to the issue of information disclosure by managed care plans, S. 326 requires new information collection and reporting requirements relating to benefits, access to specialty care, coverage of emergency services, advance directives, prior authorization rules, appeals and grievance procedures and a list of specific prescription medications included in the formulary of each plan.

And, on the controversial issue of drug formularies, both physicians and pharmacists must participate in the development of a drug formulary, and a plan must have a process to allow physicians to prescribe drugs that are not listed on the formulary.

Finally, I want to commend my colleague, Senator FRIST, for his principal role in developing the provisions for a comprehensive independent study of patient access to clinical trails and for developing the provisions to improve medical outcomes research.

Senator FRIST is the only physician in the Senate and, quite frankly, I'd much rather have his advice and expertise in developing this legislation than the input of attorneys who had helped shape the Democrats' bill.

Mr. President, for anyone to describe S. 326 as ineffective and not doing much to help patients, I would respectfully submit that they simply have not read the bill.

S. 326 will help people. It will help those people who most need our help: those people who are enrolled in health plans that are not regulated by the states.

This legislation strikes an appropriate balance between ensuring patient protections without imposing excessive and costly new federal mandates on the private sector.

In that respect, let me also add one other point: I was not particularly enamored with S. 326 when I first read it. It contains numerous federal mandates which, historically, I have opposed.

I find it particularly troubling that the federal government will impose these mandates on the private sector because this action will drive-up the costs of health insurance which may ultimately lead to employers dropping health insurance altogether.

And I can assure you that comments from the business community about dropping health insurance altogether are not idle threats. The one issue I hear most often from employers, especially from small and middle size companies which comprise most of the businesses in Utah, is the rapidly escalating costs associated with providing health insurance to employees.

Employers want to provide their employees with comprehensive health insurance plans. In fact, in order for them to compete in today's competitive marketplace for talented and skilled help, they must offer employees decent health insurance coverage.

I recently received a letter from one of my constituents who owns and operates a small company. Ms. Hydee Willis owns a small business called ''Creative Expressions'' in Murray, Utah. She wrote to me and said:

I am a woman owned business person—fought through the ranks over the last 18 years of being in business [and] of fighting the entire stigma a woman in business [has] in this country. I have struggled with the intense feelings of inadequacy and helplessness as I lost employee after employee to larger companies able to offer wonderful benefits.

She further states:

After weeks of research and many agents, we finally found a plan that gave our employees at least part of what they wanted. Yesterday, the final program papers were put on my desk and a check was being requested by the insurance agent. My heart sunk. To insure 13 people, basic health coverage with $250 individual deductible, my costs are $3,700 per month per employee or $44,400 per year.

Moreover, she writes that the employees' share of the premium was equally staggering with ''one manager with a family of five having a bill of $458 per month.''

Ms. Willis will ultimately pay the price for the federal mandates imposed under any legislation passed by the Senate. And so will her employees.

Here is where the rubber meets the road. Here is where all of our platitudes about quality collide with issues of access and affordability. Here is where reality should set in for my colleagues who are advocating on behalf of the Clinton administration's proposal.

While I have admitted my concerns about the Republican bill, at least, the increase in premiums will be .04 percent annually. Under the Democrat plan, the increase in premiums will be 6.1 percent annually. The former may be manageable; the latter will undoubtedly have serious repercussions.

Mr. President, we simply cannot ignore the fact that whatever legislation we pass here in the Senate this week will ultimately be paid for by employers and employees alike. The federal government is certainly not going to pay for this; the American people—employers and employees alike—will pay for it, and that is precisely the reason why I oppose the Democrats' bill.

Too many federal mandates will only mean no patient protection because no one will be able to afford health insurance. Who is left to protect when employers drop health coverage altogether because they and their employees can no longer afford it?

In fact, we are already seeing an average premium increase this year of approximately 10 percent. With the 6.1 percent premium increase that the Congressional Budget Office estimates as the cost of the Democrats' bill, you are conceivably looking at a 16 percent increase in health insurance premiums—in just one year!

That is not the kind of legislating I believe the vast majority of my constituents in Utah would support. Nor would most Americans.

Even the letters I've received from my constituents who support the Democrats' bill are sensitive to the unintended financial consequences that passage of a misdirected and overly broad bill will have on health insurance affordability.

Another area where there is wide disagreement between the Republican plan and the Democrat plan is on the issue of expanded litigation.

The core of this debate is the critical issues associated with the expansion of health plan liability for coverage decisions and to allow tort actions for wrongful death and personal injury under state malpractice laws. Under the Republican plan, when patients are denied medical treatment or benefits, they have the right to a second opinion from a trained medical professional.

Under the Democrat plan, when patients are denied medical treatment or benefits, they have the right to see a lawyer. Am I missing something here? If I have a medical condition, I want the services of a medical professional. Why is it that the first thing the Clinton administration thinks of is going to court?

However, as a former medical malpractice attorney myself, I fully understand and appreciate how trial lawyers will benefit from the expanded litigation provisions in the Democrats' bill. It would be a bonanza for trial attorneys.

The expanded liability provisions in S. 1344 are, by far, the most costly component of their bill. Expanded liability would increase costs by eroding the ability of a health plan to contain costs and provide quality care. It will also compel health plans to allow for coverage of defensive medicine practices, or the inappropriate and even unnecessary medical care to protect themselves from liability.

Earlier this year, the Health Care Liability Alliance sponsored a briefing identifying the impact of the current health care liability system on health care costs and access issues. At that briefing, former Attorney General Dick Thornburgh provided an overview of the current state of affairs in our nation's legal system with respect to health care liability.

Mr. Thornburgh stated, ''We've got plaintiffs' lawyers raking in millions in contingency fees while the clients they represent settle for pennies on the dollar. This is increasingly becoming the case in class action lawsuits.'' He further states, ''there are estimates that lawsuit abuse is costing the U.S. economy as much as $150 billion each year! And, there is the social cost to society with the impulse to settle every squabble with a subpoena.''

In addition Mr. Thornburgh says,

Few areas provide such ample evidence of a legal system run amok than the area of medical liability. Compared to lawsuit abuse in other sectors of the economy and society, the litigation explosion in the health care area is, if anything, more damaging precisely because health care means so much not only to patients involved, but to all of us who—as potential patients—count on a vital, vibrant health care system to give us the best care that medical science can provide.

Under the Democrats' bill, ERISA would be amended to expand state tort liability to health plans—and to employers. Interestingly, with respect to the practice of medicine, ERISA currently does not preempt state law malpractice claims against medical professionals for providing substandard care. A patient can sue an ERISA plan for medical malpractice.

In addition, there has been a clear trend in recent years in federal court decisions that managed care organizations are held ''vicariously liable'' for the malpractice of health providers.

With respect to denied benefits, ERISA already provides for a ''full and fair review'' of disputed claims. If the result of the benefit plan's internal appeal process is not satisfactory to the patient, then ERISA provides patients with a right to judicial review in either federal or state court, and the court may award attorneys' fees, court costs, the benefits denied, and ''other equitable relief'' as needed.

In lieu of expanding health care litigation, the Republican bill provides specific internal and external appeals rights that would apply to all 124 million Americans covered by group health plans under ERISA.

It seems to me to make better sense to provide an appeals mechanism that is timely and responsive to those individuals who seek a remedy on matters involving benefit coverage or denial.

The Republican bill will achieve that objective.

I have heard from many Utahns who voice strong opposition to expanding liability to both health plans and employers. Our objective is to ensure patients obtain the necessary treatment they need. I say to my colleagues on the other side, the ability to sue will not help those who face life threatening diseases.

Malpractice claims take an average of 16 months to file and 25 months to resolve. And, as the record clearly shows, the contingent fee system promotes an aggressive trial bar that dramatically inflates medical malpractice claims.

I would add that even the President's own Advisory Commission on Consumer Protection and Quality in the

Health Care Industry did not recommend expanded liability for health plans as the commissioners agreed that such a recommendation would have serious consequences within the industry as well as for employees who would likely see the costs of their premiums increase dramatically.

Furthermore, plaintiffs receive only 43 percent of their tort awards—the other 57 percent goes to the trial lawyers.

We need a workable system that establishes specific time frames to ensure patients have an effective appeals process to address disputes.

The Employee Retirement Income Security Act of 1974 has served this country well over the last 24 years by enabling employers to provide health care coverage and other benefits that meet the needs of their employees and families. Approximately 124 million Americans are enrolled in health care coverage through their employers under ERISA.

Health care coverage for these people will clearly be threatened by opening up the floodgates to expanded litigation and shifting millions of dollars away from the provision of health care to the pockets of trial attorneys.

The Republican bill provides an expeditious remedy under which patients can appeal decisions. In my opinion, the appeals mechanism in our bill is far preferable than handing these matters over to the courts and to trial lawyers. I might also speculate that resources not spent on lawsuits could be spent more productively on behalf of patients.

Mr. President, as I have listened to the debate on patients' protection legislation, I am struck by the emotion and intensity that this issue holds for many of my colleagues in the Senate. This is a deeply personal issue for all of us because it literally affects the lives of people. At the end of the day, isn't that the reason why we are here? We are here to help our constituents and, indeed, to help all Americans.

I had hoped this debate would have produced more consensus. I believe there is probably more agreement on these issues than is apparent by this week's debate. I support the Republican leadership bill because it provides a balanced approach at addressing the complex and emotional issue of patient protection.

It's not a perfect bill and, for that matter, neither is the bill offered by the Democrats. But we have an obligation to the American people to do what is reasonable and responsible.

I want the American people to know that we in the U.S. Senate are dedicated to providing access to the highest possible quality care at an affordable price to everyone across the country. For my part, I will continue to fight for increasing access to health care to the medically uninsured. It is troubling to me that 43 million Americans do not have health insurance coverage.

But, I am afraid that the Clinton administration proposal violates the Hippocratic oath to do no harm. Accordingly, I urge my colleagues to support the Republican bill for the good of their constituents, and for the good of the American people.

Thank you Mr. President.

Mrs. MURRAY. Mr. President, my colleagues have clearly spelled out the intent and necessity of this amendment so I will not take much time to go through its benefits. I came to the floor simply to urge my Republican colleagues to really think about how much more protection this amendment provides their constituents than their bill does.

The so-called access to speciality care provisions in the Republican bill are nothing more than a statement on the importance of speciality care. They do not guarantee the care; they simply reiterate current insurance practices.

During committee consideration of this legislation, a similar amendment was offered to ensure access to specialists and to ensure that patients could designate a specialist as their ''care coordinator.'' During that debate in committee, we heard a great deal about training and experience. We were told how an oncologist was a trained specialist in treating cancer regardless of the age or gender of the patient. We were told a neurologist was a trained specialist regardless of the age or gender of the patient. We were told the training was the same and practice experience was not important.

I find this hard to believe, I ask my colleagues again: is there a difference between treating a child with cancer and treating an adult? Are the treatment regimes for a 3-year-old with a brain tumor the same as those for a 50-year-old? I doubt it. It seems likely to me that a cancer treatment regime for a 50-year-old could kill a 3-year-old. That treatment could render the child disabled or seriously impair his or her developmental progress.

I urge my colleagues to talk to people at their children's hospitals, to their pediatricians, to their ob/gyns and to their cancer specialists. I have. And what I heard was that patients need to see the specialists most qualified and trained to deal with them and their specific illnesses.

If your child had a brain tumor, would you want to be told there are no pediatric neurosurgeons or pediatric oncologists in your network, but that on page 215 of your physician directory you will find a list of the oncologists approved by the plan? I certainly wouldn't. I would want a specialist trained in pediatrics.

The Republican bill does not allow for access to speciality care. It is that simple. You can say it does and in fact some of my colleagues may hope it does, but it does not. I can assure my colleagues that the language in both the bill and the committee report will allow plans—not your specialist—to make the final determination on access and treatment.

Here is what the committee report says:

> This section would NOT prevent a plan from requiring that the specialists adhere to a treatment plan if it: (1) is developed by the specialist in consultation with the patient and the patient's primary care provider; (2) is approved by the plan; and (3) meets the quality assurance and utilization review standards of the plan.

What does this mean?

It means that if the patient is lucky enough to get a specialist, that specialist—who is a trained and qualified doctor—could be required to meet the plan's treatment standards. So maybe you could see a specialist, but you might not be allowed to be treated by one.

Yesterday we offered the Robb/Murray amendment to allow women direct access to their ob/gyns. It was defeated.

Today we are offering a broader amendment in the hopes of giving all insured Americans the hope that they can get the best care possible for their sick or injured child. If we do not adopt this amendment, once again the patient loses and the insurance company wins.

I urge my colleagues to support this amendment and yield back my time.

Mrs. FEINSTEIN. Mr. President, today I want to talk about the importance of patients being able to see medical specialists. I support the Bingaman amendment to the HMO bill before us.

As co-chair of the Senate Cancer Coalition, I am keenly aware of the importance of being able to see a doctor that has the expertise to properly diagnose and treat illnesses, particularly a complex or difficult-to-diagnose illness. There are hundreds of medical conditions that probably require a specialist and sooner or later we all have to visit with one—whether it be a dermatologist, a cardiologist, or an oncologist, to name a few.

For cancer, here's how the American Cancer Society has expressed it:

> Diagnosing and treating cancer is complex, multi-stage process often involving many visits with an oncologist or other specialist. Timely referrals are critical. However, according to a poll [March 1997] by the Commonwealth Fund, 8 of 10 physicians in managed care plans report ''somewhat or very serious problems with being able to refer patients to specialists of their choice.'' This same poll also found that 22 percent of physicians with more than half of their patients in managed care plans say they have a direct disincentive to refer.

The amendment before us would:

Require plans to refer patients, who have conditions requiring treatment by a specialist, to specialists in a timely manner. If a qualified specialist is not available in the plan, it requires the plan to cover services provided by the outside specialist at no additional cost to the patient. If a qualified specialist is available in the plan, it requires the patient to pay any costs over what the plan would pay;

Require plans to permit patients to designate specialists as their primary

care physician, when the patient has a life-threatening, degenerative, or disabling disease requiring specialized care over a prolonged period of time, such as cancer or heart disease. The specialist would coordinate the patients' overall care; and

Require plans to give patients with a condition requiring ongoing care, a standing referral to the specialist so that patients do not have to obtain a separate referral for each visit.

We need to pass this amendment guaranteeing access to specialists because we have heard story after story about managed care plans refusing to let sick people see a specialist and using financial incentives to, for example, punish doctors who refer to specialists. A study reported in the November 19 New England Journal of Medicine found that 57 percent of physicians said they felt pressure from managed care plans to limit referrals.

Sick people need specialized care. This amendment addresses the concerns of many doctors and patients who have shared their experiences with me. Specialists, from neurologists to pediatric nephrologists, report that plans regularly deny referrals for their specialized expertise. Even more troubling, these specialists report that they often still find themselves called for advice in these complicated cases without the benefit of ever having seen or examined the patient.

Here are some examples:

Dr. Jack Thomas, of Long Beach, California, in a Los Angeles Times article on May 13, 1999 said that one patient was ''in severe pain for several weeks while awaiting orthopedic consultation'' and that urgent consultation with gynecology was not approved after a two-week wait for another patient who continued ''to experience severe dysfunctional uterine bleeding.''

When the list of providers for the HMO did not have any physicians skilled in the treatment of brain tumors with which her daughter Sarah had been born (and as had been recommended by a neurosurgeon), Brenda Pederson, of San Mateo, California reports that her HMO told her ''we're not giving you second best, we're giving you what's on the list.'' Patients such as Sarah should not be limited to who is ''on the list,'' but should be able to go the doctor her mother and her doctor believe has the expertise to treat the illness.

Dr. Jack Shohet, Director of Neurology, University of California, Irvine, has said, ''Delay of referral is very common in the area in which I practice.'' He gives the following example: A 48-year old woman presented to her primary care provider about 6 months before seeing Dr. Shohet, with complaints of an ear ache. She was treated with multiple courses of antibiotics over 5 months by her primary care physician. The primary care physician noted a large mass in her auditory canal and biopsied it. It was positive for squamous cell carcinoma. He then referred to her Dr. Shohet (who is out of network) for therapy. By this time, she had a fungating mass with metastasis and cancer and spread in her neck. She had to have an operation which necessitated sacrificing her hearing. He says, ''One wonders how extensive her disease would have been 5 months earlier had she been referred early on to a qualified specialist.''

Denial of care is the biggest ethical concern to a majority of younger physicians, according to the August 1998 California Physician.

Having a standing referral to a specialist for ongoing care is important too. Patients should not have to continually return to their primary care provider for a referral when they have found a specialist who can treat that illness. California has a state law allowing enrollees who require continuing care to have standing referrals to specialists.

Writing to me in March of this year, a constituent who has battled chronic disease for twenty years requiring multiple surgeries noted, ''I cannot underscore the incredible waste of time it is for patients with Crohn's disease to have to see two doctors for every visit to the gastroenterologist!!'' This bill requires a standing referral to specialists for persons who require ongoing care from specialists so that patients can get the care they need in a timely manner.

Care by specialists benefits patients with chronic disease. Analyzing data about asthma patients in a major California HMO (Health Net), a report in the March 9, 1998 Archives on Internal Medicine concluded ''asthma specialists provided more thorough care than did primary care physicians.'' A 1997 study from the Mayo Clinic notes that ''outcomes, coordination, and patient satisfaction are superior when specialists have a central role'' in the management of chronic rheumatic and musculoskeletal diseases.

Specialists' care is good business. Providing access to speciality care makes good business sense. Citing its ''market-driven design'' including use of focus groups, Blue Shield of California has been offering direct access to speciality care since 1998. Its ''Access Plus'' plan allows patients to go directly to a specialist for a fixed, $30 copayment per visit. In the May/June 1999 issue of Health Affairs, Blue Shield senior managers Kathleen Richard and Ken Wood report that the health plan is the fastest growing HMO in California. They also report that patient satisfaction has increased by 50 percent.

And how much did this new program cost? Blue Shield found that the actual cost of the direct access program was much, much lower than even they themselves had forecast—fully 75 to 90 per-cent less than what they had anticipated.

Providing prompt, continued access to specialists can also result in cost savings in a managed care environment. Dr. Roland Blantz who heads the Division of Nephrology at the University of San Diego noted in a visit to our office a seven-year Kaiser study in the Los Angeles area which showed highly significant savings when patients were referred to kidney specialists for evaluation and treatment of elevated creatinine levels.

Our California experience shows that access to specialists can improve patients' health and increase plan satisfaction while keeping costs down.

Delayed care hurts. The bill requires that plans provide timely referrals to specialists who are available and accessible. A December 1998 General Accounting Office report on specialty care found that heart attack survivors who were seen regularly by cardiologists have better compliance with medications, by a factor of almost 50 percent, over treatment by generalists. Having to wait weeks or even months to get an appointment with a specialists from an HMO is a frequent complaint.

Mary Schriever of Cypress, California tried to get a referral from her HMO for psychiatric care for her son Bill who had performed self-mutilation on his arms by burning and carving himself. After two refusals over 18 months, they paid themselves for him to see a counselor. But even as his behavior deteriorated more, their further attempts to obtain the help of a specialist continued to be rebuffed. It was only in jail, after he was taken into custody by the police, that he finally saw a physchiatrist. Before being released and after a fight, he died of a brain hemorrhage.

Some have said, HMOs are fine—until you get sick.

A recent survey by Franklin Health entitled ''Facing Serious Illness in America'' and published on May 17, 1999, found that ''fully 6 out of 10 Americans believe that the current system is profoundly inadequate when it comes to dealing with medical catastrophes'' and that 93 per-cent of those surveyed believed that it is very important to have the right to choose one's own doctor regardless of plan.

Patients should not have to fight for their health care. This amendment will ensure that when people are really sick and need to see experts, they can. They will be able to use often what little energy they have when ravaged by serious illness to obtain the specialized care they need to make important decisions at such critical times.

I hope my colleagues will join me in passing this amendment.

Mr. GRAHAM. Mr. President, I rise today in strong support of this amendment to ensure that managed care enrollees have access to specialists.

Specialists are an integral part of our health care network. As a result, access to quality specialty care can often be a matter of life and death. In a recent Harvard study, 56 percent of doctors cited the bureaucracy involved with referrals to specialists as one of

their top three problems with HMOs. In addition, 40 percent of doctors felt limited by managed care companies from referring patients to appropriate specialists.

No managed care issue has raised more concern among consumers and providers alike than access to specialty care; especially the issue of having specialty physicians acting as primary care providers. Mr. President, you can imagine what a challenge this is for individuals with chronic or disabling conditions.

My own daughter has been in the position where she needed a specialist to coordinate her care. She had triplets a few years ago, and her medical needs were not unlike many young mothers in similar situations. I am convinced that my daughter's health would have been seriously compromised if she had been denied access to a multiple birth specialist. Multiple birth pregnancies are often high risk, but because she had the proper care, I can now gladly say that I am the proud grandfather of three beautiful girls.

The language in this amendment would ensure that if an individual has a condition or disease of sufficient severity and complexity to require treatment by a specialist, and the benefit is provided under the plan, then the plan shall make or provide for a referral to a specialist who is able to provide the treatment for such condition or disease.

The rigid restrictions by some HMOs on who can and cannot serve as a primary care physician are another obstacle to access to specialty care. In fact, several states (Indiana, Kentucky, New Mexico, Pennsylvania, New Jersey, New York and Texas) allow an enrollee with chronic health problems to select a specialists, such as a neurologist, a mental health provider, or a cancer specialist as their main health care provider.

A recent Families USA report—''HMO Consumers at Risk—States to the Rescue''—cites far too many cases where a patient's care was compromised because their primary care physician lacked the expertise to deal effectively with their particular chronic condition.

I cite the case of Ms. N., a 51-year-old woman with multiple sclerosis (MS). Although her primary care physician agreed that she had MS, he would not refer her to a neurologist. He said that since MS cannot be cured, a specialist could do her no good.

In another situation, an eight-year-old boy was not allowed to visit his cystic fibrosis (CF) care center for routine checkups even though regularly scheduled visits to a CF care center are essential to treatment. His primary care physician did not believe that aggressive treatment was appropriate, as patients with cystic fibrosis do not have a ''good prognosis.''

Every Member of this body would demand the best care for their child. If a specialist was best suited to provide that care, then every one of my colleagues would insist that their child receive that care regardless of cost and coverage. Why not guarantee this same right to the rest of the American people?

In addition, a recent survey by the National Coalition for Cancer Survivorship stated that oncologists should be the primary managers of care for individuals with cancer. To support their argument they cited factors such as: the complexities of treating cancer; their specific knowledge of long-term and late effects, rehabilitative services, pain management and hospice; and the importance of early detection and treatment for survivors who have an increased risk for second malignancies.

With regard to out-of-network specialists, the Republican bill lacks basic protections to ensure that patients can see doctors qualified to treat their condition. For example, a child with diabetes should be able to receive care from a pediatric endocrinologist. However, if there is no pediatric endocrinologist available in the network to provide care for the child with diabetes, the family should be able to seek care from an out-of-network physician at no addition cost.

We must ensure access to qualified specialists, outside of the network if necessary, and without high out-of-pocket expenses for enrollees who are forced to go outside the plan to be treated by the needed specialist.

The Republican bill also fails to hold a plan responsible for not having an adequate network of specialists. In fact, Sec. 725 in the Republican bill states that ''such access may be provided through contractual arrangement with specialized providers outside the network of the plan.''

Beneficiaries should not have to suffer because of their health plans' inadequacies. They should receive the care they need by the most appropriate health professional. The Republican bill's guarantee to specialists is weak and does not even guarantee that children can see pediatric specialists.

Finally, the legislation we are considering today only provides access to specialists for only 48 million Americans with private insurance. It leaves out the 113 million individuals who choose to enroll in managed care plans.

Plans should provide patients with an adequate network of physicians, and when they fail to do so, should allow the beneficiary to step out of the network at no extra charge. We must protect our frailest and sickest patients. Individuals with life-threatening and disabling conditions should be allowed the use specialists—the best source of information and care for specific and advanced diseases—to coordinate care.

The PRESIDING OFFICER (Mr. BROWNBACK). Who yields time?

Mr. JEFFORDS. I yield myself 5 minutes.

The PRESIDING OFFICER. The Senator is recognized for 5 minutes.

Mr. JEFFORDS. I appreciate the tremendous effort the Senator from Utah has made in this debate. I think he has hit upon the critical issue. We must remember, all of us, every time we do make changes which result in increased costs, people become uninsured. That is the advantage of the Republican package and why it is so much better than the Democratic package.

If you want to keep score, as my friend from California wishes to do on victories here, they will have 1.8 million victims from their cost increases; we will have about 240,000. And who are those victims? They are the working poor. They are the ones those of us who are compassionate always feel sorry for. We ought to be spending our time and ability to increase their capacity for health care, not throw them off the plans. That is the difference between the two bills in the final analysis when you come down to it; and that is, we will not make the working poor suffer more and throw 1.8 million people off of the rolls of the insured. So keep that in mind when you think about which bill you want to vote for. Because, to me, that is the top concern.

In addition to that, we also create a standard, a higher standard for all Americans with respect to what they should get from health care and from the HMOs, et cetera; and that is, to get away from the old standard where you did not have to worry about the changes in the medical profession or what advantages would be accomplished. With all of the work we are doing now in the outcomes of research to determine what works and what does not work, that is going to be available to us. It is available now, but as we move forward it is going to be more and more available.

We demand that the doctors must give the best health care, not just something that happens to be generally practiced in the area.

So we have two huge advantages with the Republican bill. I hope Members will keep that in mind as we move forward in the process.

I yield the floor.

Mr. KENNEDY. I yield the Senator from Iowa 15 seconds.

The PRESIDING OFFICER. The Senator from Iowa is recognized for 15 seconds.

Mr. HARKIN. Mr. President, we are considering an amendment by Senator BINGAMAN to allow people with chronic illnesses, people with disabilities, to go outside the plan and get the specialty care they need; yet, again, not one Republican will get up and even talk about it. Not even one Republican will get up and talk about it.

Mr. KENNEDY. Mr. President, I yield 2½ minutes to the Senator from New York.

The PRESIDING OFFICER. The Senator from New York is recognized for 2½ minutes.

Mr. SCHUMER. I thank the Senator from Massachusetts.

As the Senator from Iowa noted, no one seems to be debating this amendment. Everyone seems to be debating

other parts of the bill. There is a very simple reason why. Our bill says, when your primary care physician says you need a certain specialist, you will get one. Their bill says, when you need a certain specialist, maybe you will get one if the HMO says you can.

Let me tell you a story about a young woman in my State, a nurse, in her prime of life, 24 years old, a good athlete. She had a health care plan from her father because he was a lineman for the phone company. She developed a tumor on her femur. She went to her primary care physician. He said: This is dangerous. You need an oncological orthopedic surgeon. Her HMO said: No, no, no. You can use an ordinary orthopedic surgeon. The primary care physician said: No. You need an oncological orthopedic surgeon. This is a very difficult tumor.

But they were not a rich family. When the HMO said no, she went and had the operation from the orthopedic surgeon. Guess what. The tumor grew right back. She went back to the HMO. She said: I did what you said. I went through a painful operation. Now let me go to the specialist my primary care physician says I need. They said no again. She went on her own, paid $36,000 out of her pocket. It cured the tumor, but now she can hardly walk.

When she went to the HMO and said, please, pay for this, they said, no, no, no. Under the Democratic bill, Debra Bothe would not have had to go through this. She would have had the specialist she needed. She would be walking today. Her family would not be totally out of money today. Under the Republican bill, nothing would have changed.

That can be repeated in story after story, in anecdote after anecdote, on factual basis after factual basis. If you need a specialist, if you are deathly ill—I ask the Senator if I could have 30 seconds?

Mr. KENNEDY. I yield the Senator 30 seconds.

Mr. SCHUMER. If you are deathly ill, and your physician says you need a certain specialist, do you want the Democratic bill that says you get one or the Republican bill that says maybe you will get one, if your HMO allows you to?

I say to my friend, the Senator from Vermont, that is what working families want and need—this kind of bill, this kind of proposal, not a proposal that is toothless and sides with the insurance companies time after time after time.

I thank the Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I yield myself such time as I might use.

We are coming into the final moments before we will vote on this amendment. I will take at least these final moments to point out where we are.

Primarily, what we are talking about are the protections that have been included in our Patients' Bill of Rights. No matter how many times our Republican friends say they are shocked, shocked to discover the deficiencies in their amendments and promise to do better, their new product is just the same old, tired, flawed proposal in fancy dress. The problem is a simple one: Insurance companies don't want real protections, so Republicans won't produce them.

We have two different proposals on emergency care, two different proposals on OB/GYN care, and another proposal in terms of specialty care this evening—all changes, alterations, in terms of their original proposal. No matter how many times they alter or change, they still do not meet the basic standard and test of providing that the medical professions make the judgment of what is in the interest of that patient, not the insurance company.

Access to the needed specialty care is one of the most critical ingredients in quality health care. Timely access to a qualified specialist can often determine whether a patient lives or dies. For those living with chronic illnesses or with a physical or mental disability, access to specialty care can improve the quality of life, prevent deterioration, or cure or ameliorate the disease.

Nowhere is the contrast between the Republican plan and our proposal clearer than on the issue of access to needed specialty care. Our amendment, offered by Senators BINGAMAN, HARKIN, REED, and others, guarantees it. The Republican plan is a sham proposal that carries the label of access to specialty care but does nothing meaningful to help patients.

Our amendment has key protections that guarantee appropriate specialty care. Health plans are required to provide care by a qualified specialist or center of excellence when needed. If sufficient expertise does not exist inside the HMO network, it must allow patients to go to a specialist or a center of excellence outside the network, without any additional financial burden beyond what would be involved in seeing a network specialist.

For chronic or ongoing conditions, HMOs must allow standing referrals to a specialist or, where appropriate, allow the specialist to be a care coordinator—in effect, the primary care gatekeeper for treatment related to the condition.

These provisions are especially critical for anyone suffering from a chronic disease or disability and for disabled children with their complex needs. If there is a disagreement between a plan and a physician or patient about the need for specialty care or out-of-network care, the dispute will be resolved by a speedy independent review. It is guaranteed. It is written into the law.

The Republican plan includes none of these critical guarantees, not a single one. More than two-thirds of all patients are excluded even from the minimal protections it does provide. Access to qualified specialists is essential to quality care, particularly for those who need care the most: those with a disabling or life-threatening illness. If our proposal is adopted, every family can be confident that if serious illness strikes, their health plan will not deny them the care that is essential for recovery—no ifs, ands, or buts; the guarantee is there.

Once again, the issue is clear: Will the Senate protect the patients or will it protect the insurance industry profits? That is what is before the Senate in this amendment. That was basically the protections that were included in our legislation. This amendment will guarantee that any measure that comes out of this body will have those protections, and that is why this amendment is so important to be accepted.

I reserve the remainder of my time.

The PRESIDING OFFICER. Who yields time?

Mr. BINGAMAN addressed the Chair.

The PRESIDING OFFICER. The Senator from New Mexico.

Mr. BINGAMAN. Mr. President, may I ask for time to ask for unanimous consent?

Mr. KENNEDY. Of course.

Mr. BINGAMAN. Mr. President, I referred in my earlier comments to a circumstance that was described to us this morning. Beth Gross talked about her 4-year-old named Matthew and the difficulties the family had in obtaining access to specialty care. I have been given a copy of a statement she made describing that in more detail. I ask unanimous consent that that statement be printed in the RECORD.

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

My name is Beth Gross, and I am here today on behalf of patients everywhere who are crying out for a real patients' bill of rights. We need protection, and can no longer afford to be at the mercy of health maintenance organizations.

While other interests say that the industry can regulate itself, my 4-year-old son can barely say anything at all because of an HMO policy. I am here today to tell you that my son was denied access to necessary, specialized medical treatment.

Matthew has a significant speech delay that has been directly linked to his repeated ear infections. For the first two years of his life, Matthew suffered 14 ear infections. In most cases, this is a normal childhood illness treatable with antibiotics. But the fluid in Matthew's ears remained behind the eardrum for a long period of time—causing repeated infection and delayed speech. To a young child like Matthew, when this fluid remains behind the inner ear, it distorts sound and sometimes impairs hearing completely.

The doctor who treated Matthew repeatedly used antibiotics instead of granting my request for a referral to an Ear, Nose, and Throat Specialist. As a nurse, I knew the risks of this chronic condition, and grew frustrated to know that a simple surgical procedure called an ear tube placement could immediately correct Matthew's problem. But I was left at the mercy of a doctor who kept treating Matthew with antibiotics—antibiotics that were never going to be able to correct the structural problems within his little ears.

I made the decision at that point to change my primary care physician, and called the

insurance company. When I explained our dilemma, I was outraged at their response. We could not get a referral for Matthew because it was their policy, to impose and I quote, ''monetary sanctions'' on the physician for giving a referral for something that he is able to treat.'' I felt shocked and helpless. I could not believe that I lived in a country that allowed an insurance company to be so ruthless with a child.

I fought for more than a year to get the referral Matthew needed. By that time, Matthew was 18-months-old and was still not speaking. Although we changed doctors, we could not change insurance companies. When he finally saw the Ear, Nose, and Throat Specialist, Matthew's test results were heartbreaking. His impairment left him only to hear distorted sounds of human speech, which is one of a child's most important tools for developing language.

Thankfully, Matthew finally received the ear tube surgery that he desperately needed. On the morning we brought him home from the hospital, you should have seen the joy and excitement in his face as he first heard birds chirping—a sound so many of us take for granted. Two and a half years have passed since our ordeal and Matthew has never had another ear infection. The ear tubes immediately corrected his hearing. He also had his adenoids removed, which were so large that they were blocking the natural structure of the inner ear that allows fluid to normally drain. These enlarged adenoids could only have been found by an Ear, Nose, and Throat Specialist.

If only Matthew had been treated earlier. Now our family must work to correct his speech problem. Our insurance company has changed since then, but it's been another fight with another HMO to cover speech therapy. They denied coverage for that service, until The National Patient Advocate Foundation stepped in and won that battle for Matthew.

I look back on our situation and wonder what our lives would be like today if there had been a law preventing that insurance company from financially penalizing our physician for giving a referral. Matthew would have had normal hearing during the critical developmental phase of his life. Instead, now Matthew is unable to make the correct sound for 90 percent of the alphabet. If Matthew received a timely specialist referral, my son wouldn't be self-conscious and hesitant to speak because he fears people not being above to understand him.

Matthew was caught in the crossfire of an insurance company being able to tell a doctor how to practice medicine. This is just plain wrong. Cost effective health care has cost my family, especially an innocent child, too much. I urge you to pass meaningful patients bill of rights for me and Matthew.

Thank you.

Mr. KENNEDY. Mr. President, I yield 4 minutes to my colleague, the Senator from Massachusetts.

The PRESIDING OFFICER. The Senator from Massachusetts is recognized for 4 minutes.

Mr. KERRY. Mr. President, we have the best specialists, the best delivery system in the world. We have people who come here from all over the world to share in the remarkable expertise and capacities of our specialists in this country. Yet the fact is, under the Republican plan millions of our own citizens would be denied the right of access to specialists.

The stories of individuals are remarkable. I know every single one of us has received letters from anguished parents who run into the most extraordinary barriers of resistance from an HMO that is simply concerned with its bottom line and not concerned with the proper delivery of health to the individual they represent.

I will speak for just a few minutes today about one of the issues I believe cuts to the heart of this debate over managed care reform in the Senate today, and that is the broader question of what kind of access we are going to guarantee to specialists. Mr. President, in the United States, we are fortunate to have world-renowned health care facilities and some of the best doctors and researchers in the world. Each year thousands of people from around the world travel to this country because we have the best specialists in the world. But at the same time, every year, thousands of letters pour into my office from constituents in managed care plans who can't see the specialists their own doctors know have the expertise to meet their medical needs—because their HMOs won't permit it. Mr. President, there's something disturbing in the dichotomy we are facing: all the world knows our doctors are the best trained, our specialists the best educated and the most highly skilled—but our citizens aren't permitted to see them when they need them most. What can we say about that system which defies the limits of common sense and every notion of human compassion? I believe we should all be able to say that it demands reform—today.

When the American people say they support managed care reform, they are rejecting the one-size-fits all brand of health care practiced by many HMOs. Let me assure you, as well, that one of the most critical elements of any Patients' Bill of Rights must be access to quality speciality care—literally, the difference between life and death for thousands upon thousands of Americans each year.

Too many of the tragic cases that we hear about in the United States are the result of delay and denial of access to cardiologists, oncologists, surgeons, pediatric specialists and the doctors who have the specialized knowledge absolutely critical in so many cases today. I will never forget the story of Morgan smith—four years old, diagnosed with brain cancer, facing a life-threatening tumor. Imagine the horror of her parents, hearing that grim diagnosis. And you can understand her parents' reaction when pediatric oncologists at Hasbro Children's Hospital in Providence told them that Morgan needed to go to New England Regional Medical Center in Boston for a special chemotherapy treatment—her mother said ''I need to do whatever it's going to take to save my daughter's life, and I'm going to listen to our doctor.''

But can you imagine how Morgan's mother felt when she got a letter in the mail from her HMO denying payment for a specialist—demanding that she get a second opinion? Meanwhile, Mrs. Smith took Morgan to Boston for her treatments, unsure about how she would pay for it, but knowing that she couldn't afford to risk Morgan's health while she fought the insurance company. Despite a second opinion that Morgan needed the expertise of specialists in Boston, the HMO still refused to pay for the treatment. Mrs. Smith had to wage her own battle against the HMO by starting a letter-writing campaign, along with Morgan's doctors.

Fortunately, Morgan's story, unlike too many others, has a happy ending. Close to a month after Morgan had started her treatment, the insurance company finally agreed to cover the procedure that all the medical professionals agreed was necessary. But I would remind you that had Morgan's parents followed the HMO's mandate, their daughter may not have received the treatment that saved her life and it was at the very least, delayed. Morgan's parents have since changed insurance companies, but their health plan contract will be rewritten in August and the family is very nervous about possible changes that may affect Morgan's health care. Morgan will be six years old this November and she is attending kindergarten. We need to take the right steps today to guarantee that Morgan and children like her never face another HMO nightmare like the one that could have cost her and her family her life. We need to take the necessary steps to prevent the kind of bureaucratic nightmare that almost killed Sarah Pederson. Sarah Pederson's parents lives were changed overnight when their healthy, beautiful seven month old baby was diagnosed with an inoperable brain tumor—a condition which had to be monitored carefully by a specialist. But the Pedersons' HMO—in spite of the recommendation of their pediatrician—would not allow Sara to see a pediatric neuro-oncologist. A seven month old baby with a brain tumor, a brain tumor so complicated that the Pedersons' pediatrician knew only of a few pediatric neuro-oncologists capable of treating it, and the HMO said ''no''—they insisted that this child be sent to an adult neuro-oncologist. Why? No explanation was given other than ''this is our policy.'' And it goes on and on. The HMO refused to approve the chemotherapy regimen prescribed by their specialist—until it was approved by another one of their specialists. And what happened during that month of delay? The tumor grew. And in the end, what saved Sarah Pederson? Did the HMO relent and allow the doctors and the family to make decisions in the best interests of this child? No. The Pedersons only found relief when they left their HMO—and mortgaged their home to join a fee for service program. I challenge any one to look the Pedersons in the eye and tell them we don't need managed care reform to guarantee appropriate access to specialists.

Mr. President, I can tell you that—thanks to parents who didn't give up, who put their own financial security on the line, who fought and fought the red tape—Morgan Smith and Sarah Pederson survived. They survived in spite of their HMO's. Jack Jennings wasn't so lucky. Jack was from Andover, Massachusetts. He was diagnosed with mild emphysema, and later on with a pneumothorax, which can lead to a collapsed lung. His doctor believed a lung reduction procedure could not just improve his quality of life, but actually save his life—but this primary care doctor knew it would take a specialist to perform that operation. Jack was referred to see Dr. Sugarbaker, a top physician in Boston. The HMO rejected the referral. Jack's doctor wrote a lengthy appeal. The HMO rejected it. Months went by. Jack appealed again and again—literally taking a break from his oxygen machine to speak on the phone with the HMO claims adjuster. Finally, a letter arrived at the Jennings household, the referral for a specialist approved, a date for surgery set. But here's the tragedy: Jack Jennings had died before the letter reached his house, before the surgery was approved. And the letter from the HMO was right there in a pile of mail, surrounded by condolence cards. Mr. President, how can we say with a straight face that HMO's aren't running roughshod over patients in dire need of specialty care. How can we say that this isn't a gross abuse of fundamental patients' rights?

Our access to specialists amendment helps to ensure that patients will be able to secure the health care they need, no matter what the circumstance. All patients with special conditions absolutely must have access to providers who have the expertise to treat their problems.

Our amendment delivers on these common sense propositions: ensuring access to specialists by allowing patients in an HMO network of physicians to find specialty care outside that network at no extra cost if there is no qualified specialist available in the network and allowing patients who are seriously ill or require continued care to have their specialists coordinate their care without being required to ask permission again and again from a primary care provider. The Republican bill does not ensure access to speciality care; it lacks basic protections to ensure that patients can see doctors qualified to treat their condition. For example, if a child with cancer needed access to a pediatric oncologist, there is no guarantee in the Republican bill that she will have access to that specialist.

Not only that, but the Republican bill does not allow patients with diseases or disabilities requiring continuing care by a specialist to designate their specialist as their primary care doctor who can coordinate their care. Under the Republican bill, patients could be charged more for out-of-network specialty care—even if the plan is at fault for not having access to appropriate specialists. The Republican bill would not allow patients to appeal a denial of access to appropriate specialists. If the Republicans pass the legislation that they want to pass, children and adults with diseases such as cancer or severe arthritis will continue to face insurance company red tape when they go for routine visits to the oncologist or rheumatologist.

Mr. President, our opponents will say their bill includes access to specialty care but the fact is that their bill leaves out the key elements needed to ensure access to specialty care. Their bill may have the title Patients' Bill of Rights, but it sure doesn't have the substance. At a time when millions upon millions of Americans are feeling the squeeze from their HMO's, when millions of Americans are suffering needlessly because decisions are being made by bureaucrats rather than doctors, the style without the substance won't do a single thing to make health care better—it won't save Morgan Smith's family from another battle with an HMO when her family's energy should be dedicated to a fight against cancer, it won't do a single thing to prevent the all-too-real suffering that has become standard practice in the maze of red tape that is managed care health care in the United State today. Mr. President, we can do better than the Republican propsoal—we can actually guarantee access to a specialist. And that is a responsibility every one of us ought to work towards fulfilling.

The PRESIDING OFFICER. The Senator's 4 minutes have expired.

Mr. KERRY. Mr. President, it is clear that every American has the right to have a specialist, and we need to pass this amendment in appreciation of that fundamental need and right of our citizens.

The PRESIDING OFFICER. Who yields time?

Mr. JEFFORDS. Mr. President, I yield 5 minutes to the Senator from Pennsylvania.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SANTORUM. Mr. President, the issue of access to specialty care is very important. Many of us represent, as I do, hospitals that are very intensive tertiary care facilities with lots of specialists. Those of us who have had young children have had experience at children's hospitals and have dealt with specialists and recognized the need for that.

I can tell you as a father of four young children and a child who is due in September, I am not going to stand here and say we are not going to provide access to the kind of specialty care for children, or anybody else, that is needed. I am confident that the bill before us does exactly that. It does exactly that. It provides access to specialty care when it is necessary to save or help improve the life of a young child or anybody else.

As an example, if you have a baby who is born with a rare heart disease and the pediatrician recommends that a pediatric cardiologist treat the baby, the claim is made and it is denied initially, and it goes through the internal review process. Specialty care is covered under the contract. Remember, we are dealing with covered benefits, so obviously if it is not a covered benefit, that is a different issue. But if it is covered—and, of course, most HMOs cover some sort of specialty care—it is covered.

But in this case, say the network doesn't have a pediatric cardiologist. So you have, in a sense, what is laid out by the other side, the worst case scenario. The network doesn't have a specialist, and therefore they just won't give this specialist treatment because there isn't a pediatric cardiologist available to treat this. So a regular pediatrician would have to do so.

Well, that is not the case in our bill. Our bill says that this particular denial is eligible for review by an independent external reviewer. The dispute is about who should provide the specialty care. That is an element of medical judgment. Therefore, if it is an element of medical judgment, it is eligible for review. If it is an independent review and the reviewer says yes——

Mr. KERRY. Will the Senator yield for a question?

Mr. SANTORUM. If I can get through this first. It is eligible for a review. An independent reviewer, under our bill, will look at all of the facts in the case and determine whether, in fact, the pediatric cardiologist is necessary in medical judgment to, in fact, perform this procedure. They make an independent medical determination based on all of the information that is reviewed, including the recommendation of the doctor, the original pediatrician, including the recommendation by the internal reviewer. They look at all of the information, they get all of the relevant facts, and they put this together—as has been listed many times here—a laundry list of factors to consider, and they make an independent judgment as to whether a pediatric cardiologist is necessary. If it is necessary, the denial is overturned. The specialist outside of the network is selected to provide the care for this child within the HMO.

That is in our bill. That is covered under our bill. So all of this talk about we are not going to have this kind of access is not carefully reading this bill. I give a lot of credit to Senator FRIST and Senator JEFFORDS and those on the health committee. They have done an excellent job of looking through and making sure all of these kinds of situations where you have limitations—and in many cases you do have limitations, and the networks don't have a lot of specialists. But you can go outside the network if an independent reviewer determines that is what is medically necessary in that case.

Mr. BINGAMAN. Will the Senator yield for a question?

Mr. SANTORUM. Yes.

Mr. BINGAMAN. As I understand the bill you are referring to, you say it provides this access. There is no requirement that access to the specialist be provided at the regular amount that is being paid. Whatever the HMO determines the additional cost should be to go to the outside specialist would be charged, is that correct? That is my understanding. I have read the bill fairly carefully, and that is a major difference between the amendment I have offered and the amendment that you are referring to.

The PRESIDING OFFICER. The time allotted to the Senator from Pennsylvania has expired.

Who yields time?

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. I yield to the Senator from West Virginia.

PRIVILEGE OF THE FLOOR

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that Stephen Downs, a health care policy fellow, be given privileges of the floor during consideration of S. 1344.

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

Mr. ROCKEFELLER. Mr. President, yesterday, I talked to a 56-year-old woman I have known for a long time in West Virginia. She has a rare heart disease. She has been struggling with it. She has now discovered that the operation she is potentially going to need is not available for her in West Virginia. She is going to have to go to another State far south in order to get that operation. The problem is that her insurance company said they will not pay for her operation. They said she will either get her operation in West Virginia, where this kind of operation is not readily available because it is rather rare or she won't get it at all, or she has to pay for it herself. She is not a corporate giant. She runs a small business and has six people working for her.

This kind of thing should never happen. The Democratic bill would prevent that from happening. She would be able to go to that southern State where they do this kind of operation constantly and get that operation. That should happen in the United States of America.

Secondly, I talked with the physician of an 8-year-old girl 4 days ago. She has growth problems, seizure problems, and development problems, and she is under the care of a pediatric specialist in endocrinology and neurology at Western University. If you have a pediatric endocrinologist and somebody says you have to use an adult endocrinologist because that is in our plan, well, then people say, well, an endocrinologist is an endocrinologist. Not true. She will be denied care, and that is wrong.

The PRESIDING OFFICER. The time of the proponents has expired.

Mr. ROCKEFELLER. Under the Democratic bill, she would get pediatric care, and she should.

Mr. JEFFORDS. Mr. President, I yield 1 minute to the Senator from Pennsylvania.

Mr. SANTORUM. Mr. President, I wanted to respond to the Senator from New Mexico. My time had run out. My understanding is that the provision in the bill says the network has to provide access to specialty care. We define in the report language clearly what access means as far as cost sharing is concerned:

> When the plan covers a benefit or service that is appropriately provided by a particular type of specialist not in the network, the benefit will be provided using the in-network cost-sharing schedule.

In other words, no additional costs. Only in cases where it is a preference to go outside the network for a specialist, other than somebody in the network, where it has not been referred by the plan or determined by a reviewer, is that additional cost borne. As long as an independent reviewer or the plan refers out of network, the cost sharing is the same.

The PRESIDING OFFICER. Who yields time?

Mr. JEFFORDS. I yield the remaining time to the Senator from Texas.

The PRESIDING OFFICER. The Senator from Texas is recognized for 9 minutes.

Mr. GRAMM. Mr. President, I wanted to come over today and try to end this debate by making a point this debate has cried out for all day.

What we have heard all day long is our Democrat colleagues stand up and attack HMOs. Every horror story they could imagine, every outrage that the human mind could conceive, they have talked about and laid at the doorstep of HMOs. I think someone watching this debate who just got off a turnip truck or who just emerged from a 10-year trip to outer space would believe that our Democrat colleagues hate HMOs and that they are the enemies of HMOs.

But let me remind those who may have just gotten off a turnip truck, or those who may have forgotten what has occurred in America in the last 20 years that you have been listening all day to the fathers and mothers of HMOs. They brought HMOs into Federal statutes. They exempted them from health planning.

They liked HMOs so much that in 1994 they sent this bill to the Congress.

For those who have forgotten it, this is the Clinton health care bill. The Clinton health care bill, which our colleagues who spoke today all supported and uniformly loved, forced every American to go into an HMO that was set up as a local health care cooperative. It was an HMO run by the Government with all the compassion of the IRS and with all of the efficiency of the post office.

They loved HMOs so much and they were so confident in them that they said: If you refuse to join your local health cooperative, HMO, Government-run health care system, we are going to fine you $5,000.

That was their position in 1994.

Now they have taken a poll. They have done a focus group. They do not love HMOs anymore. But in 1994 they loved them so much that they were going to fine every American $5,000 for refusing to join their Government-run HMO.

By the way, they banned suing the HMO when it was their HMO, when it was the Government HMO. They thought we ought not to do it.

Today they are worried about doctors providing care, and that for a doctor under an HMO, they can't do it. But when they were writing their health care bill, they fined a doctor $50,000 if he provided health care that their Government-run health care cooperative, HMO, did not allow.

So under this bill, when you had a health care collective run by the Government—one great big HMO, and if a doctor prescribed a medicine that they didn't allow, or prescribed a treatment, or provided a treatment that they didn't think was medically necessary, that is Dr. Clinton or Dr. Kennedy didn't think was necessary, a doctor could be fined $50,000 under this bill.

If your baby was really sick and they banned the treatment, and if I went to Dr. FRIST and I said, Dr. FRIST, I want my child to have this surgery, I know you can do it, I know that our Government collective HMO bans it, but I am willing to pay you for it, if Dr. FRIST had taken that payment, he would have gone to prison for 15 years under the Clinton health care bill.

These are the people who invented the HMO. They are the people who love HMOs. They are the people who wanted to put us under an HMO and fine us $5,000 for not giving it our money, and it put a doctor in prison for 15 years for violating their statute on what they thought was good medicine.

Today it has been a horror show about HMOs.

I want to conclude. I know people want to go home.

How do they fix this problem? They fix the problem with what they call a Patients' Bill of Rights.

There are two rights that they guarantee.

No. 1, you can look in the blue pages of the phonebook, and you can call up a Government bureaucrat, and you can complain. You can get an appointment. You can go see them next Tuesday at 8 o'clock. You can get a bureaucrat to join you in the examining room. That, to them, is a health care bill of rights.

The second right they guarantee is, you can call up an attorney. You can open up the Yellow Pages. Here is one that says, ''No fees unless we get you money.'' Anyway, whoever you find in here—criminal law, family law, personal injury specialist—you can pick any lawyer you want under their health care bill of rights, and you can call him, and you can sue.

But what you cannot do under their so-called bill of rights that you can do under our bill of rights is, under our bill of rights you can fire your HMO. You can set up a medical savings account and then you can look in the Yellow Pages under ''Physician.'' You can call any physician you want to call, and you can say to them, do you take a check? If they do, with the medical savings account that you can have under our bill with your employer, you can say ''no'' to your HMO. You don't call up the Government, because you don't like how they are treating you, or, go hire a lawyer. You fire your HMO and hire your doctor.

You can see what real freedom is. You can say to the HMO, you haven't done me right, you haven't treated my children right, and you are fired.

Our bill does that. Their bill does not do that.

I cannot end the day without pointing out two things.

One, all day long you have heard from people who invented HMOs and who love them so much that they wanted to put the whole country under HMOs in a mandated Government-run program. And they still do.

Second, their remedy for all of these concerns is, call the Government, or call a lawyer.

Our remedy is to first deal with the real concerns in HMOs with a review process that really works.

But we have one more freedom they don't have. Under our bill, you can fire your HMO. That is what I call real freedom. That is what we provide.

If you have listened all day to these horror stories, please remember, this is a monster that they helped create and that they loved so much, they wanted to mandate that everybody be in it.

I yield the floor.

The PRESIDING OFFICER. Who yields time?

Mr. KENNEDY. Mr. President, I yield myself 1 minute on the bill.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. I am a good friend of the Senator from Texas. I will tell you, Mr. President, the Senator is as wrong in his explanation about the debate here on the floor of the Senate and as wrong about President Clinton's bill on health care as he was about President Clinton's proposal about economic recovery in 1993 when he predicted the end of the free market system, that inflation was going up through the roof, with unemployment lines around the Capitol of the United States. He predicted that deficits were going to grow and it was going to be the end of the American free enterprise system. He was wrong then, and he is wrong tonight.

Mr. President, I yield the last minute to the Senator from South Dakota,

The PRESIDING OFFICER. The Democratic leader.

Mr. DASCHLE. Mr. President, I will take a minute off the bill.

I do not know how you top that. I was simply going to say that if you believe anything the Senator from Texas just said, you are going to buy a turnip truck from him, too.

But I hope everybody can remember what this is all about. This is simply about whether or not patients have the right to a specialist, whether or not the HMO under any circumstances can tell a patient and his or her doctor that, no, you cannot go to a specialist, because in millions of cases around the country today, tomorrow, and for the past several years, that is exactly what has happened.

Do we have access to specialists or not? The Democrats are saying yes, we need access to the specialist. That is the essence of health care in America today. But people are being denied that access. We want to change that. This amendment will do it. It deserves our support.

I yield the floor.

Mr. GRAMM. Mr. President, how much time do I have remaining?

The PRESIDING OFFICER. The Republican side controls 1 minute 30 seconds on the amendment.

Mr. GRAMM. Mr. President, I will take a very short amount of time.

If I am so wrong about the Clinton health care bill, I hope tomorrow to offer it as an amendment, and we will give everybody a chance to vote on it. We debated it for 2 years. It was like a great big overinflated balloon. When somebody pricked it with a little pin, all of the air ran out of it. We never got around to voting on it. We have it here. We can send it up tomorrow and give everybody a chance to vote on it.

If Senator KENNEDY thinks it is so right—I know he does in his heart because he is a very sincere person—then he can vote for the Clinton health care bill, and fine these people, and put doctors in prison for 15 years for providing ''unauthorized'' care. Then we will know where we all stand on these issues.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. NICKLES. Mr. President, I yield the remainder of our time and ask for the yeas and nays on the amendment.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

Mr. NICKLES. Mr. President, for the information of all Senators, this will be the last vote tonight. The Senate will go into morning business at 9:30 and be back on the bill at 10 o'clock tomorrow. We expect the first vote to be at approximately noon tomorrow.

The PRESIDING OFFICER (Mr. ALLARD). The question is on agreeing to amendment No. 1245.

On this question, the yeas and nays have been ordered and the clerk will call the roll.

The legislative clerk called the roll.

The PRESIDING OFFICER. Are there any other Senators in the Chamber who desire to vote?

The result was announced—yeas 47, nays 53, as follows:

[Rollcall Vote No. 205 Leg.]

YEAS—47

Akaka	Edwards	Lieberman
Baucus	Feingold	Lincoln
Bayh	Feinstein	Mikulski
Biden	Graham	Moynihan
Bingaman	Harkin	Murray
Boxer	Hollings	Reed
Breaux	Inouye	Reid
Bryan	Johnson	Robb
Byrd	Kennedy	Rockefeller
Chafee	Kerrey	Sarbanes
Cleland	Kerry	Schumer
Conrad	Kohl	Specter
Daschle	Landrieu	Torricelli
Dodd	Lautenberg	Wellstone
Dorgan	Leahy	Wyden
Durbin	Levin	

NAYS—53

Abraham	Frist	McConnell
Allard	Gorton	Murkowski
Ashcroft	Gramm	Nickles
Bennett	Grams	Roberts
Bond	Grassley	Roth
Brownback	Gregg	Santorum
Bunning	Hagel	Sessions
Burns	Hatch	Shelby
Campbell	Helms	Smith (NH)
Cochran	Hutchinson	Smith (OR)
Collins	Hutchison	Snowe
Coverdell	Inhofe	Stevens
Craig	Jeffords	Thomas
Crapo	Kyl	Thompson
DeWine	Lott	Thurmond
Domenici	Lugar	Voinovich
Enzi	Mack	Warner
Fitzgerald	McCain	

The amendment (No. 1245) was rejected.

Mr. ENZI. Mr. President, I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. ROTH. Mr. President, health care in America is the envy of the world. We have the finest doctors, nurses, and medical care personnel available anywhere. We have the best research facilities and the most advanced—state-of-the-art—technology. We are the world's leader in providing new and effective treatments and therapies. And it doesn't seem that a day goes by without news of some exciting breakthrough in medicine and health.

While this is the good news, there's no question that our health care delivery system also faces some serious challenges. No one argues that there isn't cause for concern when it comes to making high quality health care more affordable, and therefore more accessible, to millions of Americans who currently have no coverage, and for those who may even have coverage, but who are receiving substandard and even poor care.

For the last fifteen years, Congress has been concerned about the skyrocketing costs associated with health care. I remember the dire predictions we listened to in the 1980s and early 1990s. I recall the testimony of OMB Director Dick Darman in 1992, when he warned that given its current rate of increase, total public and private health spending was quickly taking over the Gross National Product. Unless something was done, he said, expenditures—which were less than six percent of GNP three decades earlier—would reach the unmaintainable level of 26 percent of GNP by the year 2030.

One of the innovative answers to curb this dangerous increase was the advent of managed care and the creation of Health Maintenance Organizations. Through this system, millions of Americans found access to health care that was affordable. Small businesses were better able to provide insurance for their employees. And competition between HMOs and other health care providers in the miraculous free market system worked to reduce the exploding costs of coverage. At the same time, it allowed those incentives to work that were continuing to promote new research and development, new therapies and technology, and the daily breakthroughs I mentioned earlier.

Was everything perfect? No. Questions and concerns—very relevant questions and concerns—soon surfaced regarding the quality of care delivered by some of the providers participating in the managed care system. But just as valid as these concerns was the fact that through managed care, millions of satisfied Americans were receiving high quality services that may have, otherwise, been unavailable to them. And because of the influence that managed care was having on the delivery of health care in America, free market principles were continuing to reward innovation and quality, while at the same time creating a new dimension of competition to help control costs.

With this background, we see more clearly the dynamics involved in the issue before us today. As we look to address the need of establishing a patients' bill of rights—and, again, the need is very real—we see clearly how the improvements we incorporate in such a bill of rights must protect Americans and improve the quality of the health care they are receiving while, at the same time, not undermine the strengths of the current system.

This is a delicate balance—one that was of primary importance to the task force that I served on with several of my colleagues. Together, we listened to dozens of experts and consumer representatives. We collected and reviewed reams of information. We reviewed countless areas that might be addressed and looked at countless possibilities for legislative action. There was no question that managed care could be improved. In fact, many providers from within managed care organizations agreed that there were improvements to be made, and it became clear by the evidence we reviewed that a bill of rights is warranted.

Our goal was simple: increase standards and the quality of health care delivered by providers, without excessively escalating costs that would make health care coverage less available to Americans who need it most. There is no question that any time costs go up, those who are most adversely affected are those who are least able to afford the increases. This not only includes the millions of American families that might not have access to health care without competitive managed care providers, but it also includes millions of Medicare beneficiaries who—to receive extra coverage and benefits—are participating in managed care programs.

If attempts to improve the system go to the extreme—opening up, and even encouraging, litigation, or increasing government intervention and regulation, or holding small businesses that provide health care coverage liable for the judgments made by physicians—costs are going to explode; countless individuals and families are going to suffer the adverse consequences.

On the other hand, if improvements focus on protecting the patient while strengthening the current system, then coverage can be expanded, quality can be assured, and even the most vulnerable will be protected. This, Mr. President, is our objective; it's what we intend to do with the Patients' Bill of Rights Act—a well-studied and common sense approach to protecting Americans, while at the same time improving our health care delivery system. The legislation we introduce today not only targets specific problems in the current system, but it will make health care more affordable, more accessible, and give consumers greater choice concerning their own care.

This is accomplished in several ways.

First, this legislation will guarantee patients a more thorough due process than they currently receive when they are denied a benefit by their health plan. This includes an external review by an independent medical expert to determine if a health plan has unfairly denied a benefit. In urgent cases, this review must be completed within 72 hours. This provision is so important because it will ensure that patients get the benefits they are entitled to, when they need those benefits most.

If, for some reason, the safety net of an independent external review process fails, our plan preserves an individual's right to sue his or her health plan in Federal court for all benefit denials. The individual can also sue in State court for malpractice claims.

Beyond this, our legislation increases the choices that are made available to patients by requiring health plans that contract with businesses of 51 or more employees to offer participants the opportunity to receive health care service from out-of-network providers. In this way, consumers will be able to choose providers that best suit their needs.

Outside of encouraging greater choice, our plan effectively increases access to health insurance by making coverage for self-employed Americans 100 percent tax deductible, starting next January. This is a provision that is long overdue. Self-employed individuals have unfairly been limited in the amount of money they can deduct from their taxes for health care coverage, while business and corporations have been able to deduct all the health care benefits they provided their employees. This provision will not only help restore equity, but it will benefit 25 million Americans who are in families headed by a self-insured individual—five million of whom are currently uninsured.

The legislation will require patients to be fully informed concerning their coverage, including cost-sharing requirements, supplemental benefits, out-of-area coverage, options for selecting primary health care providers, access to emergency care, and preventative services. In other words, no more surprises. And this legislation also gives patients the right to request and be given information concerning their plan's administrative details. For example, providers will be required to answer their customers' queries into the licensure and qualifications of the professionals who participate in the providers' plans. They will be required to provide relevant information concerning participating health care facilities and reimbursement methods between the plan and its participating professions, as well as the status of the plan with accrediting organizations. Likewise, consumers can request information about medications that are included in the plan and procedures to obtain medications that may not be a part of the program.

All of these provisions are fundamentally important to the rights that patients should have when dealing with their health care providers. But as you can see, Mr. President, they are constructed and included in this legislation in a way that the benefits are received without adversely influencing accessibility and affordability. In fact, as I have shown, accessibility and affordability will actually increase with this Patients' Bill of Rights Plus Act.

But the benefits of this plan do not stop there. The Patients' Bill of Rights Plus Act includes important prohibitions against gag rules that some health plans use to limit communication between doctors and patients. This legislation will prohibit health plans from restricting their doctors from sharing information and discussing treatment options with their patients.

This legislation will also patients to have direct access to obstetricians, gynecologists, and pediatricians for routine care without referrals.

And it includes important measure to protect sensitive patient information. It prohibits the use of genetic information to deny health care coverage or to set premium rates. And it enhances the role of the Agency for Health Care Quality Research to continue the important effort of improving the system for long-term.

These, too, are important, but perhaps the provisions in this legislation with which I am most pleased are those that will advance research, prevention and treatment for women with cancer and cardiovascular disease. These provisions will expand basic and clinical research, specifically for women, on the underlying causes and prevention of these diseases. Beyond this, the Patients' Bill of Rights Plus Act will fund

extended research related to osteoporosis and women's geriatric concerns. And it will support continued data collection through the National Center for Health Statistics and the National Program of Cancer Registries—two leading women's health data centers.

Mr. President, I don't think there's anyone who can argue with the important measures contained in this bill. It is, indeed, comprehensive. At the same time, it's balanced and constructive. It's the kind of effective leadership Americans expect from Congress—making access to health care easier, not harder, for individuals and small businesses.

It allows the incentives that make our health care system the envy of the world to continue, while it includes new incentives for providers to offer better quality, greater efficiency, and to be more responsive to their customers. While addressing the shortcomings of the current system, this legislation builds on what is good—what is working—in the current system. It expands the real rights of patients and provides for continued research and development in areas that are vitally important to America's changing demographics.

For these important reasons, I encourage all of my colleagues to join us in supporting this Patients' Bill of Rights Plus Act. It is not only comprehensive and very workable, it is constructive and necessary.

Mr. KOHL. Mr. President, I rise to express my strong support for S. 6, the Patients Bill of Rights. After 2 years of partisan struggles, I am pleased that we finally have the opportunity to consider this important bill, which could benefit all 161 million Americans in managed health care plans.

For many years, managed care has helped to rein in the rapidly growing costs of health care. That benefits all patients across the nation and helps to keep health care costs in check.

However, there is a real difference between making quality health care affordable and cutting corners on patient care. In Wisconsin, we are lucky that most health plans do a good job in keeping costs low and providing quality care. But too often across this nation, HMOs put too many obstacles between doctors and patients. In the name of saving a few bucks, too many patients must hurdle bureaucratic obstacles to get basic care. Even worse, too many patients are being denied essential treatment based on the bottom line rather than on what is best for them.

The Patients' Bill of Rights will ensure that patients come first—not HMO profits or health plan bureaucrats. It makes sure that doctors, in consultation with patients, are the ones who decide which treatments are medically necessary. It gives patients access to information about all available treatments and not just the cheapest. Whether to seek emergency care, pursue treatment by a specialist, or try an innovative new treatment—these are hard questions that should be answered by caring physicians and concerned families—not by a calculator. S. 6 puts these decisions back in human hands where they belong.

This legislation will also make sure that health plans are held accountable for the decisions they make. First, all health plans must have an external appeals process in place, so that patients who challenge HMO decisions may take their case to an independent panel of medical experts. And second, if a health plan's decision to deny or delay care results in death or injury to the patient, this bill ensures that the health plan can be held accountable for its actions.

Most importantly, this bill gives all of these protections to all Americans in managed health care plans, not just a few. All 161 million Americans in managed health plans deserve the same protections—no matter what State they live in.

I am shocked by the refusal of some of my colleagues to endorse this commonsense legislation. If you or a member of your family got sick, who would you trust to make decisions about their care? Who would you trust to decide what kind of specialist was necessary? Who would you trust to tell you about all available treatments and not just the cheapest? Wouldn't you insist on having access to the best possible medical care? Most of us would. Why should the 161 million Americans in managed health care deserve less than what we would insist upon?

The answer is, simply, that all Americans deserve access to the best quality health care available. As someone who comes from a business background, I understand the concerns of employers. Some of my colleagues on the other side have claimed that our bill will increase health care costs by as much as $72 billion, making it impossible for employers and families to afford coverage. But the Congressional Budget Office reported that the patient protections in our bill will only increase premiums by 4.8 percent over 5 years. This translates into only $2 per month for the average employee. An independent Coopers & Lybrand study found that our provision to hold health plans accountable—the provision the other side opposes the most—would only cost 3 to 13 cents per person per month. This is a small price to pay to make sure that health plans cover the health care services we all deserve.

I am willing to look at possible improvements to the bill. But there is no reason whatsoever to continue to allow health plans to skimp on quality in the name of saving profits. Patients have been in the waiting room long enough. It is time for the Senate to act and make sure they receive the health care they need, deserve, and pay for.

Mr. BURNS. Mr. President, I wish to talk about health care. I am very proud that this great country of ours provides the best quality of health care in the world. With this comes the question of how to manage the constantly growing costs associated with this and how to guarantee that as many Americans as possible can be provided affordable health care.

Currently, 43 million Americans are uninsured and many more live with the anxiety that they will lose their employer-sponsored health plans if premiums go up. The Congressional Budget Office estimates that Senator KENNEDY's bill, S. 6, will increase private health insurance premiums 6.1 percent above inflation. Data from the Barents Group, an economic consulting firm, reveal an increase of this magnitude will impose hundreds of dollars in hidden taxes on families, eliminate jobs, and cancel the health coverage of millions.

In Montana, farmers, ranchers, and small businesses pull the wagon and are the main source of income in our great state. You can only imagine what would happen if Senator KENNEDY's Patients' Bill of Rights bill passes. Hundreds of Montanans will lose their insurance for their families and quite possibly many could lose their jobs. With the current agriculture prices as low as they this would only make things much worse for Montanans.

The Republican Patients' Bill of Rights bill provides new rights to American patients. This bill will guarantee access to emergency room care, access to the doctor of your choice, access to ob-gyn care without prior authorization and access to a pediatrician without prior authorization. The Republican bill also improves continuity of care if a doctor leaves a health plan and improved access to medication. These are just a few of the things that our Patients' Bill of Rights bill guarantees patients.

I will not vote for a bill that squeezes patients into a one-size-fits-all health plan. We do not want a Washington-knows-best solution. As a former county commissioner I have always believed in local control.

The Republican bill provides tax-free medical savings accounts for patients and allows for 100 percent deductibility of health care costs for the self-employed. Medical savings accounts are similar to individual retirement accounts, except they are used to pay for health care needs instead of retirement. They permit individuals to set aside money, tax-free, to pay for medical expenses.

The Democrats want to pass a bill that would regulate the structure and operation of all health insurance products at the federal level; impose mandates on consumers, health insurers and employers; enable new lawsuits against employers and insurers for unlimited compensatory and punitive damages; and increase the number of uninsured Americans by an estimated 1.9 million.

In contrast the Republican bill guarantees to make health insurance more

affordable for the self-employed by letting them deduct 100 percent of their health premiums in 2000—three years ahead of schedule. The Congressional Budget Office estimates that the Democrats bill, S. 6, would increase health insurance premiums an average 6.1 percent which would force 1.8 million to 1.9 million Americans to lose their health coverage. This bill will also lower household wages an average of $207 annually, and would eliminate 194,000 jobs by 2003.

I am firmly behind a bill in the United States that will provide consumer protections and enhanced health care quality, while keeping insurance affordable and actually expanding access to insurance for millions of Americans.

Under the Republican bill, the patients have the right to talk freely and openly with their doctors about all treatment options and the right to see the doctor of their choice. Even more important, they have the right to a quick and cost-free appeals process if a health plan refuses to cover treatment.

The Republican bill does all these things, and also expands opportunity for millions of uninsured Americans to come into the health care system. We offer tax-free medical savings accounts to all, and extend tax equity to self-employed individuals.

Mr. President, the Republican Patients' Bill of Rights Plus makes sure all Americans have the access and protections they need and want. Americans deserve access to the best doctors and specialists available; reliable information about their doctors and their health plans, and affordable, quality care at every stage of life. This week, I will work to make sure Congress addresses these important issues with a plan that puts you, not a bureaucrat, in control of your health care.

I thank the chair.

MILITARY CONSTRUCTION APPROPRIATIONS ACT, 2000

The PRESIDING OFFICER. Under the order of June 15, 1999, the Senate having received from the House of Representatives the bill H.R. 2465, all after the enacting clause of H.R. 2465 is stricken, and the text of S. 1205, as amended, is inserted in lieu thereof.

Under the previous order, H.R. 2465 is read the third time, and passed, and the motion to reconsider is laid on the table.

The bill (H.R. 2465), as amended, was read the third time, and passed.

The PRESIDING OFFICER. Under the previous order, the Senate insists on its amendment and requests a conference with the House on the disagreeing votes of the two Houses on H.R. 2465, and the Chair is authorized to appoint conferees on the part of the Senate.

The Presiding Officer appointed Mr. BURNS, Mrs. HUTCHISON of Texas, Mr. CRAIG, Mr. KYL, Mr. STEVENS, Mrs. MURRAY, Mr. REID, Mr. INOUYE, and Mr. BYRD conferees on the part of the Senate.

MEASURE INDEFINITELY POSTPONED—S. 1205

The PRESIDING OFFICER. Under the previous order, passage of S. 1205 is vitiated, and the bill is indefinitely postponed.

MORNING BUSINESS

Mr. ENZI. Mr. President, I ask unanimous consent that the Senate now proceed to a period for morning business, with Senators permitted to speak for up to 10 minutes each.

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

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business yesterday, Tuesday, July 13, 1999, the Federal debt stood at $5,625,005,258,555.97 (Five trillion, six hundred twenty-five billion, five million, two hundred fifty-eight thousand, five hundred fifty-five dollars and ninety-seven cents).

One year ago, July 13, 1998, the Federal debt stood at $5,528,489,000,000 (Five trillion, five hundred twenty-eight billion, four hundred eighty-nine million).

Five years ago, July 13, 1994, the Federal debt stood at $4,624,337,000,000 (Four trillion, six hundred twenty-four billion, three hundred thirty-seven million).

Ten years ago, July 13, 1989, the Federal debt stood at $2,800,206,000,000 (Two trillion, eight hundred billion, two hundred six million).

Fifteen years ago, July 13, 1984, the Federal debt stood at $1,534,369,000,000 (One trillion, five hundred thirty-four billion, three hundred sixty-nine million) which reflects a debt increase of more than $4 trillion—$4,090,636,258,555.97 (Four trillion, ninety billion, six hundred thirty-six million, two hundred fifty-eight thousand, five hundred fifty-five dollars and ninety-seven cents) during the past 15 years.

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mr. Williams, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

MESSAGES FROM THE HOUSE

At 12:30 p.m., a message from the House of Representatives, delivered by Mr. Hanrahan, one of its reading clerks, announced that the House has passed the following bills, in which it requests the concurrence of the Senate:

H.R. 916. An act to make technical amendments to section 10 of title 9, United States Code, and for other purposes.

H.R. 2465. An act making appropriations for military construction, family housing, and base realignment and closure for the Department of Defense for the fiscal year ending September 30, 2000, and for other purposes.

MEASURES REFERRED

The following bill, previously received from the House of Representative for the concurrence of the Senate, was read the first and second times and referred as indicated:

H.R. 1569. An act to prohibit the use of funds appropriated to the Department of Defense from being used for the development of ground elements of the United States Armed Forces in the Federal Republic of Yugoslavia unless that deployment is specifically authorized by law; to the Committee on Foreign Relations.

The following concurrent resolution, previously received from the House of Representatives for the concurrence of the Senate, was read and referred as indicated:

H. Con. Res. 88. Concurrent resolution urging the Congress and the President to increase funding for the Pell Grant Program and existing Campus-Based Aid Programs; to the Committee on Health, Education, Labor, and Pensions.

MEASURE PLACED ON THE CALENDAR

The following bill was read twice and placed on the calendar:

H.R. 1654. An act to authorize appropriations for the National Aeronautics and Space Administration for fiscal years 2000, 2001, and 2002, and for other purposes.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, which were referred as indicated:

EC–4191. A communication from the Director, Regulations Policy and Management, Food and Drug Administration, Department of Health and Human Services, transmitting, pursuant to law, the report of a rule entitled ''Medical Devices; Performance Standard for Diagnostic X-ray Systems; Amendment'' (Docket No. 98N–0877), received July 13, 1999; to the Committee on Health, Education, Labor, and Pensions.

EC–4192. A communication from the Secretary of Commerce, transmitting, pursuant to the Anti-Bribery and Fair Competition Act of 1998, the annual report dated July 1999; to the Committee on Banking, Housing, and Urban Affairs.

EC–4193. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of Air Quality Implementation Plans;

West Virginia: Approval of Revisions to Coal Preparation Plants and Coal Handling Operations'' (FRL # 6372–3), received July 7, 1999; to the Committee on Environment and Public Works.

EC–4194. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''National Emission Standards for Hazardous Air Pollutants: Halogenated Solvent Cleaning'' (FRL # 6376–5), received July 7, 1999; to the Committee on Environment and Public Works.

EC–4195. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of Implementation Plans Tennessee: Approval of Revisions to the Tennessee SIP Regarding National Emission Standards for Hazardous Air Pollutants and Volatile Organic Compounds'' (FRL # 6378–4), received July 13, 1999; to the Committee on Environment and Public Works.

EC–4196. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of State Plans for Designated Facilities; New York'' (FRL # 6378–4), received July 13, 1999; to the Committee on Environment and Public Works.

EC–4197. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of Air Quality State Implementation Plans; Louisiana; Approval of Clean Fuel Fleet Substitution Program Revision'' (FRL # 6378–3), received July 13, 1999; to the Committee on Environment and Public Works.

EC–4198. A communication from the Director, Office of Regulatory Management and Information, Office of Policy, Planning and Evaluation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Clean Air Act Direct Final Approval of Title V Prohibitory Rule as a State Implementation Plan Revision; Sacramento Metropolitan Air Quality Management District, California'' (FRL # 6378–5), received July 13, 1999; to the Committee on Environment and Public Works.

EC–4199. A communication from the Director, Office of Personnel Management, transmitting, pursuant to law, the report of a rule entitled ''Final Regulations on Lump-Sum Payments for Annual Leave'', received July 13, 1999; to the Committee on Governmental Affairs.

EC–4200. A communication from the Administrator, Small Business Administration, transmitting, pursuant to law, the report of the Office of Inspector General for the period October 1, 1998, through March 31, 1999; to the Committee on Governmental Affairs.

EC–4201. A communication from the Director, Office of Management and Budget, Executive Office of the President, transmitting, pursuant to law, a report entitled ''Amendments to Deferred Maintenance Reporting''; to the Committee on Governmental Affairs.

EC–4202. A communication from the Special Counsel, transmitting, pursuant to law, the annual report for fiscal year 1998; to the Committee on Governmental Affairs.

EC–4203. A communication from the Acting Assistant Attorney General, transmitting, pursuant to law, a report entitled ''Attacking Financial Institution Fraud: Fiscal Year 1996''; to the Committee on the Judiciary.

EC–4204. A communication from the Under Secretary of Defense, transmitting, pursuant to law, a report entitled ''Defense Manpower Requirements Report for Fiscal Year 2000''; to the Committee on Armed Services.

EC–4205. A communication from the Under Secretary for Export Administration, Department of Commerce, transmitting, pursuant to law, a report relative to export licenses for commercial communications satellites and related items for the period February 26, 1999 to May 21, 1999; to the Committee on Armed Services.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. MCCAIN, from the Committee on Commerce, Science, and Transportation, without amendment:

S. 1248. A bill to correct errors in the authorizations of certain programs administered by the National Highway Traffic Administration (Rept. No. 106–107).

By Mr. JEFFORDS, from the Committee on Health, Education, Labor, and Pensions, without amendment:

S. Res. 138. An original resolution authorizing expenditures by the Committee on Health, Education, Labor, and Pensions.

By Mr. SHELBY, from the Select Committee on Intelligence, without amendment:

S. Res. 139. An original resolution authorizing expenditures by the Select Committee on Intelligence.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. BURNS:

S. 1362. A bill to establish a commission to study the airline industry and to recommend policies to ensure consumer information and choice; to the Committee on Commerce, Science, and Transportation.

By Mr. DURBIN:

S. 1363. A bill for the relief of Valdas Adamkus, President of the Republic of Lithuania; to the Committee on Finance.

By Mr. BAYH (for himself, Mr. DOMENICI, Mrs. LINCOLN, Mr. LIEBERMAN, Ms. LANDRIEU, Mr. GRAHAM, Mr. LUGAR, Mr. VOINOVICH, Mr. ROBB, Mr. BREAUX, Mr. EDWARDS, and Mr. BINGAMAN):

S. 1364. A bill to amend title IV of the Social Security Act to increase public awareness regarding the benefits of lasting and stable marriages and community involvement in the promotion of marriage and fatherhood issues, to provide greater flexibility in the Welfare-to-Work grant program for long-term welfare recipients and low income custodial and noncustodial parents, and for other purposes; to the Committee on Finance.

By Mr. MURKOWSKI (by request):

S. 1365. A bill to amend the National Preservation Act of 1966 to extend the authorization for the Historic Preservation Fund and the Advisory Council on Historic Preservation, and for other purposes; to the Committee on Energy and Natural Resources.

S. 1366. A bill to authorize the Secretary of the Interior to construct and operate a visitor center for the Upper Delaware Scenic and Recreation River on land owned by the New York State, and for other purposes; to the Committee on Energy and Natural Resources.

S. 1367. A bill to amend the Act which established the Saint-Gaudens Historic Site, in the State of New Hampshire, by modifying the boundary and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. TORRICELLI (for himself, Mr. KERRY, and Mr. CLELAND):

S. 1368. A bill to amend the Forest and Rangeland Renewable Resources Planning Act of 1974 and related laws to strengthen the protection of native biodiversity and ban clearcutting on Federal land, and to designate certain Federal land as ancient forests, roadless areas, watershed protection areas, special areas, and Federal boundary areas where logging and other intrusive activities are prohibited; to the Committee on Energy and Natural Resources.

By Mr. JEFFORDS (for himself, Mr. LIEBERMAN, Mr. MOYNIHAN, Mr. SCHUMER, Mr. KERRY, Mr. LAUTENBERG, Mr. DODD, and Mr. KENNEDY):

S. 1369. A bill to enhance the benefits of the national electric system by encouraging and supporting State programs for renewable energy sources, universal electric service, affordable electric service, and energy conservation and efficiency, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. SHELBY:

S. 1370. A bill to amend the Internal Revenue Code of 1986 to extend the time for payment of the estate tax on certain timber stands; to the Committee on Finance.

By Mr. GORTON:

S. 1371. A bill to issue a certificate of documentation with appropriate endorsement for employment in the coastwise trade for the vessel Ocean Pride; to the Committee on Commerce, Science, and Transportation.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. JEFFORDS:

S. Res. 138. An original resolution authorizing expenditures by the Committee on Health, Education, Labor, and Pensions; from the Committee on Health, Education, Labor, and Pensions; to the Committee on Rules and Administration.

By Mr. SHELBY:

S. Res. 139. An original resolution authorizing expenditures by the Select Committee on Intelligence; from the Select Committee on Intelligence; to the Committee on Rules and Administration.

By Mr. CAMPBELL:

S. Res. 140. A resolution congratulating the United States women's soccer team for winning the 1999 Women's World Cup, recognizing the important contribution of each individual team member to the United States and to the advancement of women's sports, and inviting the members of the United States women's soccer team to the United States Capitol to be honored and recognized by the Senate for their achievements; to the Committee on the Judiciary.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. BURNS:

S. 1362. A bill to establish a commission to study the airline industry and to recommend policies to ensure consumer information and choice; to the Committee on Commerce, Science, and Transportation.

TRAVEL AGENT COMMISSIONS

Mr. BURNS. Mr. President, I rise today to introduce a bill that will establish a commission to study the future of the travel agent industry and determine the consumer impact of airline interaction with travel agents.

Since the Airline Deregulation Act of 1978 was enacted, major airlines have controlled pricing and distribution policies of our nation's domestic air transportation system. Over the past four years, the airlines have reduced airline commissions to travel agents in an competitive effort to reduce costs.

I am concerned the impact of today's business interaction between airlines and travel agents may be a driving force that will force many travel agents out of business. Combined with the competitive emergence of Internet services, these practices may be harming an industry that employs over 250,000 Americans.

This bill will explore these concerns through the establishment of a commission to objectively review the emerging trends in the airline ticket distribution system. Among airline consumers there is a growing concern that the airlines may be using their market power to unfairly limit how airline tickets are distributed.

Mr. President, if we lose our travel agents, we lose a competitive component to affordable air fare. Travel agents provide a much needed service and without, the consumer is the loser.

The current use of independent travel agencies as the predominate method to distribute tickets ensures an efficient and unbiased source of information for air travel. Before deregulation, travel agents handled only about 40 percent of the airline ticket distribution system. Since deregulation, the complexity of the ticket pricing system created the need for travel agents resulting in travel agents handling nearly 90 percent of transactions.

Therefore, the travel agent system has proven to be a key factor to the success of airline deregulation. I'm afraid, however, that the demise of the independent travel agent would be a factor of deregulation's failure if the major airlines succeed in dominating the ticket distribution system.

Travel agents and other independent distributors comprise a considerable portion of the small business sector in the United States. There are 33,000 travel agencies employing over 250,000 people. Women or minorities own over 50 percent of travel agencies.

The assault on travel agents has been fierce. Since 1995, commissions have been reduced by 30 percent, 14 percent for domestic travel alone in 1998. Since 1995, travel agent commissions have been reduced from an average of 10.8 percent to 6.9 percent in 1998. Travel agencies are failing in record numbers.

Mr. President, I think it is important to study this issue as well as the related issues of the current state of ticket distribution channels, the importance of an independent system on small, regional, start-up carriers, and the role of the Internet.

By Mr. DURBIN:

S. 1363. A bill for the relief of Valdas Adamkus, President of the Republic of Lithuania; to the Committee on Finance.

PRIVATE RELIEF LEGISLATION FOR HIS EXCELLENCY VALDAS ADAMKUS OF LITHUANIA

Mr. DURBIN. Mr. President, I am introducing legislation today on behalf of the current President of Lithuania, His Excellency Valdas Adamkus. President Adamkus is a Lithuanian native and a former U.S. citizen with more than a quarter century of distinguished service to our nation. His election last year to the Lithuanian presidency made necessary his renunciation of his U.S. citizenship. My legislation provides an exemption for President Adamkus from several consequences associated with his renunciation. More specifically, my bill exempts President Adamkus from any expatriate taxes, restores President Adamkus' Social Security benefits, ensures his right to his federal pension, and grants President Adamkus the right to travel freely throughout the United States.

Valdas Adamkus was born on November 3, 1928 in Kaunas, Lithuania. Before immigrating to the United States in 1949, he was involved with Lithuanian resistance efforts against both Nazi Germany and Soviet Russian invaders. Settling in Chicago, President Adamkus remained active in Lithuanian Emigre organizations and helped raise public awareness of Lithuania's occupation by the Soviet Union. Following the return of independence to the Baltics, President Adamkus served as a Coordinator for the United States Aid to the Baltic States, specializing in environmental issues and academic coordination.

President Adamkus is a graduate of the Illinois Institute of Technology, where he earned a B.S. in civil engineering before spending ten years as a consulting engineer. In 1970, President Adamkus joined the newly-created United States Environmental Protection Agency where he initially served as the Deputy Regional Administrator of the fifth region—which includes Illinois, Indiana, Michigan, Minnesota and Ohio. In 1981, President Adamkus was promoted to Regional Administrator for the fifth region, a position he held until his retirement in 1997.

In a distinguished EPA career which stretched 27 years, President Adamkus held a number of leadership positions, including Chairman of the Great Lakes Water Quality Board and Chairman of the United States group that worked with the Soviet Union on water pollution issues. In 1975, he was appointed Advisor to the UN World Health Organization and represented the EPA on environmental issues in the Soviet Union, Eastern Europe, Japan, and China.

In 1985, President Reagan personally presented President Adamkus with the Executive Presidential Rank Award—the highest honor for a civil servant. Other honors he earned include the EPA's highest award, the gold medal for exceptional service, and the EPA's first Fitzhugh Green Award in 1988 for outstanding contributions to environmental protection internationally.

To President Adamkus, the collapse of the Soviet Union in the late 1980s and subsequent liberation of the Baltics marked the successful culmination of his lifelong commitment to Lithuania's freedom. As Lithuania began the long and painful transition from a communist totalitarian system to a free-market economy, Mr. Adamkus emerged as an ideal candidate for the Lithuanian presidency, not only because of his past work for Lithuanian freedom, but also because of the experience he gained through his career as a U.S. civil servant.

Mr. Adamkus was elected President of the Republic of Lithuania on January 4 of last year and took office on February 25. Before assuming the Lithuanian presidency, Mr. Adamkus was required to renounce his U.S. citizenship. As I mentioned at the beginning of my statement, the bill I am offering today provides a limited exemption for President Adamkus from some of the negative consequences associated with renunciation. More specifically, my bill:

(1) Exempts President Adamkus from the expatriate tax. As an expatriate, President Adamkus is subject to sections 877 and 2107 of the Internal Revenue Code, provided it is determined that his renunciation had ''for one of its principal purposes the avoidance of taxes.'' My bill exempts President Adamkus from sections 877 and 2107 by stating that his renunciation shall not ''be treated as having as one of its purposes the avoidance of any Federal tax.''

(2) Restores President Adamkus' Social Security benefits and ensures his right to his federal pension. Title 42 Section 402(t) of the US code denies Social Security benefits to non-citizens residing outside the United States. While Section 433 of that title allows our President to enter agreements with foreign countries which allow non-resident non-citizens to receive pension benefits based on periods of coverage in the United States, the U.S. currently has no such agreement with Lithuania. As a result, President Adamkus is not entitled to the Social Security benefits he earned from 37 years of work in the United States. My bill restores these benefits. My bill also ensures that Mr. Adamkus retains the federal pension he earned as an employee of the EPA.

(3) Restores President Adamkus' right to travel in the United States. As a non-resident alien, Mr. Adamkus no longer has the right to travel freely in the U.S. My bill restores this privilege.

Mr. President, with this bill, I do not suggest that we trivialize the act of renouncing one's U.S. citizenship. Renunciation of U.S. citizenship is an act of

the highest gravity that should not be undertaken without fully considering its consequences. I believe it appropriate, however, that we provide President Adamkus with special treatment in light of his long and distinguished service to our nation, his lifelong commitment to freedom and democracy in Lithuania, and his reason for renunciation. Indeed, it is in the interest of the United States that developing countries—particularly the former Soviet Republics—succeed in establishing free-market democratic societies. Hence, even in renouncing his citizenship, President Adamkus continues to serve our nation admirably. I thank my colleagues for their consideration and urge them to join me in supporting this bill.

Mr. President, I ask unanimous consent that this bill be printed in the RECORD.

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

S. 1363

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That, notwithstanding any other provision of law, the renunciation of United States citizenship by Valdas Adamkus on February 25, 1998, in order to become the President of the Republic of Lithuania shall not—

(1) be treated under any Federal law as having as one of its purposes the avoidance of any Federal tax,

(2) result in the denial of any benefit under title II or XVIII of the Social Security Act, or under title 5, United States Code, or

(3) result in any restriction on the right of Valdas Adamkus to travel or be admitted to the United States.

By Mr. BAYH (for himself, Mr. DOMENICI, Mrs. LINCOLN, Mr. LIEBERMAN, Ms. LANDRIEU, Mr. GRAHAM, Mr. LUGAR, Mr. VOINOVICH, Mr. ROBB, Mr. BREAUX, Mr. EDWARDS, and Mr. BINGAMAN):

S. 1364. A bill to amend title IV of the Social Security Act to increase public awareness regarding the benefits of lasting and stable marriages and community involvement in the promotion of marriage and fatherhood issues, to provide greater flexibility in the Welfare-to-Work grant program for long-term welfare recipients and low income custodial and noncustodial parents, and for other purposes; to the Committee on Finance.

RESPONSIBLE FATHERHOOD ACT OF 1999

• MR. BAYH. Mr. President, I rise today with my good friend Senator DOMENICI to introduce the Responsible Fatherhood Act of 1999.

The irony in our nation's unprecedented economic prosperity is that many Americans still feel the country is on the wrong track—that there is a deterioration of values in our society. There seems to be a fraying of the social fabric and many indicators point to the increase in absentee fathers as the culprit.

America's moms are true heroes in the lives of their children. While most fathers are heroic in their own right, many are not involved enough—too many are completely absent. Fathers can teach kids about respect, honor, duty and the values that make our communities strong. But there has been a troubling decline in the involvement of fathers in the lives of their children over the last 40 years—a decline that should worry us all.

The number of kids living in households without fathers has tripled over the last forty years, from just over 5 million in 1960 to more than 17 million today. The United States leads the world in fatherless families and too many kids spend their lives without any contact with their fathers. The consequences of this dramatic decrease in the involvement of fathers in the lives of their children are severe. When fathers are absent from their lives, children are: five times more likely to live in poverty, twice as likely to commit crime, more likely to bring weapons and drugs into the classroom, twice as likely to drop out of school, twice as likely to be abused, more likely to commit suicide, over twice as likely to abuse alcohol or drugs, and more likely to become pregnant as teenagers.

Community efforts have sprung up around the country to stem the rising tide of fatherless families and encourage responsible parenting. Today I am introducing the Responsible Fatherhood Act of 1999 with Senators DOMENICI, LINCOLN, LIEBERMAN, LANDRIEU, GRAHAM, LUGAR, VOINOVICH, ROBB, BREAUX, EDWARDS, and BINGAMAN. This bill is a fiscally responsible approach that will provide support to states and communities to promote responsible fatherhood.

Specifically, our bill would do three things. First it would raise awareness about the importance of responsible fatherhood by authorizing a public awareness campaign, designed by states and communities, to help change attitudes, particularly among young men, about the responsibilities that go with fathering a child. Second, our legislation creates a block grant program expanding responsible fatherhood promotion programs at the state and local level. The grants would be supplemented by funds and involvement from state and local government, civic, charitable, non-profit and faith-based organizations. Finally, the bill changes existing federal law to encourage a stronger connection between fathers and their children through increased child support to families and more available training through the Welfare-to-Work program for low-income fathers.

Congress alone cannot solve this problem. However, I believe this bill represents an important first step toward reversing the rising tide of fatherlessness in this country. I urge my colleagues to support this important initiative.•

• Mr. DOMENICI. Mr. President, it is with great pleasure that I rise today with Senator BAYH to introduce the Responsible Fatherhood Act of 1999.

Even on its best day the government can never be a replacement for a loving two parent family. As the father of eight I cherish the moments I have spent and will spend with my children because they are my best friends.

But sadly, there is a growing trend among American children, they are growing up without the love and guidance of their fathers and in many cases these children are going years without seeing their fathers.

This trend has taken a terrible toll on not only our children and families, but our nation as a whole. For instance in my home state of New Mexico over 24 percent of families do not have fathers present in the home.

Nationally, the numbers are not any better; nearly 25 million children or 36 percent of all kids live without their biological father and since 1960 the number of children living without their father has jumped from 5 million to 17 million. Additionally, about 40 percent of these children have not seen their father in the last year.

I cannot think of two more important issues facing our nation than the dual goal of promoting marriage and responsible fatherhood. I believe you could describe the role parents play in the lives of their children in the following way: providing love, guidance, and discipline; while at the same time teaching about respect, honor, duty and the values that make our nation so great.

And while we all acknowledge the positive benefits of a two parent family these are more and more families where fathers simply are not present in the lives of their children. I would submit this is a tragedy because a child growing up without a father or a mother simply misses out on something very special.

I recently came across a quotation that I think is appropriate: ''it is a wise father that knows his own child.'' However, the exact opposite is now occurring with a growing trend towards absentee fathers.

The bill we are introducing today seeks to reverse this trend by providing states and communities with support for the dual goal of promoting marriage and responsible fatherhood.

Specifically, the bill: authorizes a public awareness campaign to promote responsible fatherhood and the formation and maintenance of married two parent families.

Additionally, our bill creates a responsible parenting block program to provide support for state and local governments, nonprofit, charitable and religious organizations' efforts to promote responsible fatherhood and the formation and maintenance of married two parent families at the state and local level.

The final component of the bill changes existing Federal law to encourage a stronger connection between fathers and children through increased child support to families and more available training through the Welfare-

to-Work program for low-income noncustodial fathers. There is one provision within this component I would like to specifically focus on and that is the State option to disregard child support collected for purposes of determining eligibility for, or amount of, TANF assistance.

While it is the intent of this section to allow States to disregard certain child support collected that amount is also limited only to cases where states have chosen to pass-through up to $75 of child support payments per month directly to the family and then only that $75 may be disregarded by states.

In closing, I want to encourage my colleagues to lend their support to this important issue and Senator BAYH, I very much look forward to working with you on this exciting piece of legislation.●

● Mr. LIEBERMAN. Mr. President, our society is suffering from the deterioration of the married, two-parent family. According to a recent report by the National Marriage Project at Rutgers, ''The State of Our Unions: The Social Health of Marriage in America,'' marriage rates are at a 40-year low and there are fewer social forces holding them together. As the number of marriages has declined, unwed births have dramatically grown. Unfortunately, the result is more and more children are being born into fragile families.

As the report states, ''Marriage is a fundamental social institution . . . It is the 'social glue' that reliably attaches fathers to children.'' Nearly 25 million children, more than 1 out of 3, live absent their biological father, and 17 million kids live without a father of any kind. Even more troubling, about 40 percent of the children living in fatherless households have not seen their fathers in at least a year, and 50 percent of children who do not live with their fathers have never stepped foot in their father's home.

This growing problem of father absence is taking a terrible toll on those children, who are being denied the love, guidance, discipline, emotional nourishment and financial support that fathers usually provide.

Parents act as a nurturing and stable foundation for children. They are a guiding force to which children readily open their arms. In a recent poll conducted by Nickelodeon and Time magazine, three-quarters of the children, ages six to 14, polled stated that they wished they could spend more time with their parents. In addition, kids consistently ranked parents at the very top of the list when asked to name the people they look up to.

More than friends or teachers, parents shape their children's value systems. As dads disappear, the American family is becoming significantly weaker, as are the values we depend on families to transmit. In turn, the risks to the health and well-being of children are becoming significantly higher. Social science research repeatedly shows that children growing up without fathers are far more likely to live in poverty, to fail in school, experience behavioral and emotional problems, develop drug and alcohol problems, commit suicide, and experience physical abuse and neglect.

We have seen the devastating results of this breakdown in our culture as the number of violent incidences among young males, in particular, rises. Statistics reveal that violent criminals are overwhelmingly males who grew up without fathers.

Concerned citizens and grass-roots groups are paying attention to the statistics, and they are actively seeking solutions neighborhood by neighborhood across the nation. A shining example of this united effort is the National Fatherhood Initiative (NFI) which was formed to help raise awareness of the problem of father absence and its consequences and to mobilize a national response to it. To date, the NFI has made tremendous progress, working in communities across the country to set up educational programs and promote responsible fatherhood.

There are limits to what we in government and here in Congress can do to change society's attitudes toward marriage and out-of-wedlock births, but we are not powerless. I am proud to sign on to the proposal introduced by my colleagues Senators EVAN BAYH and PETE DOMENICI, ''The Resppnsible Fatherhood Act of 1999,'' that will help strengthen fragile families and promote responsible fatherhood, as well as promote the formation and maintenance of married, two-parent families.

I would like to highlight a few key provisions that will significantly increase efforts at the state and local level to reconnect fathers and families, thereby ensuring a brighter, more secure future for our youth.

Unfortunately, few television shows and movies produced today highlight the value of marriage. Cohabitation and out-of-wedlock sex are handled so casually that young people see little incentive for marriage. This bipartisan legislation authorizes a challenge grant to encourage states and local communities to initiate media campaigns that promote responsible fatherhood and the importance of a married, two-parent family in a child's life. Rather than the typical barrage of negative images, young people need to see positive messages on fatherhood and marriage.

States, localities and community organizations are already helping lead the fight at the local level for responsible fatherhood. Their efforts must be bolstered, not hindered. This proposal authorizes a Responsible Parenting Block Grant to provide support for state and local government, nonprofit, charitable and religious organizations' efforts.

No one solution exists that will reconnect fathers and families, but a combined effort can make a difference. That is why a national clearinghouse would be established to facilitate the exchange of ideas and sharing of success stories. Such a clearinghouse also would produce and distribute resources to aid those leading the charge at the community level. The National Fatherhood Initiative has been highlighted as an exemplary group to house such a clearinghouse.

Although many fathers desire to make a financial contribution to their family, they are unable to because they lack the necessary skills to obtain jobs. In 1997, Congress passed Welfare to Work legislation to help the hardest-to-employ welfare recipients and low-income, non-custodial parents move into jobs. Unfortunately, many states have not been able to use their full funding because of restrictive federal guidelines. The Responsible Fatherhood Act will provide states and cities the flexibility they need to serve a broader group of low-income, noncustodial fathers, and provide services to increase the employment and parenting skills of eligible fathers.

Under the current system, fathers with children on welfare are discouraged from paying child support as payments are instead typically shifted to state agencies to offset welfare benefits. Research demonstrates that fathers are more connected with their children and more likely to pay child support when they believe their payment is going directly to their family, and not the government. Children on welfare are precisely the children who have been identified as group most in need of father involvement, and we should eliminate any barriers that prevent this critical bond from taking place. Therefore, this legislation would establish the federal government as a partner to states that want to exercise an option to pass-through up to $75 of child support payments per month directly to the family without impacting welfare eligibility.

Implementing new innovative fatherhood initiatives should not be a rigorous, burdensome process. States should have the flexibility to use child-support funds on programs that support and promote fatherhood instead of paying funds back to TANF. Getting fathers back to work and reconnected to their families will do more to move families off of welfare permanently.

The Responsible Fatherhood Act of 1999, I believe, marks a major turning point in the politics of the family as is evidenced by the solid bipartisan consensus coalescing behind this proposal. Promoting responsible fatherhood does not take away from the efforts of single mothers, but helps ensure that children receive the benefits provided by two caring parents. Addressing the critical role fathers play in the lives of their children is no longer a politically taboo topic. The research is convincing and, unfortunately, mounting every year—children need the support and involvement of both parents to lead happy, healthy, productive lives.

I thank Senators BAYH and DOMENICI for leading this effort. I am proud to join them as a cosponsor.●

By Mr. MURKOWSKI (by request):

S. 1365. A bill to amend the National Preservation Act of 1966 to extend the authorization for the Historic Preservation Fund and the Advisory Council on Historic Preservation, and for other purposes; to the Committee on Energy and Natural Resources.

AUTHORIZATION FOR THE HISTORIC PRESERVATION FUND AND THE ADVISORY COUNCIL ON HISTORIC PRESERVATION

Mr. MURKOWSKI. Mr. President, at the request of the administration, I rise today to introduce legislation to extend the authorization for the Historic Preservation Fund, and for other purposes.

I ask unanimous consent that the bill, a summary of the legislation, and the administration's letter of transmittal be printed in the RECORD for the information of my colleagues.

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

S. 1365

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

That the National Historic Preservation Act of 1966 (P.L. 89–665; 80 Stat. 915; 16 U.S.C. 470) is amended—

(1) in section 108 (16 U.S.C. 470h), by striking ''1997'' and inserting ''2005''; and

(2) in section 212(a) (16 U.S.C. 470t(a)), by striking ''2000'' in the last sentence and inserting ''2005''.

SUMMARY

This legislation amends the Historic Preservation Act of 1966 to extend the authorization of $150,000,000 per year for the Historic Preservation Fund through fiscal year 2005 and the authorization of $4,000,000 per year for the Advisory Council on Historic Preservation. The fund is currently authorized through fiscal year 1996, and the Council through fiscal year 2000.

U.S. DEPARTMENT OF THE INTERIOR,
OFFICE OF THE SECRETARY,
Washington, DC, April 9, 1999.

Hon. ALBERT GORE, JR.,
President of the Senate, Washington, DC.

DEAR MR. PRESIDENT: Enclosed is a draft of a bill ''to extend the authorization for the Historic Preservation Fund, and for other purposes. Also enclosed is a section-by-section analysis of the bill. We recommend that the bill be introduced, referred to the appropriate committee for consideration, and enacted.

The enclosed bill would amend the Historic Preservation Act of 1966 to extend the authorization of $150,000,000 for the Historic Preservation Fund through the year 2005. The fund is currently authorized at $150,000,000 per year through 1997. In addition, the enclosed bill would amend the 1966 Act to extend the current authorization of $4,000,000 for the Advisory Council on Historic Preservation through 2005. The Counsel's authorization expires at the end of fiscal year 2000.

The Historic Preservation Act of 1966 provides for the protection of significant historic properties across the country. It encourages and supports America's effort to preserve the tangible evidence of our past for the benefit and enjoyment of future generations. As part of the National Historic Preservation Act, Congress established the Historic Preservation Fund to carry out the provisions of the bill.

The purpose of this measure is to continue this successful program of protecting historic structures and sites. For over 30 years, since the passage of the National Historic Preservation Act, private citizens, industry, Federal, state, local and tribal governments have worked together to create a cost-effective, successful program. These unique partnerships have resulted in the preservation of historic places, which are the tangible embodiment of American history.

The Office of Management and Budget has advised that there is no objection to the enactment of the enclosed draft legislation from the standpoint of the Administration's program.

Sincerely,

STEPHEN C. SAUNDERS,
Acting Assistant Secretary for Fish and Wildlife and Parks.

By Mr. MURKOWSKI (by request):

S. 1366. A bill to authorize the Secretary of the Interior to construct and operate a visitor center for the Upper Delaware Scenic and Recreation River on land owned by the New York State, and for other purposes; to the Committee on Energy and Natural Resources.

UPPER DELAWARE SCENIC AND RECREATION RIVER LEGISLATION

Mr. MURKOWSKI. Mr. President, at the request of the administration, I rise today to introduce legislation to construct and operate a visitor center for the Upper Delaware Scenic and Recreational River on land owned by the State of New York, and for other purposes.

I ask unanimous consent that the bill, a section-by-section analysis of the legislation, and the administration letter of transmittal be printed in the RECORD for the information of my colleagues.

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

S. 1366

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 ''Upper Delaware Scenic and Recreational River Mongaup Visitor Center Act of 1999.''

SEC. 2. FINDINGS.

(1) the Secretary of the Interior approved a management plan for the Upper Delaware Scenic and Recreational River, as required by P.L. 95–625 (16 U.S.C. 1274 note), on September 29, 1987;

(2) the river management plan called for the development of a primary visitor contact facility located at the southern end of the river corridor;

(3) the river management plan determined that the visitor center would be built and operated by the National Park Service;

(4) the Act which designated the Upper Delaware Scenic and Recreational River and the approved river management plan limits the Secretary of the Interior's authority to acquire land within the boundary of the river corridor; and

(5) the State of New York authorized on June 21, 1993, a 99–year lease between the New York State Department of Environmental Conservation and the National Park Service for the construction and operation of a visitor center by the Federal government on state-owned land in the Town of Deerpark, Orange County, New York in the vicinity of Mongaup, the preferred site for the visitor center.

SEC. 3. AUTHORIZATION OF VISITOR CENTER FOR UPPER DELAWARE SCENIC AND RECREATIONAL RIVER.

For the purpose of constructing and operating a visitor center for the Upper Delaware Scenic and Recreational River and subject to the availability of appropriations, the Secretary of the Interior may—

(a) enter into a lease with the State of New York, for a term of 99 years, for State-owned land within the boundaries of the Upper Delaware Scenic and Recreational River located at an area known as Mongaup near the confluence of the Mongaup and Upper Delaware Rivers in the State of New York; and

(b) construct and operate a visitor center on land leased under paragraph (a).

SEC. 4. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated such sums as may be necessary to carry out the purposes of this Act.

SECTION-BY-SECTION ANALYSIS—UPPER DELAWARE SCENIC AND RECREATIONAL RIVER

Section 1. SHORT TITLE.—Provides a short title for the Act—''Upper Delaware Scenic and Recreational River Mongaup Visitor Center Act of 1999.''

Section 2. FINDINGS.—Provides a discussion regarding the need for a visitor center at the Upper Delaware Scenic and Recreational River including references in the enabling legislation for the river and general management plan. Also cites the State of New York's granting of permission of construction and operation of the facility on state-owned land.

Section 3. AUTHORIZATION OF VISITOR CENTER.—Provides the Secretary of the Interior the authority to enter into a lease with the State of New York for a term of 99 years and authorizes the Secretary to construct and operate a visitor center on the leased property.

Section 4. AUTHORIZATION OF APPROPRIATIONS.—Authorizes funds that may be necessary to carry out the purposes of this Act.

DEPARTMENT OF THE INTERIOR,
OFFICE OF THE SECRETARY,
Washington, DC, April 30, 1999.

Hon. ALBERT GORE, Jr.,
President of the Senate, Washington, DC.

DEAR MR. PRESIDENT: Enclosed is a draft bill ''To authorize the Secretary of the Interior to construct and operate a visitor center for the Upper Delaware Scenic and Recreational River on land owned by the State of New York, and for other purposes.'' We recommend the bill be introduced, referred to the appropriate committee, and enacted.

The legislation would authorize the Secretary of the Interior to construct and operate a visitor center on state-owned land within the boundary of the Upper Delaware Scenic and Recreational River. The Act which established the Upper Delaware Scenic and Recreational River severely limited the Secretary's authority to acquire land. The approved general management plan for the river calls for the development of a visitor center and determined that the best location for such a center was at Mongaup near the confluence of the Mongaup and Delaware Rivers.

The preferred site is on property owned by the State of New York and administered by the New York Department of Environmental Conservation. The New York State Legislature authorized the Department of Environmental Conservation to enter into a lease with the National Park Service for the construction and operation of a visitor center on the preferred site.

This legislation is necessary because the Secretary of the Interior is not authorized to expend federal funds for the construction and operation of a facility on non-federal land. Passage of this legislation would provide the authority for the Secretary to enter into a lease with the State of New York and to subsequently develop a visitor center on the site thus implementing a significant element of the Upper Delaware Scenic and Recreational River's River Management Plan.

The Office of Management and Budget has advised that there is no objection to the enactment of the enclosed draft legislation from the standpoint of the Administration's program.

Sincerely,

DONALD J. BARRY,
Assistant Secretary for Fish and Wildlife and Parks.

By Mr. MURKOWSKI (by request):

S. 1367. A bill to amend the Act which established the Saint-Gaudens Historic Site, in the State of New Hampshire, by modifying the boundary and for other purposes.

SAINT-GAUDENS HISTORIC SITE LEGISLATION

Mr. MURKOWSKI. Mr. President, at the request of the administration, I rise today to introduce legislation to modify the boundaries of Saint-Gaudens National Historic Site, in the State of New Hampshire.

I ask unanimous consent that the bill, a section-by-section analysis of the legislation, and the administration's letter of transmittal be printed in the RECORD for the information of my colleagues.

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

S. 1367

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

The Act of August 31, 1964 (78 Stat. 749), which established Saint Gaudens National Historic Site is amended:

(1) in Section 3 by striking ''not to exceed sixty-four acres of lands and interests therein'' and inserting ''215 acres of lands and buildings, or interests therein'';

(2) in Section 6 by striking ''$2,677,000'' from the first sentence and inserting ''$10,632,000''; and

(3) in Section 6 by striking ''$80,000'' from the last sentence and inserting ''$2,000,000''.

SECTION-BY-SECTION ANALYSIS—SAINT-GAUDENS NATIONAL HISTORIC SITE

Amends the Act of August 31, 1964, which originally established the historic site.

Amendment (1).—Authorizes the Secretary to acquire additional lands, up to 215 acres, which will be added to the historic site.

Amendment (2).—Increases the authorized development ceiling for the site to $10,632,000, to allow for the implementation of the approved general management plan.

Amendment (3).—Increases the authorized land acquisition ceiling for the site to $2 million, to allow for the acquisition of the lands identified for expansion in the general management plan.

DEPARTMENT OF THE INTERIOR,
Washington, DC, April 30, 1999.

Hon. ALBERT GORE, Jr.,
President of the Senate,
Washington, DC.

DEAR MR. PRESIDENT: Enclosed is a draft bill ''to amend the Act, which established the Saint-Gaudens National Historic Site, in the State of New Hampshire, by modifying the boundary and for other purposes.'' We recommend the bill be introduced, referred to the appropriate committee, and enacted.

The purpose of the legislation is to authorize the Secretary to expand the boundary at the site in response to the recommendations of the general management plan completed in 1996. The legislation would also increase the land acquisition ceiling and the development ceiling for the site so as to allow the acquisition of lands identified for expansion in the general management plan and to address the site development program outlined in the plan.

The present boundary of Saint-Gaudens National Historic Site includes approximately 150 acres. The majority of this acreage is the historical zone of the historic site and therefore unavailable for the development of visitor service facilities, parking, administrative offices and facilities, or new exhibition space. The enlarged boundary would allow for the development of such facilities. The current natural areas that are part of the site would be protected with the addition of adjacent property and the viewshed from the historic area would also be protected.

The Office of Management and Budget has advised that there is no objection to the enactment of the enclosed draft legislation from the standpoint of the Administration's program.

Sincerely,

DONALD J. BARRY,
Assistant Secretary for Fish and Wildlife and Parks.

By Mr. TORRICELLI (for himself, Mr. KERRY, and Mr. CLELAND):

S. 1368. A bill to amend the Forest and Rangeland Renewable Resources Planning Act of 1974 and related laws to strengthen the protection of native biodiversity and ban clearcutting on Federal land, and to designate certain Federal land as ancient forests, roadless areas, watershed protection areas, special areas, and Federal boundary areas where logging and other intrusive activities are prohibited; to the Committee on Energy and Natural Resources.

THE ACT TO SAVE AMERICA'S FORESTS

● Mr. TORRICELLI. Mr. President, today, Senator KERRY and I are introducing the Act to Save America's Forests. When this country was founded over two hundred years ago, there were hundreds of millions of acres of virgin forest land across what is now the United States. Today, 95 percent of those original virgin forests have been cut down.

Our Federal forests are unique and precious public assets. Large, unbroken forest watersheds provide high-quality water supplies for drinking, agriculture, industry, as well as habitat for recreational and commercial fisheries and other wildlife. The large scale destruction of natural forests threatens other industries such as tourism and fishing with job loss. As a legacy for the enjoyment, knowledge, and well-being of future generations, provisions must be made for the protection and perpetuation of America's forests.

Clearcutting, even aged logging practices, and timber road construction have been the preferred management practices used on our Federal forests in recent years. These practices have caused widespread forest ecosystem fragmentation and degradation. The result is species extinction, soil erosion, flooding, declining water quality, diminishing commercial and sport fisheries, including salmon, and mudslides. Mudslides in Western forest regions during recent winter flooding have caused millions of dollars of environmental and property damage, and resulted in several deaths.

An environmentally sustainable alternative to these practices is selection management: the selection system involves the removal of trees of different ages either singly or in small groups in order to preserve the biodiversity of the forest.

Destructive forestry practices such as clearcutting on Federal lands was legalized by the passage of the National Forest Management Act of 1976. From 1984 to 1991, an average of 243,000 acres were clearcut annually on Federal lands. During the same time period an average of only 33,000 acres were harvested using the protective selection management practices. Pro-clearcutting interpretations of forestry laws have also been used by Federal managers to promote even age logging and road construction. In addition, the laws are not effective in preserving our forests because in many cases judges do not allow citizens standing in court to ensure that the Forest Service or other agencies follow the environmental protections of the law.

I am introducing this legislation to halt and reverse the effects of deforestation on Federal lands by ending the practice of clearcutting, while promoting environmentally compatible and economically sustainable selection management logging. It is important to note this legislation would only apply to Federal forests which are currently supplying less than 6 percent of America's timber consumption. According to a recent Congressional Research Service report we can reduce timber supply from the national forests and still meet our nation's timber needs. The vast majority of the 490 million acres of harvestable timber are privately owned and unaffected by the bill.

This legislation puts forward positive alternatives that will achieve two principal policies for our Federal forests. First, the Act would ban logging and road-building in remaining core areas of biodiversity throughout the Federal forest system including roadless areas, specially designated areas and 13 million acres of Northwest Ancient Forests. Second, in non-core areas it would abolish environmentally destructive forms of logging such as clearcutting and even aged logging.

The Act requires selection management logging practices to be used. Therefore, timber companies would only be allowed to log a certain percentage of the forests over specified periods of time. Further it takes extra

steps to protect watersheds and fisheries by prohibiting logging in buffer areas along streams, lakes, and wetlands. The Act would also call for an independent panel of scientists to develop a plan to restore and rejuvenate those forests and their ecosystems that are damaged from decades of these logging practices. And finally, the legislation would empower citizen involvement in insuring compliance with environmental protections of forest management laws by making certain that all citizens have standing to pursue actions in court.●

● Mr. KERRY. Mr. President, I want to speak for a few minutes today in support of the Act to Save America's Forests. Over the past 200 years, 95 percent of America's forests have been logged. The Act to Save America's Forests is an effort to save the remaining 5 percent of these original forests.

The legislation is based on our best science and recognizes that we can preserve our national forests for future generations and still harvest the renewable resource of timber. It is supported by over 600 scientists, who wrote to Congress that the act will ''give our nation's precious forest ecosystems the best chance for survival and recovery into the 21st century and beyond.''

The truth is, this bill represents a prudent approach. It has been criticized by those who want to ban all logging on national lands and by those who feel that our current forest policy is too restrictive. I am optimistic that it will bring opposing sides together around common progress.

The Act to Save America's Forests will protect some of the most treasured wild lands in America. Millions of Americans visit our national forests every year, generating more than $100 billion for local economies. In our forests, families hike, fish, boat, mountain climb, bird watch ad even dog sled. And, they act as watersheds and are home to rare species.

In Oregon, our national forests have trees over 1,000 years old. The Sequoia National Forest in California is home to the world's oldest trees. These are true natural—and national—treasures.

In New England, we have the Green Mountain and White Mountain National Forests. Only 100 miles from Boston, they are home to Mt. Washington, the Old Main of the Mountain and the Appalachian Trail. These are favorite spots for our citizens to backpack, ski, canoe, kayak and witness the fall foliage.

The remaining unbroken forests in the Green Mountain draw wildlife from great distances, such as migratory song birds from central and South America. The Lamb Brook, Glastenbury and Robert Frost Mountain forests, which are threatened with clearcut logging, are critical habitat for New England's black bear population, who needs these remote areas of solitude to breed and forage. The Act to Save America's Forests would permanently protect these forests and their biodiversity from logging or roadbuilding.

Today, there are 490 million acres of harvestable timberlands in the United States. Only approximately 20 percent of this harvestable timberland, some 98 million acres, are owned by the Federal Government and would be impacted by the Act to Save America's Forests. The remaining 80 percent of the harvestable timberland is on private land, and would not be regulated by the Act to Save America's Forests.

The major provisions of the Act to Save America's Forests will ban logging and road building of any kind in 13 million acres of ''core'' national forest. Core forests include ancient forest and biologically significant and roadless areas. Only environmentally compatible, sustainable logging would be permitted outside of the protected core forest areas. Clearcutting and even age logging would be banned on all federal lands. The Act will protect watersheds and fisheries by prohibiting logging within 300-foot buffer areas along streams and lakes. It directs the Federal agencies to protect and restore native biological diversity. Finally, it establishes a panel of scientists to provide guidance on Federal forest management.

I want to thank Senator TORRICELLI for introducing this legislation and Representative ANNA ESHOO for offering similar legislation in the House of Representatives. I strongly support this effort to balance our need to preserve and restore our national forests while allowing for the harvest of the renewable resource these forests provide.●

By Mr. JEFFORDS (for himself, Mr. LIEBERMAN, Mr. MOYNIHAN, Mr. SCHUMER, Mr. KERRY, Mr. LAUTENBERG, Mr. DODD, and Mr. KENNEDY):

S. 1369. A bill to enhance the benefits of the national electric system by encouraging and supporting State programs for renewable energy sources, universal electric service, affordable electric service, and energy conservation and efficiency, and for other purposes; to the Committee on Energy and Natural Resources.

CLEAN ENERGY ACT OF 1999

Mr. JEFFORDS. Mr. President, I rise today to introduce the Clean Energy Act of 1999, for myself and Senators LIEBERMAN, MOYNIHAN, SCHUMER, KERRY, LAUTENBERG, DODD, and KENNEDY.

Air pollution from dirty power plants threatens the health of lakes, forests, and people across our Nation. Today, we call for an end to code red air pollution alerts, smog filled afternoons and chemical induced haze. Today, we will introduce legislation to protect our environment from the damaging effects of air pollution and move our Nation closer to a sensible energy future.

Why should we live with smog, acid rain and code red summer afternoons when the technology is here to capture the sun and wind in our backyard? It is time for our Nation to transition from smokestacks, coal power and smog to a future with windmills, solar power and blue skies. Like the wall in Berlin, we hope to watch the dirty power plants dismantled brick, by brick, knowing that once again we can breath freely.

As the U.S. PIRG report indicates, air pollution produced from dirty power plants has skyrocketed. With recent wholesale deregulation, coal fired power plants increased their output almost 16%. This has got to end.

Electric utility deregulation has the potential to save consumers millions of dollars in energy costs. At the same time, deregulation can move us away from reliance on dirty fossil fuels. A study by the Union of Concerned Scientists showed that we can decrease electricity prices by 13% while still achieving great public and environmental benefits.

Electricity prices in the Northeast are double those in the Midwest. Under current law, old, dirty coal fired power plants in the Midwest are exempt from the same air quality standards that our plants meet. Their emissions settle into our streams, forests, eyes, and lungs. They get the benefit, we get the cost.

Not anymore. Our bill will level the playing field for clean Northeast utility companies. It will knock dirty upwind coal burners out of the competitive arena. It will give our utilities the ability to compete successfully in deregulated markets.

Our proposal will cap emissions from generation facilities, forcing old coal plants to meet tighter air quality standards or shut down. We attack pollutants that lead to smog, acid rain, mercury contamination and ground-level ozone.

Our bill will put in place a nationwide wires charge to create an electric benefit fund to develop renewable energy sources and promote energy efficiency and universal access. It will mandate that generation facilities purchase increasing percentages of renewable power each year. We begin at 2.5% in 2000 and increase to 20% renewables by 2020. Either buy renewables, or don't play in the market place.

Our legislation will make it cheaper and easier for consumers to install renewable energy sources in their homes, farms, and small businesses by simplifying the metering process. And finally, our bill has a comprehensive disclosure provision, giving consumers honest and verifiable information regarding their energy choices.

Our Nation's future depends on clean, reliable energy. We can end dirty air from tall utility smokestacks. We can capture the global market for renewable energy. We can stop acid rain from killing our forests and we can keep our summer days from being ozone days. We can increase our energy security. And we can do all this while saving consumers millions of dollars on their utility bills.

Mr. LIEBERMAN. Mr. President, I am pleased today to join with my distinguished colleague from Vermont to introduce the Clean Energy Act of 1999. This landmark legislation provides a comprehensive, long-term blueprint for fulfilling the promise of fishable rivers, swimable streams, and clean, breathable air as envisioned by the groundbreaking Clean Water and Clean Air Acts.

As Senator JEFFORDS has explained, the Clean Energy Act would reduce emissions of the full range of pollutants that damage human health and the global environment. The public health standards embodied in this bill are ambitious. But they reflect the significant strides Northeastern utilities have made in recent years to reduce pollution from electric power plants. They also reflect the reality that goals can, and must, be achieved regionally and nationally if we are to ensure clean air and clean water for every community.

As utilities invest in control technologies to help them meet existing and future clean air requirements, they face difficult choices. Some technologies control for one pollutant, while exacerbating emissions of another and often utilities make large capital investments without knowing what pollutant reductions may be required of them in the future. The Clean Energy Act will bring order to the equation by providing a comprehensive but flexible guide for controlling the full range of pollutants associated with electricity generation, including nitrogen oxides, sulphur dioxide, mercury, and carbon.

The Clean Energy Act will help reduce emissions of nitrogen oxides that lead to smog that makes it difficult for children, asthmatics, and the elderly to breathe. It will help reduce acid rain by reducing the amount of sulphur that our smokestacks pump into the air.

The bill will accelerate efforts to make the fish in rivers safe to eat by lowering the amount of mercury introduced into the food chain. And it will help reduce the U.S. contribution to the problem of climate change by recognizing carbon dioxide as a pollutant of the global atmosphere.

Last year, I introduced a bill designed to close a loophole in the Clean Air Act that exempts older power plants from rigorous environmental standards. We know that to ensure fairness in an era of increasing competitiveness, we must strengthen pollution controls so that dirty power plants don't gain an unfair share of the market while polluting at higher rates than cleaner, more efficient utilities. The Clean Energy Act builds on the effort begun last year, by requiring all plants, no matter what their vintage, to meet the same standards.

Electricity deregulation carries the promise of enormous benefits for the consumer—mainly in reduced electric bills—which I strongly support. But electricity deregulation can also cause adverse environmental and public health consequences if we don't do it right.

The principles behind the Clean Energy Act—comprehensive control of pollutants and equitable across-the-board standards, enhanced by emissions trading—provide a vision for how the electricity industry and our economy can grow even as we improve the quality of our air and water for generations to come.

● Mr. KERRY. Mr. President, I rise today to make a few remarks in support of the Clean Energy Act of 1999.

There is a strong consensus in Congress, and throughout the nation, that it is time to restructure our electric utility industry. The driving force behind this consensus is the potential to save working families and businesses billions of dollars in their electricity bills as competition replaces regulated markets and drives down costs.

The Clinton Administration has estimated that the nation may save as much as $20 billion through restructuring, and other estimates are even higher. Some twenty states, including Massachusetts, have already acted to bring competition to their state industry and capture these savings.

In addition to saving billions of dollars, electric utility restructuring also presents us with the opportunity to enhance environmental protections. The Clean Energy Act of 1999 advances environmental goals that I believe should be considered as part of the final electric utility restructuring proposal passed by the Senate—and that is why I am an original cosponsor.

I know that some in Congress have argued that we should not include environmental protections in a utility restructuring proposal. I think that would be a grave mistake, because some—by no means all—power plants are the source of too much pollution to be ignored.

In Massachusetts, for example, five power plants release more than 90 percent of the pollution from power plants in the state. If each of these plants met modern standards, it would reduce as much pollution as taking more than 750,000 cars off the road. And, while Massachusetts struggles with some of these dirty plants, many more can be found in the Midwest and other parts of the nation.

The consequences of this pollution are significant. In the Northeast we experience frequent and widespread violations of national health standards for ozone. Long-term exposure to ozone may increase the incidence of respiratory disease and premature aging of the lungs. Acid deposition, whose source may be plants far outside of the Northeast, degrades public health and damages aquatic and terrestrial ecosystems. Mercury, which is highly poisonous, accumulates in aquatic species. Finally, carbon dioxide pollution continues to accumulate in the atmosphere and increase the potential for destructive and irreversible climate change.

The Clean Energy Act of 1999 would put in place important public health and environmental policies. Most importantly, it would level the playing field by requiring old, heavily-polluting power plants that are now exempt from health and environmental standards, to clean up. This is important for New England, because while many of these plants are located in the Midwest, their pollution is carried through weather patterns to our air, forests, lakes, streams and lungs.

We should close this loophole. Many energy companies have achieved environmental improvements, and those achievements should not be minimized, but the fact remains that electricity generation from old, heavily-polluting power plants increased 15.8 percent from 1992 to 1998, nationwide.

I want to add that I have heard from the citizens of Massachusetts who live around old coal and oil plants that pollute far more than newer plants. They feel strongly that all plants should comply with environmental standards and employ the best environmental technology, and that no family should be forced to live in the shadows of a plant that may cause environmental harm.

In addition to having tougher standards and closing loopholes in current law, the Act would require the Environmental Protection Agency to review any plant that emits excessive pollution through pollution permit trading to determine whether it is causing adverse local environmental and health impacts. As a result, the bill allows for robust trading so that we can capture all of its economic and broader environmental benefits, but only when it does not harm local communities.

Finally, other provisions of the Act will benefit the environment and make the U.S. a leader in clean energy technologies. For example, it would require that a percentage of the Nation's power is generated by solar, wind and other renewable sources. For years we have given heavily-polluting plants a free ride. Now it is time to reverse course and create a market force to bolster our renewable energy technologies so that we will have a growing clean power industry as we start the 21st Century.

I thank Senator JEFFORDS for introducing the Clean Energy Act of 1999, and I am pleased to join Senators LIEBERMAN, MOYNIHAN, SCHUMER, KENNEDY, DODD, and LAUTENBERG as an original cosponsor. I hope this legislation will help shape the Senate debate over utility restructuring and ensure that provisions to protect the environment and the public health will be part of the final legislation.●

By Mr. SHELBY:

S. 1370. A bill to amend the Internal Revenue Code of 1986 to extend the time for payment of the estate tax on certain timber stands; to the Committee on Finance.

TIMBERLAND CONSERVATION AND TAX RELIEF ACT OF 1999

Mr. SHELBY. Mr. President, I recently introduced legislation that would amend our estate taxation laws to correct a highly unjust situation that regularly occurs throughout our country. The problem I am referring to is the difficult situation persons who inherit valuable timberland often find themselves. Because the timberland is usually the major estate asset, the estate frequently lacks the liquidity to pay the hefty tax burden. Therefore, many times persons are forced to harvest the timber or even worse, to sell portions of the land, just to be able to meet this large tax liability.

Besides essentially invalidating many testamentary gifts, such a tax policy creates numerous economic and ecological problems. As estate taxes are due nine months after a decedent's death, the current law strongly encourages persons to harvest the timber regardless of it's maturity, prevailing price or demand. Encouraging such behavior not only leads to economic waste, but also discourages responsible use of a valued natural resource. The decision of if and when to harvest timberlands should be made by the individual landowner after he has considered the current market, tree maturity and other relevant factors. It certainly should not be based on an uncompromising tax code that completely disregards these critical factors.

Mr. President, the decision to sell the land is in no way a viable alternative to premature harvesting. Selling portions of a contiguous tract leads to fragmentation of the land, which in turn can lead to legal disputes and other inefficiencies. Furthermore, wildlife and forestry conservation efforts by earlier landowners are often ignored by new owners who look to exploit the land in order to turn a quick profit. But most importantly, our tax code should never place someone in a position where they must sell a testamentary gift just to be able to pay the taxes on the transfer. Besides being inherently unfair, such a tax tramples upon the property rights of American landowners.

Mr. President, we must not allow the tax code to perpetuate these injustices. My bill, the Timberland Conservation and Tax Relief Act of 1999 eliminates these problems by removing mechanical and unthinking tax laws from the decision of when it appropriate to harvest American timberlands. It introduces a flexible deferred payment provision into the estate taxation scheme that will allow timberland owners to exercise their own good judgment in deciding what the most efficient use of their land would be. Furthermore, the Timberland Conservation and Tax Relief Act promotes the responsible use of our environment by no longer placing persons in a position where they must harvest immature or unneeded timber. For these reasons, I strongly urge my colleagues in the Senate to join me in support of this bill.

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

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

S. 1370

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

SECTION 1. EXTENSION OF TIME FOR PAYMENT OF ESTATE TAX ON CERTAIN TIMBER STANDS.

(a) IN GENERAL.—Subchapter B of chapter 62 of the Internal Revenue Code of 1986 (relating to extensions of time for payment) is amended by adding at the end the following:

"SEC. 6168. EXTENSION OF TIME FOR PAYMENT OF ESTATE TAX ON CERTAIN TIMBER STANDS.

''(a) IN GENERAL.—In the case of an interest in a qualified timber property which is included in determining the gross estate of a decedent who was (at the date of his death) a citizen or resident of the United States, the executor may elect to pay part or all of the tax imposed by section 2001 on or before the date which is the earliest of—

''(1) the date the property is no longer qualified timber property,

''(2) the date the individual who inherited the interest in the qualified timber property either transfers the interest or dies, or

''(3) the date which is 25 years after the date of death of the decedent.

''(b) LIMITATION.—The maximum amount of tax which may be paid under this subsection shall be an amount which bears the same ratio to the tax imposed by section 2001 (reduced by the credits against such tax) as—

''(1) the fair market value of the interest in the qualified timber property, bears to

''(2) the adjusted gross estate of the decedent.

''(c) DEFINITIONS AND SPECIAL RULES.—For purposes of this section—

''(1) QUALIFIED TIMBER PROPERTY.—The term 'qualified timber property' means trees and any real property on which such trees are growing which is—

''(A) located in the United States, and

''(B) used in timber operations (as defined in section 2032A(e)(13)(C)).

''(2) ADJUSTED GROSS ESTATE.—The term, 'adjusted gross estate' means the value of the gross estate reduced by the sum of the amounts allowable as a deduction under section 2053 or 2054. Such sum shall be determined on the basis of the facts and circumstances in existence on the date (including extensions) for filing the return of tax imposed by section 2001 (or, if earlier, the date on which such return is filed).

''(3) CERTAIN TRANSFERS AT DEATH OF HEIR DISREGARDED.—Subsection (a)(2) shall not apply to any transfer by reason of death so long as such transfer is to a member of the family (within the meaning of section 267(c)94)) of the transferor in such transfer.

''(d) ELECTION.—Any election under subsection (a) shall be made not later than the time prescribed by section 6075(a) for filing the return of tax imposed by section 2001 (including extensions thereof), and shall be made in such manner as the Secretary shall by regulations prescribe. If an election under subsection (a) is made, the provisions of this subtitle shall apply as though the Secretary were extending the time for payment of the tax.

''(e) TIME FOR PAYMENT OF INTEREST.—If the time for payment of any amount of tax has been extended under this section, interest payable under section 6601 on any unpaid portion of such amount shall be paid at the time of the payment of the tax.

''(f) SPECIAL RULE FOR CERTAIN DIRECT SKIPS.—To the extent that an interest in a qualified timber property is the subject of a direct skip (within the meaning of section 2612(c)) occurring at the same time as and as a result of the decedent's death, then for purposes of this section any tax imposed by section 2601 on the transfer of such interest shall be treated as if it were additional tax imposed by section 2001.

''(g) REGULATIONS.—The Secretary shall prescribe such regulations as may be necessary to the application of this section.

''(h) CROSS REFERENCES.—

''(1) SECURITY.—For authority of the Secretary to require security in the case of an extension under this section, see section 6165.

''(2) LIEN.—For special lien (in lieu of bond) in the case of an extension under this section, see section 6324A.

''(3) PERIOD OF LIMITATION.—For extension of the period of limitation in the case of an extension under this section, see section 6503(d).

''(4) INTEREST.—For provisions relating to interest on tax payable under this section, see subsection (j) of section 6601.''.

(b) CONFORMING AMENDMENTS.—

(1) Section 163(k) of the Internal Revenue Code of 1986 is amended by striking ''6166'' in the heading and the text and inserting ''6166 or 6168''.

(2) Section 2053(c)(1)(D) of such Code is amended—

(A) by striking ''6166'' and inserting ''6166 or 6168'', and

(B) by striking ''6166'' in the heading and inserting ''6166 OR 6168''.

(3) The following provisions of such Code are amended by striking ''or 6166'' each place it appears and inserting ''6166, or 6168'':

(A) Section 2056A(b)(10)(A).

(B) Section 2204(a).

(C) Section 2204(b).

(D) Section 6503(d).

(4) Section 2011(c)(2) of such Code is amended by striking ''or 6166'' and inserting '', 6166, or 6168'':

(5) The following provisions of such Code are amended by inserting ''or 6168'' after ''6166'' each place it appears:

(A) Section 2204(c).

(B) Section 6601(j) (except the second sentence of paragraph (1)).

(C) Section 7481(d).

(6) Section 6161(a)(2) of such Code is amended—

(A) in subparagraph (A), by striking ''or'' at the end,

(B) in subparagraph (B), by adding ''or'' at the end,

(C) in the matter following subparagraph (B)—

(i) by striking ''subparagraph (B)'' and inserting ''subparagraph (B) or (C)'', and

(ii) by inserting ''or payment'' after ''installment'', and

(D) by inserting after subparagraph (B) the following:

''(C) any part of the payment determined under section 6168,''.

(7) Section 6324A of such Code is amended—

(A) by adding at the end the following:

''(f) APPLICATION OF SECTION TO DEFERRED TAX UNDER SECTION 6168.—Rules similar to the rules of this section shall apply to the amount of tax and interest deferred under section 6168 (determined as of the date prescribed by section 6151(a) for payment of the tax imposed by chapter 11).'', and

(B) in the title, by striking ''**estate tax deferred under section 6166**'' and inserting ''**deferred estate tax**''.

(8) The table of sections for subchapter B of chapter 62 of such Code is amended by adding at the end the following:

''Sec. 6168. Extension of time for payment of estate tax on certain timber stands.''.

(9) The item relating to section 6324A in the table of sections for subchapter C of chapter 64 of such Code is amended by striking ''estate tax deferred under section 6166'' and inserting ''deferred estate tax''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to estates of decedents dying after the date of enactment of this Act.

ADDITIONAL COSPONSORS

S. 25

At the request of Ms. LANDRIEU, the names of the Senator from Arkansas (Mr. HUTCHINSON), the Senator from Kansas (Mr. ROBERTS), the Senator from Nebraska (Mr. KERREY), and the Senator from Colorado (Mr. CAMPBELL) were added as cosponsors of S. 25, a bill to provide Coastal Impact Assistance to State and local governments, to amend the Outer Continental Shelf Lands Act Amendments of 1978, the Land and Water Conservation Fund Act of 1965, the Urban Park and Recreation Recovery Act, and the Federal Aid in Wildlife Restoration Act (commonly referred to as the Pittman-Robertson Act) to establish a fund to meet the outdoor conservation and recreation needs of the American people, and for other purposes.

S. 85

At the request of Mr. BUNNING, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. 85, a bill to amend the Internal Revenue Code of 1986 to reduce the tax on vaccines to 25 cents per dose.

S. 216

At the request of Mr. MOYNIHAN, the names of the Senator from Nebraska (Mr. KERREY) and the Senator from West Virginia (Mr. ROCKEFELLER) were added as cosponsors of S. 216, a bill to amend the Internal Revenue Code of 1986 to repeal the limitation on the use of foreign tax credits under the alternative minimum tax.

S. 253

At the request of Mr. MURKOWSKI, the names of the Senator from Idaho (Mr. CRAIG) and the Senator from Montana (Mr. BURNS) were added as cosponsors of S. 253, a bill to provide for the reorganization of the Ninth Circuit Court of Appeals, and for other purposes.

S. 317

At the request of Mr. DORGAN, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 317, a bill to amend the Internal Revenue Code of 1986 to provide an exclusion for gain from the sale of farmland which is similar to the exclusion from gain on the sale of a principal residence.

S. 333

At the request of Mr. LEAHY, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 333, a bill to amend the Federal Agriculture Improvement and Reform Act of 1996 to improve the farmland protection program.

S. 472

At the request of Mr. GRASSLEY, the name of the Senator from South Carolina (Mr. THURMOND) was added as a cosponsor of S. 472, a bill to amend title XVIII of the Social Security Act to provide certain medicare beneficiaries with an exemption to the financial limitations imposed on physical, speech-language pathology, and occupational therapy services under part B of the medicare program, and for other purposes.

S. 486

At the request of Mr. ASHCROFT, the name of the Senator from Georgia (Mr. COVERDELL) was added as a cosponsor of S. 486, a bill to provide for the punishment of methoamphetamine laboratory operators, provide additional resources to combat methamphetamine production, trafficking, and abuse in the United States, and for other purposes.

S. 510

At the request of Mr. CAMPBELL, the name of the Senator from Alaska (Mr. MURKOWSKI) was added as a cosponsor of S. 510, a bill to preserve the sovereignty of the United States over public lands and acquired lands owned by the United States, and to preserve State sovereignty and private property rights in non-Federal lands surrounding those public lands and acquired lands.

S. 515

At the request of Mr. AKAKA, the names of the Senator from California (Mrs. BOXER) and the Senator from New Hampshire (Mr. GREGG) were added as cosponsors of S. 515, a bill to amend the Packers and Stockyards Act of 1921, to make it unlawful for any stockyard owner, market agency, or dealer to transfer or market non-ambulatory livestock, and for other purposes.

S. 635

At the request of Mr. MACK, the name of the Senator from Iowa (Mr. GRASSLEY) was added as a cosponsor of S. 635, a bill to amend the Internal Revenue Code of 1986 to more accurately codify the depreciable life of printed wiring board and printed wiring assembly equipment.

S. 664

At the request of Mr. CHAFEE, the names of the Senator from Montana (Mr. BAUCUS) and the Senator from South Dakota (Mr. JOHNSON) were added as cosponsors of S. 664, a bill to amend the Internal Revenue Code of 1986 to provide a credit against income tax to individuals who rehabilitate historic homes or who are the first purchasers of rehabilitated historic homes for use as a principal residence.

S. 676

At the request of Mr. CAMPBELL, the names of the Senator from Alabama (Mr. SHELBY) and the Senator from Illinois (Mr. FITZGERALD) were added as cosponsors of S. 676, a bill to locate and secure the return of Zachary Baumel, a citizen of the United States, and other Israeli soldiers missing in action.

S. 720

At the request of Mr. HELMS, the name of the Senator from Georgia (Mr. COVERDELL) was added as a cosponsor of S. 720, a bill to promote the development of a government in the Federal Republic of Yugoslavia (Serbia and Montenegro) based on democratic principles and the rule of law, and that respects internationally recognized human rights, to assist the victims of Serbian oppression, to apply measures against the Federal Republic of Yugoslavia, and for other purposes.

S. 820

At the request of Mr. CHAFEE, the name of the Senator from Montana (Mr. BAUCUS) was added as a cosponsor of S. 820, a bill to amend the Internal Revenue Code of 1986 to repeal the 4.3-cent motor fuel excise taxes on railroads and inland waterway transportation which remain in the general fund of the Treasury.

S. 926

At the request of Mr. DODD, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of S. 926, a bill to provide the people of Cuba with access to food and medicines from the United States, and for other purposes.

S. 935

At the request of Mr. LUGAR, the names of the Senator from Colorado (Mr. ALLARD), the Senator from South Dakota (Mr. DASCHLE), the Senator from New Mexico (Mr. DOMENICI), the Senator from Nebraska (Mr. KERREY), the Senator from Vermont (Mr. LEAHY), and the Senator from Connecticut (Mr. LIEBERMAN) were added as cosponsors of S. 935, a bill to amend the National Agricultural Research, Extension, and Teaching Policy Act of 1977 to authorize research to promote the conversion of biomass into biobased industrial products, and for other purposes.

S. 980

At the request of Mr. BAUCUS, the name of the Senator from West Virginia (Mr. BYRD) was added as a cosponsor of S. 980, a bill to promote access to health care services in rural areas.

S. 1017

At the request of Mr. MACK, the name of the Senator from Utah (Mr. BENNETT) was added as a cosponsor of S. 1017, a bill to amend the Internal Revenue Code of 1986 to increase the State ceiling on the low-income housing credit.

S. 1020

At the request of Mr. GRASSLEY, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 1020, a bill to amend chapter 1 of title 9, United States Code, to provide for greater fairness in the arbitration process relating to motor vehicle franchise contracts.

S. 1044

At the request of Mr. KENNEDY, the names of the Senator from Hawaii (Mr.

INOUYE) and the Senator from California (Mrs. BOXER) were added as cosponsors of S. 1044, a bill to require coverage for colorectal cancer screenings.

S. 1074

At the request of Mr. TORRICELLI, the name of the Senator from Georgia (Mr. CLELAND) was added as a cosponsor of S. 1074, a bill to amend the Social Security Act to waive the 24-month waiting period for medicare coverage of individuals with amyotrophic lateral sclerosis (ALS), and to provide medicare coverage of drugs and biologicals used for the treatment of ALS or for the alleviation of symptoms relating to ALS.

S. 1142

At the request of Ms. MIKULSKI, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 1142, a bill to protect the right of a member of a health maintenance organization to receive continuing care at a facility selected by that member, and for other purposes.

S. 1165

At the request of Mr. MACK, the name of the Senator from Arkansas (Mrs. LINCOLN) was added as a cosponsor of S. 1165, a bill to amend the Internal Revenue Code of 1986 to repeal the limitation on the amount of receipts attributable to military property which may be treated as exempt foreign trade income.

S. 1215

At the request of Mr. DODD, the name of the Senator from West Virginia (Mr. BYRD) was added as a cosponsor of S. 1215, a bill to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to furnish headstones or markers for marked graves of, or to otherwise commemorate, certain individuals.

S. 1268

At the request of Mr. HARKIN, the name of the Senator from Maryland (Mr. SARBANES) was added as a cosponsor of S. 1268, a bill to amend the Public Health Service Act to provide support for the modernization and construction of biomedical and behavioral research facilities and laboratory instrumentation.

S. 1310

At the request of Ms. COLLINS, the name of the Senator from West Virginia (Mr. BYRD) was added as a cosponsor of S. 1310, a bill to amend title XVIII of the Social Security Act to modify the interim payment system for home health services, and for other purposes.

S. 1341

At the request of Mr. DORGAN, the name of the Senator from Montana (Mr. BURNS) was added as a cosponsor of S. 1341, a bill to amend the Internal Revenue Code of 1986 to expand the applicability of section 179 which permits the expensing of certain depreciable assets.

SENATE CONCURRENT RESOLUTION 9

At the request of Ms. SNOWE, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of Senate Concurrent Resolution 9, a concurrent resolution calling for a United States effort to end restrictions on the freedoms and human rights of the enclaved people in the occupied area of Cyprus.

SENATE CONCURRENT RESOLUTION 25

At the request of Mr. JEFFORDS, the name of the Senator from Arizona (Mr. MCCAIN) was added as a cosponsor of Senate Concurrent Resolution 25, a concurrent resolution urging the Congress and the President to fully fund the Federal Government's obligation under the Individuals with Disabilities Education Act.

SENATE CONCURRENT RESOLUTION 34

At the request of Mr. SPECTER, the names of the Senator from Wisconsin (Mr. FEINGOLD) and the Senator from West Virginia (Mr. BYRD) were added as cosponsors of Senate Concurrent Resolution 34, A concurrent resolution relating to the observence of ''In Memory'' Day.

SENATE RESOLUTION 118

At the request of Mr. REID, the names of the Senator from Georgia (Mr. CLELAND), the Senator from Utah (Mr. BENNETT), the Senator from Nebraska (Mr. HAGEL), the Senator from Florida (Mr. MACK), and the Senator from Ohio (Mr. DEWINE) were added as cosponsors of Senate Resolution 118, a resolution designating December 12, 1999, as ''National Children's Memorial Day.''

SENATE RESOLUTION 139—AUTHORIZING EXPENDITURES BY THE SELECT COMMITTEE ON INTELLIGENCE

Mr. SHELBY, from the Select Committee on Intelligence, reported the following original resolution; which was referred to the Committee on Rules and Administration:

S. RES. 139

Resolved, That, in carrying out its powers, duties, and functions under the Standing Rules of the Senate, in accordance with its jurisdiction under rule XXV of such rules, including holding hearings, reporting such hearings, and making investigations as authorized by paragraphs 1 and 8 of rule XXVI of the Standing Rules of the Senate, the Select Committee on Intelligence is authorized from October 1, 1999, through September 30, 2000, and October 1, 2000, through February 28, 2001, in its discretion (1) to make expenditures from the contingent fund of the Senate, (2) to employ personnel, and (3) with the prior consent of the Government department or agency concerned and the Committee on Rules and Administration, to use on a reimbursable or non-reimbursable basis the services of personnel of any such department or agency.

SEC. 2. The expenses of the committee for the period October 1, 1999, through September 30, 2000, under this resolution shall not exceed $2,674,687, of which amount not to exceed $65,000 may be expended for the procurement of the services of individual consultants, or organizations thereof (as authorized by section 202(i) of the Legislative Reorganization Act of 1946, as amended).

(b) For the period October 1, 2000 through February 28, 2001, expenses of the committee under this resolution shall not exceed $1,141,189, of which amount not to exceed $65,000 may be expended for the procurement of the services of individual consultants, or organizations thereof (as authorized by section 202(i) of the Legislative Reorganization Act of 1946, as amended).

SEC. 3. The committee shall report its findings, together with such recommendations for legislation as it deems advisable, to the Senate at the earliest practicable date, but not later than February 29, 2000 and February 28, 2001, respectively.

SEC. 4. Expenses of the committee under this resolution shall be paid from the contingent fund of the Senate upon vouchers approved by the chairman of the committee, except that vouchers shall not be required (1) for the disbursement of salaries of employees paid at an annual rate, or (2) for the payment of telecommunications provided by the Office of the Sergeant at Arms and Doorkeeper, United States Senate, or (3) for the payment of stationery supplies purchased through the Keeper of the Stationery, United States Senate, or (4) for payments to the Postmaster, United States Senate, or (5) for the payment of metered charges on copying equipment provided by the Office of the Sergeant at Arms and Doorkeeper, United States Senate, or (6) for the payment of Senate Recording and Photographic Services, or (7) for payment of franked and mass mail costs by the Sergeant at Arms and Doorkeeper, United States Senate.

SEC. 5. There are authorized such sums as may be necessary for agency contributions related to the compensation of employees of the committee, from October 1, 1999, through September 30, 2000, and October 1, 2000 through February 28, 2001, to be paid from the Appropriations account for ''Expenses of Inquiries and Investigations.''

SENATE RESOLUTION 140—CONGRATULATING THE UNITED STATES WOMEN'S SOCCER TEAM FOR WINNING THE 1999 WOMEN'S WORLD CUP, RECOGNIZING THE IMPORTANT CONTRIBUTION OF EACH INDIVIDUAL TEAM MEMBER TO THE UNITED STATES AND TO THE ADVANCEMENT OF WOMEN'S SPORTS, AND INVITING THE MEMBERS OF THE UNITED STATES WOMEN'S SOCCER TEAM TO THE UNITED STATES CAPITOL TO BE HONORED AND RECOGNIZED BY THE SENATE FOR THEIR ACHIEVEMENTS

Mr. CAMPBELL submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 140

Whereas each of the athletes on the United States women's soccer team has honored the Nation through her dedication to excellence;

Whereas the United States women's soccer team has raised the level of awareness and appreciation for women's sports throughout the United States;

Whereas the members of the United States women's soccer team have become positive role models for the young people of the United States aspiring to participate in national and international level sports; and

Whereas the United States women's soccer team has qualified for the 2000 summer Olympic games: Now, therefore, be it

Resolved,

SECTION 1. CONGRATULATION, RECOGNITION, AND INVITATION.

The Senate—

(1) congratulates the United States women's soccer team for winning the 1999 Women's World Cup;

(2) recognizes the important contribution of each individual team member to the United States and to the advancement of women's sports; and

(3) invites the members of the United States women's soccer team to the United States Capitol to be honored and recognized by the Senate for their achievements.

SEC. 2. TRANSMISSION OF ENROLLED RESOLUTION.

The Secretary of the Senate shall transmit an enrolled copy of this resolution to the United States women's soccer team.

Mr. CAMPBELL. Mr. President, today I submit a resolution in honor of the Women's World Cup Soccer Champions, the U.S. Women's Soccer Team.

From the first game of the Women's World Cup in New Jersey, which was played before a sold-out crowd, to the final game at the Rose Bowl filled with 90,185 screaming fans, setting the women's sports record for attendance, this U.S. Women's Soccer Team has inspired us all. The U.S. Women's Soccer Team had an outstanding run during the 1999 Women's World Cup which culminated in an amazing victory against the Chinese in the final game.

After 120 minutes of exciting soccer, the game came down to a shoot-out where the U.S. Women's Team prevailed 5 to 4 to become the champions. From Briana Scurry's game winning save to the nail-biting seconds before Brandi Chastain made the winning goal, they had us all sitting on the edge of our chairs.

As a former Olympic athlete, I know the dedication and determination that these women must have in order to achieve this tremendous accomplishment. I want to point out that every member of this team either has a college degree or is pursuing one. I can't think of better role models for today's youth than this World Cup Team.

I want to congratulate and recognize each and every member of this team and I ask unanimous consent that their names and the resolution be printed in the RECORD. I would also like to thank my good friend and former Olympian Donna de Varona, the Chairwoman of the Women's World Cup, for her hard work and dedication to ensure that women's soccer is finally given the recognition it deserves. I urge my colleagues to join in strong support of passage of this resolution.

There being no objection, the names were ordered to be printed in the RECORD, as follows:

U.S. WOMEN'S SOCCER TEAM

Michelle Akers, Brandi Chastain, Tracy Ducar, Lorrie Fair, Joy Fawcett, Danielle Fotopoulos, Julie Foudy, Mia Hamm, Kristine Lilly, Shannon MacMillan, Tiffeny Milbrett, Carla Overbeck, Cindy Parlow, Christie Pearce, Tiffany Roberts, Briana Scurry, Kate Sobrero, Tisha Venturini, Saskia Webber, Sara Whalen.

AMENDMENTS SUBMITTED

PATIENTS' BILL OF RIGHTS ACT OF 1999

SNOWE (AND OTHERS) AMENDMENT NO. 1241

Ms. SNOWE (for herself, Mr. ABRAHAM, Mr. FITZGERALD, Mr. CRAPO, Ms. COLLINS, Mr. JEFFORDS, Mr. MURKOWSKI, and Mr. DEWINE) proposed an amendment to amendment No. 1239 proposed by Mr. DODD to the bill (S. 1344) to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage; as follows:

Strike section 152 of the bill, and insert the following:

WOMEN'S HEALTH AND CANCER RIGHTS.

(a) SHORT TITLE.—This section may be cited as the ''Women's Health and Cancer Rights Act of 1999''.

(b) FINDINGS.—Congress finds that—

(1) the offering and operation of health plans affect commerce among the States;

(2) health care providers located in a State serve patients who reside in the State and patients who reside in other States; and

(3) in order to provide for uniform treatment of health care providers and patients among the States, it is necessary to cover health plans operating in 1 State as well as health plans operating among the several States.

(c) AMENDMENTS TO ERISA.—

(1) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974, as amended by section 301, is further amended by adding at the end the following:

''SEC. 715. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOR MASTECTOMIES AND LYMPH NODE DISSECTIONS FOR THE TREATMENT OF BREAST CANCER AND COVERAGE FOR SECONDARY CONSULTATIONS.

''(a) INPATIENT CARE.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits shall ensure that inpatient coverage with respect to the treatment of breast cancer is provided for a period of time as is determined by the attending physician, in consultation with the patient, to be medically necessary and appropriate following—

''(A) a mastectomy;

''(B) a lumpectomy; or

''(C) a lymph node dissection for the treatment of breast cancer.

''(2) EXCEPTION.—Nothing in this section shall be construed as requiring the provision of inpatient coverage if the attending physician and patient determine that a shorter period of hospital stay is medically appropriate.

''(b) PROHIBITION ON CERTAIN MODIFICATIONS.—In implementing the requirements of this section, a group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not modify the terms and conditions of coverage based on the determination by a participant or beneficiary to request less than the minimum coverage required under subsection (a).

''(c) NOTICE.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan shall provide notice to each participant and beneficiary under such plan regarding the coverage required by this section in accordance with regulations promulgated by the Secretary. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the plan or issuer and shall be transmitted—

''(1) in the next mailing made by the plan or issuer to the participant or beneficiary;

''(2) as part of any yearly informational packet sent to the participant or beneficiary; or

''(3) not later than January 1, 2000;

whichever is earlier.

''(d) SECONDARY CONSULTATIONS.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides coverage with respect to medical and surgical services provided in relation to the diagnosis and treatment of cancer shall ensure that full coverage is provided for secondary consultations by specialists in the appropriate medical fields (including pathology, radiology, and oncology) to confirm or refute such diagnosis. Such plan or issuer shall ensure that full coverage is provided for such secondary consultation whether such consultation is based on a positive or negative initial diagnosis. In any case in which the attending physician certifies in writing that services necessary for such a secondary consultation are not sufficiently available from specialists operating under the plan with respect to whose services coverage is otherwise provided under such plan or by such issuer, such plan or issuer shall ensure that coverage is provided with respect to the services necessary for the secondary consultation with any other specialist selected by the attending physician for such purpose at no additional cost to the individual beyond that which the individual would have paid if the specialist was participating in the network of the plan.

''(2) EXCEPTION.—Nothing in paragraph (1) shall be construed as requiring the provision of secondary consultations where the patient determines not to seek such a consultation.

''(e) PROHIBITION ON PENALTIES OR INCENTIVES.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not—

''(1) penalize or otherwise reduce or limit the reimbursement of a provider or specialist because the provider or specialist provided care to a participant or beneficiary in accordance with this section;

''(2) provide financial or other incentives to a physician or specialist to induce the physician or specialist to keep the length of inpatient stays of patients following a mastectomy, lumpectomy, or a lymph node dissection for the treatment of breast cancer below certain limits or to limit referrals for secondary consultations; or

''(3) provide financial or other incentives to a physician or specialist to induce the physician or specialist to refrain from referring a participant or beneficiary for a secondary consultation that would otherwise be covered by the plan or coverage involved under subsection (d).''.

(2) CLERICAL AMENDMENT.—The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 is amended by inserting after the item relating to section 714 the following new item:

''Sec. 715. Required coverage for minimum hospital stay for mastectomies and lymph node dissections for the treatment of breast cancer and coverage for secondary consultations.''.

(d) AMENDMENTS TO PHSA RELATING TO THE GROUP MARKET.—Subpart 2 of part A of title XXVII of the Public Health Service Act, as amended by section 201, is further amended by adding at the end the following new section:

"SEC. 2708. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOR MASTECTOMIES AND LYMPH NODE DISSECTIONS FOR THE TREATMENT OF BREAST CANCER AND COVERAGE FOR SECONDARY CONSULTATIONS.

''(a) INPATIENT CARE.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits shall ensure that inpatient coverage with respect to the treatment of breast cancer is provided for a period of time as is determined by the attending physician, in consultation with the patient, to be medically necessary and appropriate following—

''(A) a mastectomy;

''(B) a lumpectomy; or

''(C) a lymph node dissection for the treatment of breast cancer.

''(2) EXCEPTION.—Nothing in this section shall be construed as requiring the provision of inpatient coverage if the attending physician and patient determine that a shorter period of hospital stay is medically appropriate.

''(b) PROHIBITION ON CERTAIN MODIFICATIONS.—In implementing the requirements of this section, a group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not modify the terms and conditions of coverage based on the determination by a participant or beneficiary to request less than the minimum coverage required under subsection (a).

''(c) NOTICE.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan shall provide notice to each participant and beneficiary under such plan regarding the coverage required by this section in accordance with regulations promulgated by the Secretary. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the plan or issuer and shall be transmitted—

''(1) in the next mailing made by the plan or issuer to the participant or beneficiary;

''(2) as part of any yearly informational packet sent to the participant or beneficiary; or

''(3) not later than January 1, 2000;

whichever is earlier.

''(d) SECONDARY CONSULTATIONS.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan that provides coverage with respect to medical and surgical services provided in relation to the diagnosis and treatment of cancer shall ensure that full coverage is provided for secondary consultations by specialists in the appropriate medical fields (including pathology, radiology, and oncology) to confirm or refute such diagnosis. Such plan or issuer shall ensure that full coverage is provided for such secondary consultation whether such consultation is based on a positive or negative initial diagnosis. In any case in which the attending physician certifies in writing that services necessary for such a secondary consultation are not sufficiently available from specialists operating under the plan with respect to whose services coverage is otherwise provided under such plan or by such issuer, such plan or issuer shall ensure that coverage is provided with respect to the services necessary for the secondary consultation with any other specialist selected by the attending physician for such purpose at no additional cost to the individual beyond that which the individual would have paid if the specialist was participating in the network of the plan.

''(2) EXCEPTION.—Nothing in paragraph (1) shall be construed as requiring the provision of secondary consultations where the patient determines not to seek such a consultation.

''(e) PROHIBITION ON PENALTIES OR INCENTIVES.—A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, may not—

''(1) penalize or otherwise reduce or limit the reimbursement of a provider or specialist because the provider or specialist provided care to a participant or beneficiary in accordance with this section;

''(2) provide financial or other incentives to a physician or specialist to induce the physician or specialist to keep the length of inpatient stays of patients following a mastectomy, lumpectomy, or a lymph node dissection for the treatment of breast cancer below certain limits or to limit referrals for secondary consultations; or

''(3) provide financial or other incentives to a physician or specialist to induce the physician or specialist to refrain from referring a participant or beneficiary for a secondary consultation that would otherwise be covered by the plan or coverage involved under subsection (d).''.

(e) AMENDMENTS TO PHSA RELATING TO THE INDIVIDUAL MARKET.—Subpart 2 of part B of title XXVII of the Public Health Service Act, as amended by section 202, is further amended by adding at the end the following new section:

"SEC. 2754. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOR MASTECTOMIES AND LYMPH NODE DISSECTIONS FOR THE TREATMENT OF BREAST CANCER AND SECONDARY CONSULTATIONS.

''The provisions of section 2708 shall apply to health insurance coverage offered by a health insurance issuer in the individual market in the same manner as they apply to health insurance coverage offered by a health insurance issuer in connection with a group health plan in the small or large group market.''.

(f) AMENDMENTS TO THE IRC.—

(1) IN GENERAL.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986, as amended by section 401, is further amended—

(A) in the table of sections, by inserting after the item relating to section 9813 the following new item:

''Sec. 9814. Required coverage for minimum hospital stay for mastectomies and lymph node dissections for the treatment of breast cancer and coverage for secondary consultations.''; and

(B) by inserting after section 9813 the following:

"SEC. 9814. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOR MASTECTOMIES AND LYMPH NODE DISSECTIONS FOR THE TREATMENT OF BREAST CANCER AND COVERAGE FOR SECONDARY CONSULTATIONS.

''(a) INPATIENT CARE.—

''(1) IN GENERAL.—A group health plan that provides medical and surgical benefits shall ensure that inpatient coverage with respect to the treatment of breast cancer is provided for a period of time as is determined by the attending physician, in consultation with the patient, to be medically necessary and appropriate following—

''(A) a mastectomy;

''(B) a lumpectomy; or

''(C) a lymph node dissection for the treatment of breast cancer.

''(2) EXCEPTION.—Nothing in this section shall be construed as requiring the provision of inpatient coverage if the attending physician and patient determine that a shorter period of hospital stay is medically appropriate.

''(b) PROHIBITION ON CERTAIN MODIFICATIONS.—In implementing the requirements of this section, a group health plan may not modify the terms and conditions of coverage based on the determination by a participant or beneficiary to request less than the minimum coverage required under subsection (a).

''(c) NOTICE.—A group health plan shall provide notice to each participant and beneficiary under such plan regarding the coverage required by this section in accordance with regulations promulgated by the Secretary. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the plan and shall be transmitted—

''(1) in the next mailing made by the plan to the participant or beneficiary;

''(2) as part of any yearly informational packet sent to the participant or beneficiary; or

''(3) not later than January 1, 2000;

whichever is earlier.

''(d) SECONDARY CONSULTATIONS.—

''(1) IN GENERAL.—A group health plan that provides coverage with respect to medical and surgical services provided in relation to the diagnosis and treatment of cancer shall ensure that full coverage is provided for secondary consultations by specialists in the appropriate medical fields (including pathology, radiology, and oncology) to confirm or refute such diagnosis. Such plan or issuer shall ensure that full coverage is provided for such secondary consultation is based on a positive or negative initial diagnosis. In any case in which the attending physician certifies in writing that services necessary for such a secondary consultation are not sufficiently available from specialists operating under the plan with respect to whose services coverage is otherwise provided under such plan or by such issuer, such plan or issuer shall ensure that coverage is provided with respect to the services necessary for the secondary consultation with any other specialist selected by the attending physician for such purpose at no additional cost to the individual beyond that which the individual would have paid if the specialist was participating in the network of the plan.

''(2) EXCEPTION.—Nothing in paragraph (1) shall be construed as requiring the provision of secondary consultations where the patient determines not to seek such a consultation.

''(e) PROHIBITION ON PENALTIES.—A group health plan may not—

''(1) penalize or otherwise reduce or limit the reimbursement of a provider or specialist because the provider or specialist provided care to a participant or beneficiary in accordance with this section;

''(2) provide financial or other incentives to a physician or specialist to induce the physician or specialist to keep the length of inpatient stays of patients following a mastectomy, lumpectomy, or a lymph node dissection for the treatment of breast cancer below certain limits or to limit referrals for secondary consultations; or

''(3) provide financial or other incentives to a physician or specialist to induce the physician or specialist to refrain from referring a participant or beneficiary for a secondary consultation that would otherwise be covered by the plan involved under subsection (d).''.

(2) CLERICAL AMENDMENT.—The table of contents for chapter 100 of such Code is

amended by inserting after the item relating to section 9813 the following new item:

''Sec. 9814. Required coverage for minimum hospital stay for mastectomies and lymph node dissections for the treatment of breast cancer and coverage for secondary consultations.''.

KENNEDY (AND OTHERS) AMENDMENT NO. 1242

Mr. DASCHLE (for Mr. KENNEDY (for himself, Mr. REID, Mr. DURBIN, Mr. WELLSTONE, Mr. WYDEN, Mr. REED, Mrs. MURRAY, Mr. DASCHLE, Mr. CHAFEE, and Mrs. FEINSTEIN)) proposed an amendment to amendment No. 1239 to the bill, S. 1344, supra; as follows:

At the appropriate place, insert the following:

SEC. ___. APPLICATION TO ALL HEALTH PLANS.

(a) ERISA.—Subpart C of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974, as added by section 101(a)(2) of this Act, is amended by adding at the end the following:

''SEC. 730A. APPLICATION OF PROVISIONS.

''(a) APPLICATION TO GROUP HEALTH PLANS.—The provisions of this subpart, and sections 714 and 503, shall apply to group health plans and health insurance issuers offering health insurance coverage in connection with a group health plan.

''(b) TREATMENT OF MULTIPLE COVERAGE OPTIONS.—In the case of a group health plan that provides benefits under 2 or more coverage options, the requirements of this subpart, other than section 722, shall apply separately with respect to each coverage option.

''(c) PLAN SATISFACTION OF CERTAIN REQUIREMENTS.—

''(1) SATISFACTION OF CERTAIN REQUIREMENTS THROUGH INSURANCE.—For purposes of subsection (a), insofar as a group health plan provides benefits in the form of health insurance coverage through a health insurance issuer, the plan shall be treated as meeting the following requirements of this Act with respect to such benefits and not be considered as failing to meet such requirements because of a failure of the issuer to meet such requirements so long as the plan sponsor or its representatives did not cause such failure by the issuer:

''(A) section 721 (relating to access to emergency care).

''(B) Section 722 (relating to choice of coverage options), but only insofar as the plan is meeting such requirement through an agreement with the issuer to offer the option to purchase point-of-service coverage under such section.

''(C) Section 723, 724 and 725 (relating to access to specialty care).

''(D) Section 726) (relating to continuity in case of termination of provider (or, issuer in connection with health insurance coverage) contract) but only insofar as a replacement issuer assumes the obligation for continuity of care.

''(E) Section 727 (relating to patient-provider communications).

''(F) Section 728 (relating to prescription drugs).

''(G) Section 729 (relating to self-payment for certain services).

''(2) INFORMATION.—With respect to information required to be provided or made available under section 714, in the case of a group health plan that provides benefits in the form of health insurance coverage through a health insurance issuer, the Secretary shall determine the circumstances under which the plan is not required to provide or make available the information (and is not liable for the issuer's failure to provide or make available the information), if the issuer is obligated to provide and make available (or provides and makes available) such information.

''(3) GRIEVANCE AND INTERNAL APPEALS.—With respect to the grievance system and internal appeals process required to be established under section 503, in the case of a group health plan that provides benefits in the form of health insurance coverage through a health insurance issuer, the Secretary shall determine the circumstances under which the plan is not required to provide for such system and process (and is not liable for the issuer's failure to provide for such system and process), if the issuer is obligated to provide for (and provides for) such system and process.

''(4) EXTERNAL APPEALS.—Pursuant to rules of the Secretary, insofar as a group health plan enters into a contract with a qualified external appeal entity for the conduct of external appeal activities in accordance with section 503, the plan shall be treated as meeting the requirement of such section and is not liable for the entity's failure to meet any requirements under such section.

''(5) APPLICATION TO PROHIBITIONS.—Pursuant to rules of the Secretary, if a health insurance issuer offers health insurance coverage in connection with a group health plan and takes an action in violation of section 727, the group health plan shall not be liable for such violation unless the plan caused such violation.

''(6) CONSTRUCTION.—Nothing in this subsection shall be construed to affect or modify the responsibilities of the fiduciaries of a group health plan under part 4 of subtitle B.

''(d) CONFORMING REGULATIONS.—The Secretary may issue regulations to coordinate the requirements on group health plans under this section with the requirements imposed under the other provisions of this title.''.

(b) APPLICATION TO GROUP MARKET UNDER PUBLIC HEALTH SERVICE ACT.—Subpart 2 of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-4 et seq.), as amended by section 203(a)(1)(B), is further amended by adding at the end the following new section:

''SEC. 2708. PATIENT PROTECTION STANDARDS.

''(a) IN GENERAL.—Each group health plan shall comply with the following patient protection requirements, and each health insurance issuer shall comply with such patient protection requirements with respect to group health insurance coverage it offers, and such requirements shall be deemed to be incorporated into this subsection:

''(1) The requirements of subpart C of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974.

''(2) The requirements of section 714 of the Employee Retirement Income Security Act of 1974.

''(3) The requirements of subsections (b) through (g) of section 503 of the Employee Retirement Income Security Act of 1974.

''(b) NOTICE.—A group health plan shall comply with the notice requirement under section 104(b)(1) of the Employee Retirement Income Security Act of 1974 with respect to the requirements referred to in subsection (a) and a health insurance issuer shall comply with such notice requirement as if such section applied to such issuer and such issuer were a group health plan.''.

(c) APPLICATION TO INDIVIDUAL MARKET UNDER PUBLIC HEALTH SERVICE ACT.—Subpart 3 of part B of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-51 et seq.), as amended by section 203(b)(2), is further amended by adding at the end the following new section:

''SEC. 2754. PATIENT PROTECTION STANDARDS.

''(a) IN GENERAL.—Each health insurance issuer shall comply with the following patient protection requirements with respect to individual health insurance coverage it offers, and such requirements shall be deemed to be incorporated into this subsection:

''(1) The requirements of subpart C of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974.

''(2) The requirements of section 714 of the Employee Retirement Income Security Act of 1974.

''(3) The requirements of section 503 of the Employee Retirement Income Security Act of 1974.

''(b) NOTICE.—A health insurance issuer under this part shall comply with the notice requirement under section 104(b)(1) of the Employee Retirement Income Security Act of 1974 with respect to the requirements of such subtitle as if such section applied to such issuer and such issuer were a group health plan.

''(c) NONAPPLICATION OF CERTAIN PROVISION.—Section 2763(a) shall not apply to the provisions of this section.''.

(d) APPLICATION TO GROUP HEALTH PLANS UNDER THE INTERNAL REVENUE CODE OF 1986.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended—

(1) in the table of sections, by inserting after the item relating to section 9812 the following new item:

''Sec. 9813. Standard relating to patients' bill of rights.''; and

(2) by inserting after section 9812 the following:

''SEC. 9813. STANDARD RELATING TO PATIENTS' BILL OF RIGHTS.

''A group health plan shall comply with the following requirements (as in effect as of the date of the enactment of such Act), and such requirements shall be deemed to be incorporated into this section:

''(1) The requirements of subpart C of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974.

''(2) The requirements of section 714 of the Employee Retirement Income Security Act of 1974.

''(3) The requirements of section 503 of the Employee Retirement Income Security Act of 1974.''.

(e) CONFORMING AMENDMENT.—Section 2721(b)(2)(A) of the Public Health Service Act (42 U.S.C. 300gg–21(b)(2)(A)) is amended by inserting ''(other than section 2708)'' after ''requirements of such subparts''.

(f) NO IMPACT ON SOCIAL SECURITY TRUST FUND.—

(1) IN GENERAL.—Nothing in the amendments made by this section shall be construed to alter or amend the Social Security Act (or any regulation promulgated under that Act).

(2) TRANSFERS.—

(A) ESTIMATE OF SECRETARY.—The Secretary of the Treasury shall annually estimate the impact that the enactment of this section has on the income and balances of the trust funds established under section 201 of the Social Security Act (42 U.S.C. 401).

(B) TRANSFER OF FUNDS.—If, under subparagraph (A), the Secretary of the Treasury estimates that the enactment of this section has a negative impact on the income and balances of the trust funds established under section 201 of the Social Security Act (42 U.S.C. 401), the Secretary shall transfer, not less frequently than quarterly, from the general revenues of the Federal Government an amount sufficient so as to ensure that the income and balances of such trust funds are not reduced as a result of the enactment of such section.

(g) INFORMATION REQUIREMENTS.—

(1) INFORMATION FROM GROUP HEALTH PLANS.—Section 1862(b) of the Social Security Act (42 U.S.C. 1395y(b)) is amended by adding at the end the following:

''(7) INFORMATION FROM GROUP HEALTH PLANS.—

''(A) PROVISION OF INFORMATION BY GROUP HEALTH PLANS.—The administrator of a group health plan subject to the requirements of paragraph (1) shall provide to the Secretary such of the information elements described in subparagraph (C) as the Secretary specifies, and in such manner and at such times as the Secretary may specify (but not more frequently than 4 times per year), with respect to each individual covered under the plan who is entitled to any benefits under this title.

''(B) PROVISION OF INFORMATION BY EMPLOYERS AND EMPLOYEE ORGANIZATIONS.—An employer (or employee organization) that maintains or participates in a group health plan subject to the requirements of paragraph (1) shall provide to the administrator of the plan such of the information elements required to be provided under subparagraph (A), and in such manner and at such times as the Secretary may specify, at a frequency consistent with that required under subparagraph (A) with respect to each individual described in subparagraph (A) who is covered under the plan by reason of employment with that employer or membership in the organization.

''(C) INFORMATION ELEMENTS.—The information elements described in this subparagraph are the following:

''(i) ELEMENTS CONCERNING THE INDIVIDUAL.—

''(I) The individual's name.

''(II) The individual's date of birth.

''(III) The individual's sex.

''(IV) The individual's social security insurance number.

''(V) The number assigned by the Secretary to the individual for claims under this title.

''(VI) The family relationship of the individual to the person who has or had current or employment status with the employer.

''(ii) ELEMENTS CONCERNING THE FAMILY MEMBER WITH CURRENT OR FORMER EMPLOYMENT STATUS.—

''(I) The name of the person in the individual's family who has current or former employment status with the employer.

''(II) That person's social security insurance number.

''(III) The number or other identifier assigned by the plan to that person.

''(IV) The periods of coverage for that person under the plan.

''(V) The employment status of that person (current or former) during those periods of coverage.

''(VI) The classes (of that person's family members) covered under the plan.

''(iii) PLAN ELEMENTS.—

''(I) The items and services covered under the plan.

''(II) The name and address to which claims under the plan are to be sent.

''(iv) ELEMENTS CONCERNING THE EMPLOYER.—

''(I) The employer's name.

''(II) The employer's address.

''(III) The employer identification number of the employer.

''(D) USE OF IDENTIFIERS.—The administrator of a group health plan shall utilize a unique identifier for the plan in providing information under subparagraph (A) and in other transactions, as may be specified by the Secretary, related to the provisions of this subsection. The Secretary may provide to the administrator the unique identifier described in the preceding sentence.

''(E) PENALTY FOR NONCOMPLIANCE.—Any entity that knowingly and willfully fails to comply with a requirement imposed by the previous subparagraphs shall be subject to a civil money penalty not to exceed $1,000 for each incident of such failure. The provisions of section 1128A (other than subsections (a) and (b)) shall apply to a civil money penalty under the previous sentence in the same manner as those provisions apply to a penalty or proceeding under section 1128A(a).''

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall take effect 180 days after the date of the enactment of this Act.

(h) MODIFICATION TO FOREIGN TAX CREDIT CARRYBACK AND CARRYOVER PERIODS.—

(1) IN GENERAL.—Section 904(c) of the Internal Revenue Code of 1986 (relating to limitation on credit) is amended—

(A) by striking ''in the second preceding taxable year,'', and

(B) by striking ''or fifth'' and inserting ''fifth, sixth, or seventh''.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply to credits arising in taxable years beginning after December 31, 2001.

(i) LIMITATIONS ON WELFARE BENEFIT FUNDS OF 10 OR MORE EMPLOYER PLANS.—

(1) BENEFITS TO WHICH EXCEPTION APPLIES.—Section 419A(f)(6)(A) of the Internal Revenue Code of 1986 (relating to exception for 10 or more employer plans) is amended to read as follows:

''(A) IN GENERAL.—This subpart shall not apply to a welfare benefit fund which is part of a 10 or more employer plan if the only benefits provided through the fund are 1 or more of the following:

''(i) Medical benefits.

''(ii) Disability benefits.

''(iii) Group term life insurance benefits which do not provide for any cash surrender value or other money that can be paid, assigned, borrowed, or pledged for collateral for a loan.

The preceding sentence shall not apply to any plan which maintains experience-rating arrangements with respect to individual employers.''

(2) LIMITATION ON USE OF AMOUNTS FOR OTHER PURPOSES.—Section 4976(b) of such Act (defining disqualified benefit) is amended by adding at the end the following new paragraph:

''(5) SPECIAL RULE FOR 10 OR MORE EMPLOYER PLANS EXEMPTED FROM PREFUNDING LIMITS.—For purposes of paragraph (1)(C), if—

''(A) subpart D of part I of subchapter D of chapter 1 does not apply by reason of section 419A(f)(6) to contributions to provide 1 or more welfare benefits through a welfare benefit fund under a 10 or more employer plan, and

''(B) any portion of the welfare benefit fund attributable to such contributions is used for a purpose other than that for which the contributions were made,

then such portion shall be treated as reverting to the benefit of the employers maintaining the fund.''

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to contributions paid or accrued after the date of the enactment of this Act, in taxable years ending after such date.

(j) MODIFICATION OF INSTALLMENT METHOD AND REPEAL OF INSTALLMENT METHOD FOR ACCRUAL METHOD TAXPAYERS.—

(1) REPEAL OF INSTALLMENT METHOD FOR ACCRUAL BASIS TAXPAYERS.—

(A) IN GENERAL.—Subsection (a) of section 453 of the Internal Revenue Code of 1986 (relating to installment method) is amended to read as follows:

''(a) USE OF INSTALLMENT METHOD.—

''(1) IN GENERAL.—Except as otherwise provided in this section, income from an installment sale shall be taken into account for purposes of this title under the installment method.

''(2) ACCRUAL METHOD TAXPAYER.—The installment method shall not apply to income from an installment sale if such income would be reported under an accrual method of accounting without regard to this section. The preceding sentence shall not apply to a disposition described in subparagraph (A) or (B) of subsection (l)(2).''

(B) CONFORMING AMENDMENTS.—Sections 453(d)(1), 453(i)(1), and 453(k) of such Act are each amended by striking ''(a)'' each place it appears and inserting ''(a)(1)''.

(2) MODIFICATION OF PLEDGE RULES.—Paragraph (4) of section 453A(d) of such Act (relating to pledges, etc., of installment obligations) is amended by adding at the end the following: ''A payment shall be treated as directly secured by an interest in an installment obligation to the extent an arrangement allows the taxpayer to satisfy all or a portion of the indebtedness with the installment obligation.''

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to sales or other dispositions occurring on or after the date of the enactment of this Act.

COLLINS (AND OTHERS) AMENDMENT NO. 1243

Ms. COLLINS (for herself, Mr. HUTCHINSON, Mr. JEFFORDS, Mr. FRIST, Mr. GRAMS, Mr. GRASSLEY, and Mr. ABRAHAM) proposed an amendment to amendment No. 1232 proposed by Mr. DASCHLE to the bill, S. 1344, supra; as follows:

In the language proposed to be stricken, at the appropriate place, insert the following:

SEC. ___. INCLUSION OF QUALIFIED LONG-TERM CARE INSURANCE CONTRACTS IN CAFETERIA PLANS, FLEXIBLE SPENDING ARRANGEMENTS, AND HEALTH FLEXIBLE SPENDING ACCOUNTS.

(a) IN GENERAL.—Section 125(f) of the Internal Revenue Code of 1986 (defining qualified benefits) is amended by striking the last sentence and inserting the following: ''Such term includes any qualified long-term care insurance contract.''

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 1999.

SEC. ___. DEDUCTION FOR PREMIUMS FOR LONG-TERM CARE INSURANCE.

(a) IN GENERAL.—Part VII of subchapter B of chapter 1 of the Internal Revenue Code of 1986 (relating to additional itemized deductions) is amended by redesignating section 222 as section 223 and by inserting after section 221 the following:

''SEC. 222. PREMIUMS FOR LONG-TERM CARE INSURANCE.

''(a) IN GENERAL.—In the case of an eligible individual, there shall be allowed as a deduction an amount equal to 100 percent of the amount paid during the taxable year for any coverage for qualified long-term care services (as defined in section 7702B(c)) or any qualified long-term care insurance contract (as defined in section 7702B(b)) which constitutes medical care for the taxpayer, his spouse, and dependents.

''(b) LIMITATIONS.—

''(1) DEDUCTION NOT AVAILABLE TO INDIVIDUALS ELIGIBLE FOR EMPLOYER-SUBSIDIZED COVERAGE.—

''(A) IN GENERAL.—Except as provided in subparagraph (B), subsection (a) shall not apply to any taxpayer for any calendar month for which the taxpayer is eligible to participate in any plan which includes coverage for qualified long-term care services

(as so defined) or is a qualified long-term care insurance contract (as so defined) maintained by any employer (or former employer) of the taxpayer or of the spouse of the taxpayer.

''(B) CONTINUATION COVERAGE.—Coverage shall not be treated as subsidized for purposes of this paragraph if—

''(i) such coverage is continuation coverage (within the meaning of section 4980B(f)) required to be provided by the employer, and

''(ii) the taxpayer or the taxpayer's spouse is required to pay a premium for such coverage in an amount not less than 100 percent of the applicable premium (within the meaning of section 4980B(f)(4)) for the period of such coverage.

''(2) LIMITATION ON LONG-TERM CARE PREMIUMS.—In the case of a qualified long-term care insurance contract (as so defined), only eligible long-term care premiums (as defined in section 213(d)(10)) shall be taken into account under subsection (a)(2).

''(c) SPECIAL RULES.—For purposes of this section—

''(1) COORDINATION WITH MEDICAL DEDUCTION, ETC.—Any amount paid by a taxpayer for insurance to which subsection (a) applies shall not be taken into account in computing the amount allowable to the taxpayer as a deduction under section 213(a).

''(2) DEDUCTION NOT ALLOWED FOR SELF-EMPLOYMENT TAX PURPOSES.—The deduction allowable by reason of this section shall not be taken into account in determining an individual's net earnings from self-employment (within the meaning of section 1402(a)) for purposes of chapter 2.''

(b) CONFORMING AMENDMENTS.—

(1) Subsection (a) of section 62 of the Internal Revenue Code of 1986 is amended by inserting after paragraph (17) the following:

''(18) LONG-TERM CARE INSURANCE COSTS OF CERTAIN INDIVIDUALS.—The deduction allowed by section 222.''

(2) The table of sections for part VII of subchapter B of chapter 1 of such Code is amended by striking the last item and inserting the following:

''Sec. 222. Premiums for long-term care insurance.

''Sec. 223. Cross reference.''

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 1999.

SEC. ___. PATIENT RIGHT TO MEDICAL ADVICE AND CARE.

(a) IN GENERAL.—Part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181 et seq.) is amended—

(1) by redesignating subpart C as subpart D; and

(2) by inserting after subpart B the following:

''SEC. 723. PATIENT ACCESS TO OBSTETRIC AND GYNECOLOGICAL CARE

(1) GENERAL RIGHTS.—

(A) WAIVER OF PLAN REFERRAL REQUIREMENT.—If a group health plan described in paragraph (2) requires a referral to obtain coverage for speciality care, the plan shall waive the referral requirement in the case of a female participant or beneficiary who seeks coverage for obstetrical care or routine gynecological care (such as preventive gynecological care).

(B) RELATED ROUTINE CARE.—With respect to a participant or beneficiary described in subparagraph (A), a group health plan described in paragraph (2) may treat the ordering of other care that is related to obstetric or routine gynecologic care, by a physician who specializes in obstetrics and gynecology as the authorization of the primary care provider for such other care.

(2) APPLICATION OF SECTION.—A group health plan described in this paragraph is a group health plan (other than a fully insured group health plan), that—

(A) provides coverage for obstetric care (such as pregnancy-related services) or routine gynecologic care (such as preventive women's health examinations); and

(B) requires the designation by a participant or beneficiary of a participating primary care provider who is not a physician who specializes in obstetrics or gynecology.

(3) RULES OF CONSTRUCTION.—Nothing in this subsection shall be construed—

(A) as waiving any coverage requirement relating to medical necessity or appropriateness with respect to the coverage of obstetric or gynecologic care described in paragraph (1);

(B) to preclude the plan from requiring that the physician who specializes in obstetrics or gynecology notify the designated primary care provider or the plan of treatment decisions;

(C) to preclude a group health plan from allowing health care professionals other than physicians to provide routine obstetric or routine gynecologic care; or

(D) to preclude a group health plan from permitting a physician who specializes in obstetrics and gynecology from being a primary care provider under the plan.

(4) APPLICATION OF PROVISIONS.—

(A) IN GENERAL.—Notwithstanding any other provision of this Act (or an amendment made by this Act), the provisions of this subsection shall only apply to group health plans (other than fully insured group health plans).

(B) FULLY INSURED GROUP HEALTH PLAN.—In this subsection, the term ''fully insured group health plan'' means a group health plan where benefits under the plan are provided pursuant to the terms of an arrangement between a group health plan and a health insurance issuer and are guaranteed by the health insurance issuer under a contract or policy of insurance.

''SEC. 725. TIMELY ACCESS TO SPECIALISTS.

''(a) TIMELY ACCESS.—

''(1) IN GENERAL.—A group health plan (other than a fully insured group health plan) shall ensure that participants and beneficiaries have timely, in accordance with the medical exigencies of the case, access to primary and speciality health care professionals who are appropriate to the condition of the participant or beneficiary, when such care is covered under the plan. Such access may be provided through contractual arrangements with specialized providers outside of the network of the plan.

''(2) RULE OF CONSTRUCTION.—Nothing in paragraph (1) shall be construed—

''(A) to require the coverage under a group health plan of particular benefits or services or to prohibit a plan from including providers only to the extent necessary to meet the needs of the plan's participants or beneficiaries or from establishing any measure designed to maintain quality and control costs consistent with the responsibilities of the plan; or

''(B) to override any State licensure or scope-of-practice law.

''(b) TREATMENT PLANS.—

''(1) IN GENERAL.—Nothing in this section shall be construed to prohibit a group health plan (other than a fully insured group health plan) from requiring that speciality care be provided pursuant to a treatment plan so long as the treatment plan is—

''(A) developed by the specialist, in consultation with the case manager or primary care provider, and the participant or beneficiary;

''(B) approved by the plan in a timely manner in accordance with the medical exigencies of the case; and

''(C) in accordance with the applicable quality assurance and utilization review standards of the plan.

''(2) NOTIFICATION.—Nothing in paragraph (1) shall be construed as prohibiting a plan from requiring the specialist to provide the case manager or primary care provider with regular updates on the specialty care provided, as well as all other necessary medical information.

''(c) REFERRALS.—Nothing in this section shall be construed to prohibit a plan from requiring an authorization by the case manager or primary care provider of the participant or beneficiary in order to obtain coverage for speciality services so long as such authorization is for an adequate number of referrals.

''(d) SPECIALITY CARE DEFINED.—For purposes of this subsection, the term 'speciality care' means, with respect to a condition, care and treatment provided by a health care practitioner, facility, or center (such as a center of excellence) that has adequate expertise (including age-appropriate expertise) through appropriate training and experience.

SEC. . PATIENT ACCESS TO EMERGENCY MEDICAL CARE.

(a) COVERAGE OF EMERGENCY CARE.—

(1) IN GENERAL.—To the extent that the group health plan (other than a fully insured group health plan) provides coverage for benefits consisting of emergency medical care (as defined in subsection (c)) or emergency ambulance services, except for items or services specifically excluded—

(A) the plan shall provide coverage for benefits, without requiring preauthorization, for emergency medical screening examinations or emergency ambulance services, to the extent that a prudent layperson, who possesses an average knowledge of health and medicine, would determine such examinations or emergency ambulance services to be necessary to determine whether emergency medical care (as so defined) is necessary; and

(B) the plan shall provide coverage for benefits, without requiring preauthorization, for additional emergency medical care to stabilize an emergency medical condition following an emergency medical screening examination (if determined necessary under subparagraph (A)), pursuant to the definition of stabilize under section 1867(e)(3) of the Social Security Act (42 U.S.C. 1395dd(e)(3)).

(2) REIMBURSEMENT FOR CARE TO MAINTAIN MEDICAL STABILITY.—

(A) IN GENERAL.—In the case of services provided to a participant or beneficiary by a nonparticipating provider in order to maintain the medical stability of the participant or beneficiary, the group health plan involved shall provide for reimbursement with respect to such services if—

(i) coverage for services of the type furnished is available under the group health plan;

(ii) the services were provided for care related to an emergency medical condition and in an emergency department in order to maintain the medical stability of the participant or beneficiary; and

(iii) the nonparticipating provider contacted the plan regarding approval for such services.

(B) FAILURE TO RESPOND.—If a group health plan fails to respond within 1 hours of being contacted in accordance with subparagraph (A)(iii), then the plan shall be liable for the cost of services provided by the nonparticipating provider in order to maintain the stability of the participant or beneficiary.

(C) LIMITATION.—The liability of a group health plan to provide reimbursement under subparagraph (A) shall terminate when the

plan has contacted the nonparticipating provider to arrange for discharge or transfer.

(D) LIABILITY OF PARTICIPANT.—A participant or beneficiary shall not be liable for the costs of services to which subparagraph (A) in an amount that exceeds the amount of liability that would be incurred if the services were provided by a participating health care provider with prior authorization by the plan.

(b) IN-NETWORK UNIFORM COSTS-SHARING AND OUT-OF-NETWORK CARE.—

(1) IN-NETWORK UNIFORM COST-SHARING.—Nothing in this section shall be construed as preventing a group health plan (other than a fully insured group health plan) from imposing any form of cost-sharing applicable to any participant or beneficiary (including coinsurance, copayments, deductibles, and any other charges) in relation to coverage for benefits described in subsection (a), if such form of cost-sharing is uniformly applied under such plan, with respect to similarly situated participants and beneficiaries, to all benefits consisting of emergency medical care (as defined in subsection (c)) provided to such similarly situated participants and beneficiaries under the plan, and such cost-sharing is disclosed in accordance with section 714.

(2) OUT-OF-NETWORK CARE.—If a group health plan (other than a fully insured group health plan) provides any benefits with respect to emergency medical care (as defined in subsection (c)), the plan shall cover emergency medical care under the plan in a manner so that, if such care is provided to a participant or beneficiary by a nonparticipating health care provider, the participant or beneficiary is not liable for amounts that exceed the amounts of liability that would be incurred if the services were provided by a participating provider.

(c) DEFINITION OF EMERGENCY MEDICAL CARE.—In this section:

(1) IN GENERAL.—The term ''emergency medical care'' means, with respect to a participant or beneficiary under a group health plan (other than a fully insured group health plan), covered inpatient and outpatient services that—

(A) are furnished by any provider, including a nonparticipating provider, that is qualified to furnish such services; and

(B) are needed to evaluate or stabilize (as such term is defined in section 1867(e)(3) of the Social Security Act (42 U.S.C. 1395dd)(e)(3)) an emergency medical condition (as defined in paragraph (2)).

(2) EMERGENCY MEDICAL CONDITION.—The term ''emergency medical condition'' means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in—

(A) placing the health of the participant or beneficiary (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,

(B) serious impairment to bodily functions, or

(C) serious dysfunction of any bodily organ or part.

(d) APPLICATION OF PROVISIONS.—

(1) IN GENERAL.—Notwithstanding any other provision of this Act (or an amendment made by this Act), the provisions of this section shall only apply to group health plans (other than fully insured group health plans).

(2) FULLY INSURED GROUP HEALTH PLAN.—In this section, the term ''fully insured group health plan'' means a group health plan where benefits under the plan are provided pursuant to the terms of an arrangement between a group health plan and a health insurance issuer and are guaranteed by the health insurance issuer under a contract or policy of insurance.

AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION AND RELATED AGENCIES APPROPRIATIONS ACT, 2000

CONRAD AMENDMENT NO. 1244

(Ordered to lie on the table.)

Mr. CONRAD submitted an amendment intended to be proposed by him to the bill (S. 1233) making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 2000, and for other purposes; as follows:

On page 76, between lines 6 and 7, insert the following:

TITLE ____—RURAL ECONOMY EMERGENCY STABILIZATION

SEC. ___01. SHORT TITLE.

This title may be cited as the ''Rural Economy Emergency Stabilization Act of 1999''.

SEC. ___02. MARKET LOSS ASSISTANCE.

(a) IN GENERAL.—Except as provided in subsections (d) and (e), the Secretary of Agriculture (referred to in this title as the ''Secretary'') shall use not more than $5,600,000,000 of funds of the Commodity Credit Corporation to provide assistance to owners and producers on a farm that are eligible for payments for fiscal year 1999 under a production flexibility contract for the farm under the Agricultural Market Transition Act (7 U.S.C. 7201 et seq.) to partially compensate the owners and producers for the loss of markets for the 1999 crop of a commodity.

(b) AMOUNT.—Except as provided in subsections (d) and (e), the amount of assistance made available to owners and producers on a farm under this section shall be proportionate to the amount of the contract payment received by the owners and producers for fiscal year 1999 under a production flexibility contract for the farm under the Agricultural Market Transition Act.

(c) TIME FOR PAYMENT.—The assistance made available under this section for an eligible owner or producer shall be provided as soon as practicable after the date of enactment of this Act.

(d) DAIRY PRODUCERS.—

(1) IN GENERAL.—Of the total amount made available under subsection (a), $200,000,000 shall be available to provide assistance to dairy producers in a manner determined by the Secretary.

(2) FEDERAL MILK MARKETING ORDERS.—Payments made under this subsection shall not affect any decision with respect to rulemaking activities under section 143 of the Agricultural Market Transition Act (7 U.S.C. 7253).

(e) PEANUTS.—

(1) IN GENERAL.—Of the total amount made available under subsection (a), the Secretary shall use not to exceed $45,000,000 to provide payments to producers of quota peanuts or additional peanuts to partially compensate the producers for the loss of markets for the 1998 crop of peanuts.

(2) AMOUNT.—The amount of a payment made to producers on a farm of quota peanuts or additional peanuts under paragraph (1) shall be equal to the product obtained by multiplying—

(A) the quantity of quota peanuts or additional peanuts produced or considered produced by the producers under section 155 of the Agricultural Market Transition Act (7 U.S.C. 7271); by

(B) an amount equal to 5 percent of the loan rate established for quota peanuts or additional peanuts, respectively, under section 155 of that Act.

SEC. ___03. CROP INSURANCE PREMIUM REFUNDS.

The Secretary, acting through the Federal Crop Insurance Corporation, shall use not more than $400,000,000 of funds of the Commodity Credit Corporation to provide premium refunds or other assistance to purchasers of crop insurance for their 2000 or preceding insured crops.

SEC. ___04. CROP LOSS ASSISTANCE.

(a) IN GENERAL.—In addition to amounts that have been made available before the date of enactment of this Act to carry out section 1102 of the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 1999 (7 U.S.C. 1421 note; Public Law 105–277) under other law, the Secretary shall use not more than $360,000,000 of funds of the Commodity Credit Corporation to provide crop loss assistance in accordance with that section in a manner that, to the maximum extent practicable—

(1) fully compensates agricultural producers for crop losses in accordance with that section (including regulations promulgated to carry out that section); and

(2) provides equitable treatment under that section for agricultural producers described in subsections (b) and (c) of that section.

(b) CITRUS CROP LOSSES.—Notwithstanding any other provision of law (including regulations), for the purposes of section 1102 of that Act, a loss of a citrus crop caused by a disaster in 1998 shall be considered to be a loss of the 1998 crop of the citrus crop, without regard to the time of harvest.

(c) COMPENSATION FOR DENIAL OF CROP LOSS ASSISTANCE BASED ON TAXPAYER IDENTIFICATION NUMBERS.—The Secretary shall use not more than $70,000,000 of funds of the Commodity Credit Corporation to make payments to producers on a farm that were denied crop loss assistance under section 1102 of the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 1999 (7 U.S.C. 1421 note; Public Law 105–277), as the result of a change in the taxpayer identification numbers of the producers if the Secretary determines that the change was not made to create an advantage for the producers in the crop insurance program through lower premiums or higher actual production histories.

SEC. ___05. EMERGENCY LIVESTOCK FEED ASSISTANCE.

For an additional amount to provide emergency livestock feed assistance in accordance with section 1103 of the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 1999 (7 U.S.C. 1421 note; Public Law 105–277), there is appropriated, out of any money in the Treasury not otherwise appropriated, $295,000,000.

SEC. ___06. FUNDS FOR STRENGTHENING MARKETS, INCOME, AND SUPPLY (SECTION 32).

For an additional amount for the fund maintained for funds made available under section 32 of the Act of August 24, 1935 (7 U.S.C. 612c), there is appropriated, out of any money in the Treasury not otherwise appropriated, $355,000,000.

SEC. ___07. DISASTER RESERVE.

(a) IN GENERAL.—For the disaster reserve established under section 813 of the Agricultural Act of 1970 (7 U.S.C. 1427a), there is appropriated, out of any money in the Treasury not otherwise appropriated, $500,000,000.

(b) CROP AND LIVESTOCK INDEMNITY PAYMENTS.—The Secretary shall use the amount made available under this section to establish a program to provide crop or livestock indemnity payments to agricultural producers for the purpose of remedying losses caused by damaging weather or related condition resulting from a natural or major disaster or emergency over a prolonged period.

SEC. ___08. FLOODED LAND RESERVE PROGRAM.

For an additional amount to carry out a flooded land reserve program, there is appropriated, out of any money in the Treasury not otherwise appropriated, $300,000,000.

SEC. ___09. FARM SERVICE AGENCY.

For an additional amount for the Farm Service Agency, to be used at the discretion of the Secretary, for salaries and expenses of the Farm Service Agency, there is appropriated, out of any money in the Treasury not otherwise appropriated, $50,000,000.

SEC. ___10. OILSEED PURCHASES AND DONATIONS.

(a) IN GENERAL.—Notwithstanding any other provision of law, the Secretary shall use not less than $750,000,000 of funds of the Commodity Credit Corporation for the purchase and distribution of oilseeds, vegetable oil, and oilseed meal under applicable food aid authorities, including—

(1) section 416(b) of the Agricultural Act of 1949 (7 U.S.C. 1431(b));

(2) the Food for Progress Act of 1985 (7 U.S.C. 1736o); and

(3) the Agricultural Trade Development and Assistance Act of 1954 (7 U.S.C. 1691 et seq.).

(b) LEAST DEVELOPED COUNTRIES.—Not less than 75 percent of the commodities distributed pursuant to this section shall be made available to least developed countries, as determined by the Secretary.

(c) LOCAL CURRENCIES.—To the maximum extent practicable, local currencies generated from the sale of commodities under this section shall be used for development purposes that foster United States agricultural exports.

SEC. ___11. UPLAND COTTON PRICE COMPETITIVENESS.

(a) IN GENERAL.—Section 136(a) of the Agricultural Market Transition Act (7 U.S.C. 7236(a)) is amended—

(1) in paragraph (1), by inserting ''(in the case of each of the 1999–2000 and 2000–2001 marketing years for upland cotton, at the option of the recipient)'' after ''or cash payments'';

(2) by inserting ''(or, in the case of each of the 1999–2000 and 2000–2001 marketing years for upland cotton, 1.25 cents per pound)'' after ''3 cents per pound'' each place it appears;

(3) in paragraph (3), by striking subparagraph (A) and inserting the following:

''(A) REDEMPTION, MARKETING, OR EXCHANGE.—

''(i) IN GENERAL.—The Secretary shall establish procedures for redeeming marketing certificates for cash or marketing or exchange of the certificates for—

''(I) except as provided in subclause (II), agricultural commodities owned by the Commodity Credit Corporation in such manner, and at such price levels, as the Secretary determines will best effectuate the purposes of cotton user marketing certificates; or

''(II) in the case of each of the 1999–2000 and 2000–2001 marketing years for upland cotton, agricultural commodities owned by the Commodity Credit Corporation or pledged to the Commodity Credit Corporation as collateral for a loan in such manner, and at such price levels, as the Secretary determines will best effectuate the purposes of cotton user marketing certificates, including enhancing the competitiveness and marketability of United States cotton.

''(ii) PRICE RESTRICTIONS.—Any price restrictions that would otherwise apply to the disposition of agricultural commodities by the Commodity Credit Corporation shall not apply to the redemption of certificates under this subparagraph.''; and

(4) in paragraph (4), by inserting before the period at the end the following: '', except that this paragraph shall not apply to each of fiscal years 2000 and 2001''.

(b) ENSURING THE AVAILABILITY OF UPLAND COTTON.—Section 136(b) of the Agricultural Market Transition Act (7 U.S.C. 7236(b)) is amended—

(1) in paragraph (1), by striking ''The'' and inserting ''Except as provided in paragraph (7), the''; and

(2) by adding at the end the following:

''(7) 1999–2000 AND 2000–2001 MARKETING YEARS.—

''(A) IN GENERAL.—In the case of each of the 1999–2000 and 2000–2001 marketing years for upland cotton, the President shall carry out an import quota program as provided in this paragraph.

''(B) PROGRAM REQUIREMENTS.—Except as provided in subparagraph (C), whenever the Secretary determines and announces that for any consecutive 4-week period, the Friday through Thursday average price quotation for the lowest-priced United States growth, as quoted for Middling (M) 1$\frac{3}{32}$-inch cotton, delivered C.I.F. Northern Europe, adjusted for the value of any certificate issued under subsection (a), exceeds the Northern Europe price by more than 1.25 cents per pound, there shall immediately be in effect a special import quota.

''(C) TIGHT DOMESTIC SUPPLY.—During any month for which the Secretary estimates the season-ending United States upland cotton stocks-to-use ratio, as determined under subparagraph (D), to be below 16 percent, the Secretary, in making the determination under subparagraph (B), shall not adjust the Friday through Thursday average price quotation for the lowest-priced United States growth, as quoted for Middling (M) 1$\frac{3}{32}$-inch cotton, delivered C.I.F. Northern Europe, for the value of any certificates issued under subsection (a).

''(D) SEASON-ENDING UNITED STATES STOCKS-TO-USE RATIO.—For the purposes of making estimates under subparagraph (C), the Secretary shall, on a monthly basis, estimate and report the season-ending United States upland cotton stocks-to-use ratio, excluding projected raw cotton imports but including the quantity of raw cotton that has been imported into the United States during the marketing year.

''(E) LIMITATION.—The quantity of cotton entered into the United States during any marketing year described in subparagraph (A) under the special import quota established under this paragraph may not exceed the equivalent of 5 weeks' consumption of upland cotton by domestic mills at the seasonally adjusted average rate of the 3 months immediately preceding the first special import quota established in any marketing year.''.

(c) REMOVAL OF SUSPENSION OF MARKETING CERTIFICATE AUTHORITY.—Section 171(b)(1)(G) of the Agricultural Market Transition Act (7 U.S.C. 7301(b)(1)(G)) is amended by inserting before the period at the end the following: '', except that this subparagraph shall not apply to each of the 1999–2000 and 2000–2001 marketing years for upland cotton''.

(d) REDEMPTION OF MARKETING CERTIFICATES.—Section 115 of the Agricultural Act of 1949 (7 U.S.C. 1445k) is amended—

(1) in subsection (a)—

(A) by striking ''rice (other than negotiable marketing certificates for upland cotton or rice)'' and inserting ''rice, including the issuance of negotiable marketing certificates for upland cotton or rice'';

(B) in paragraph (1), by striking ''and'' at the end;

(C) in paragraph (2), by striking the period at the end and inserting ''; and''; and

(D) by adding at the end the following:

''(3) redeem negotiable marketing certificates for cash under such terms and conditions as are established by the Secretary.''; and

(2) in the second sentence of subsection (c), by striking ''export enhancement program or the marketing promotion program established under the Agricultural Trade Act of 1978'' and inserting ''market access program or the export enhancement program established under sections 203 and 301 of the Agricultural Trade Act of 1978 (7 U.S.C. 5623, 5651)''.

SEC. ___12. EMERGENCY CONSERVATION PROGRAM.

For an additional amount to carry out the emergency conservation program authorized under sections 401, 402, and 404 of the Agricultural Credit Act of 1978 (16 U.S.C. 2201, 2202, 2204) to provide cost-sharing assistance to eligible persons—

(1) to control weeds and establish cover crops in counties in which at least 20 percent of available cropland is prevented from being planted to an agricultural commodity as the result of damaging weather or related condition; and

(2) to reestablish permanent vegetative cover on acreage on which such cover is absent as the result of prolonged flooding;

as determined by the Secretary, there is appropriated, out of any money in the Treasury not otherwise appropriated, $30,000,000.

SEC. ___13. EMERGENCY REQUIREMENT.

(a) IN GENERAL.—The entire amount necessary to carry out this title and the amendments made by this title shall be available only to the extent that an official budget request for the entire amount, that includes designation of the entire amount of the request as an emergency requirement as defined in the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 900 et seq.) is transmitted by the President to Congress.

(b) DESIGNATION.—The entire amount is designated by Congress as an emergency requirement pursuant to section 251(b)(2)(A) of that Act (2 U.S.C. 901(b)(2)(A)).

SEC. ___14. AVAILABILITY.

The amount necessary to carry out this title and the amendments made by this title shall be available for fiscal years 1999 and 2000.

PATIENTS' BILL OF RIGHTS ACT OF 1999

BINGAMAN (AND OTHERS) AMENDMENT NO. 1245

Mr. KENNEDY (for Mr. BINGAMAN (for himself, Mr. HARKIN, Mr. DODD, Mrs. MURRAY, Mr. REID, Mr. EDWARDS, Mrs. BOXER, Mr. DURBIN, Mr. GRAHAM, Mr. KENNEDY, Mr. DASCHLE, Mr. FEINGOLD, Mr. ROCKEFELLER, Mrs. FEINSTEIN, Mr. REED, and Mr. KERRY)) proposed an amendment to amendment No. 1243 proposed by Ms. COLLINS to the bill, S. 1344, supra; as follows:

At the appropriate place, insert the following:

SEC. ___. ACCESS TO SPECIALTY CARE.

(a) SPECIALTY CARE FOR COVERED SERVICES.—

(1) IN GENERAL.—If—

(A) an individual is a participant or beneficiary under a group health plan or an enrollee under group health insurance coverage offered by a health insurance issuer,

(B) the individual has a condition or disease of sufficient seriousness and complexity to require treatment by a specialist, and

(C) benefits for such treatment are provided under the plan or coverage,

the plan or issuer shall make or provide for a referral to a specialist who is available and accessible to provide the treatment for such condition or disease.

(2) SPECIALIST DEFINED.—For purposes of this subsection, the term ''specialist'' means, with respect to a condition, a health care practitioner, facility, or center (such as a center of excellence) that has adequate expertise through appropriate training and experience (including, in the case of a child, appropriate pediatric expertise) to provide high quality care in treating the condition.

(3) CARE UNDER REFERRAL.—A group health plan, or health insurance issuer in connection with group health insurance coverage, may require that the care provided to an individual pursuant to such referral under paragraph (1) be—

(A) pursuant to a treatment plan, only if the treatment plan is developed by the specialist and approved by the plan or issuer, in consultation with the designated primary care provider or specialist and the individual (or the individual's designee), and

(B) in accordance with applicable quality assurance and utilization review standards of the plan or issuer.

Nothing in this subsection shall be construed as preventing such a treatment plan for an individual from requiring a specialist to provide the primary care provider with regular updates on the specialty care provided, as well as all necessary medical information.

(4) REFERRALS TO PARTICIPATING PROVIDERS.—A group health plan or health insurance issuer is not required under paragraph (1) to provide for a referral to a specialist that is not a participating provider, unless the plan or issuer does not have an appropriate specialist that is available and accessible to treat the individual's condition and that is a participating provider with respect to such treatment.

(5) TREATMENT OF NONPARTICIPATING PROVIDERS.—If a plan or issuer refers an individual to a nonparticipating specialist pursuant to paragraph (1), services provided pursuant to the approved treatment plan (if any) shall be provided at no additional cost to the individual beyond what the individual would otherwise pay for services received by such a specialist that is a participating provider.

(b) SPECIALISTS AS CARE COORDINATORS.—

(1) IN GENERAL.—A group health plan, or a health insurance issuer in connection with group health insurance coverage, shall have a procedure by which an individual who is a participant, beneficiary or enrollee and who has an ongoing special condition (as defined in paragraph (3)) may receive a referral to a specialist for such condition who shall be responsible for and capable of providing and coordinating the individual's primary and specialty care. If such an individual's care would most appropriately be coordinated by such a specialist, such plan or issuer shall refer the individual to such specialist.

(2) TREATMENT AS CARE COORDINATOR.—Such specialist shall be permitted to treat the individual without a referral from the individual's primary care provider and may authorize such referrals, procedures, tests, and other medical services as the individual's primary care provider would otherwise be permitted to provide or authorize, subject to the terms of the treatment plan (referred to in subsection (a)(3)(A)).

(3) ONGOING SPECIAL CONDITION DEFINED.—In this subsection, the term ''special condition'' means a condition or disease that—

(A) is life-threatening, degenerative, or disabling, and

(B) requires specialized medical care over a prolonged period of time.

(4) TERMS OF REFERRAL.—The provisions of paragraphs (3) through (5) of subsection (a) apply with respect to referrals under paragraph (1) of this subsection in the same manner as they apply to referrals under subsection (a)(1).

(c) STANDING REFERRALS.—

(1) IN GENERAL.—A group health plan, or a health insurance issuer in connection with group health insurance coverage, shall have a procedure by which an individual who is a participant, beneficiary or enrollee and who has a condition that requires ongoing care from a specialist may receive a standing referral to such specialist for treatment of such condition. If the plan or issuer, or if the primary care provider in consultation with the medical director of the plan or issuer and the specialist (if any), determines that such a standing referral is appropriate, the plan or issuer shall make such a referral to such a specialist.

(2) TERMS OF REFERRAL.—The provisions of paragraphs (3) through (5) of subsection (a) apply with respect to referrals under paragraph (1) of this subsection in the same manner as they apply to referrals under subsection (a)(1).

(d) APPLICATION OF SECTION.—This section shall supersede the provisions of section 104.

(e) REVIEW.—Failure to meet the requirements of this section shall constitute an appealable decision under section 132(a)(2).

(f) PLAN SATISFACTION OF CERTAIN REQUIREMENTS.—Pursuant to rules of the Secretary, if a health insurance issuer offers health insurance coverage in connection with a group health plan and takes an action in violation of any provision of this subchapter, the group health plan shall not be liable for such violation unless the plan caused such violation.

(g) NONAPPLICATION OF CERTAIN PROVISION.—Only for purposes of applying the requirements of this section under section 714 of the Employee Retirement Income Security Act of 1974 (as added by section 301 of this Act), sections 2707 and 2753 of the Public Health Service Act (as added by sections 201 and 202 of this Act), and section 9813 of the Internal Revenue Code of 1986 (as added by section 401 of this Act)—

(1) section 2721(b)(2) of the Public Health Service Act and section 9831(a)(1) of the Internal Revenue Code of 1986 shall not apply to the provisions of this section; and

(2) with respect to limited scope dental benefits, subparagraph (A) of section 733(c)(2) of the Employee Retirement Income Security Act of 1974, subparagraph (A) of section 2791(c)(2) of the Public Health Service Act, and subparagraph (A) of section 9832(c)(2) of the Internal Revenue Code of 1986 shall not apply to the provisions of this section.

(h) NO IMPACT ON SOCIAL SECURITY TRUST FUND.—

(1) IN GENERAL.—Nothing in this section shall be construed to alter or amend the Social Security Act (or any regulation promulgated under that Act).

(2) TRANSFERS.—

(A) ESTIMATE OF SECRETARY.—The Secretary of the Treasury shall annually estimate the impact that the enactment of this section has on the income and balances of the trust funds established under section 201 of the Social Security Act (42 U.S.C. 401).

(B) TRANSFER OF FUNDS.—If, under subparagraph (A), the Secretary of the Treasury estimates that the enactment of this section has a negative impact on the income and balances of the trust funds established under section 201 of the Social Security Act (42 U.S.C. 401), the Secretary shall transfer, not less frequently than quarterly, from the general revenues of the Federal Government an amount sufficient so as to ensure that the income and balances of such trust funds are not reduced as a result of the enactment of such section.

(i) LIMITATION ON ACTIONS.—

(1) IN GENERAL.—Except as provided for in paragraph (2), no action may be brought under subsection (a)(1)(B), (a)(2), or (a)(3) of section 502 of the Employee Retirement Income Security Act of 1974 by a participant or beneficiary seeking relief based on the application of any provision in this section.

(2) PERMISSIBLE ACTIONS.—An action may be brought under subsection (a)(1)(B), (a)(2), or (a)(3) of section 502 of the Employee Retirement Income Security Act of 1974 by a participant or beneficiary seeking relief based on the application of this section to the individual circumstances of that participant or beneficiary; except that—

(A) such an action may not be brought or maintained as a class action; and

(B) in such an action relief may only provide for the provision of (or payment for) benefits, items, or services denied to the individual participant or beneficiary involved (and for attorney's fees and the costs of the action, at the discretion of the court) and shall not provide for any other relief to the participant or beneficiary or for any relief to any other person.

(3) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed as affecting any action brought by the Secretary.

(j) EFFECTIVE DATE.—The provisions of this section shall apply to group health plans for plan years beginning after, and to health insurance issuers for coverage offered or sold after, October 1, 2000.

(k) INFORMATION REQUIREMENTS.—

(1) INFORMATION FROM GROUP HEALTH PLANS.—Section 1862(b) of the Social Security Act (42 U.S.C. 1395y(b)) is amended by adding at the end the following:

''(7) INFORMATION FROM GROUP HEALTH PLANS.—

''(A) PROVISION OF INFORMATION BY GROUP HEALTH PLANS.—The administrator of a group health plan subject to the requirements of paragraph (1) shall provide to the Secretary such of the information elements described in subparagraph (C) as the Secretary specifies, and in such manner and at such times as the Secretary may specify (but not more frequently than 4 times per year), with respect to each individual covered under the plan who is entitled to any benefits under this title.

''(B) PROVISION OF INFORMATION BY EMPLOYERS AND EMPLOYEE ORGANIZATIONS.—An employer (or employee organization) that maintains or participates in a group health plan subject to the requirements of paragraph (1) shall provide to the administrator of the plan such of the information elements required to be provided under subparagraph (A), and in such manner and at such times as the Secretary may specify, at a frequency consistent with that required under subparagraph (A) with respect to each individual described in subparagraph (A) who is covered under the plan by reason of employment with that employer or membership in the organization.

''(C) INFORMATION ELEMENTS.—The information elements described in this subparagraph are the following:

''(i) ELEMENTS CONCERNING THE INDIVIDUAL.—

''(I) The individual's name.

''(II) The individual's date of birth.

''(III) The individual's sex.

''(IV) The individual's social security insurance number.

''(V) The number assigned by the Secretary to the individual for claims under this title.

''(VI) The family relationship of the individual to the person who has or had current or employment status with the employer.

''(ii) ELEMENTS CONCERNING THE FAMILY MEMBER WITH CURRENT OR FORMER EMPLOYMENT STATUS.—

''(I) The name of the person in the individual's family who has current or former employment status with the employer.

''(II) That person's social security insurance number.

''(III) The number or other identifier assigned by the plan to that person.

''(IV) The periods of coverage for that person under the plan.

''(V) The employment status of that person (current or former) during those periods of coverage.

''(VI) The classes (of that person's family members) covered under the plan.

''(iii) PLAN ELEMENTS.—

''(I) The items and services covered under the plan.

''(II) The name and address to which claims under the plan are to be sent.

''(iv) ELEMENTS CONCERNING THE EMPLOYER.—

''(I) The employer's name.

''(II) The employer's address.

''(III) The employer identification number of the employer.

''(D) USE OF IDENTIFIERS.—The administrator of a group health plan shall utilize a unique identifier for the plan in providing information under subparagraph (A) and in other transactions, as may be specified by the Secretary, related to the provisions of this subsection. The Secretary may provide to the administrator the unique identifier described in the preceding sentence.

''(E) PENALTY FOR NONCOMPLIANCE.—Any entity that knowingly and willfully fails to comply with a requirement imposed by the previous subparagraphs shall be subject to a civil money penalty not to exceed $1,000 for each incident of such failure. The provisions of section 1128A (other than subsections (a) and (b)) shall apply to a civil money penalty under the previous sentence in the same manner as those provisions apply to a penalty or proceeding under section 1128A(a).''.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall take effect 180 days after the date of the enactment of this Act.

(l) MODIFICATION TO FOREIGN TAX CREDIT CARRYBACK AND CARRYOVER PERIODS.—

(1) IN GENERAL.—Section 904(c) of the Internal Revenue Code of 1986 (relating to limitation on credit) is amended—

(A) by striking ''in the second preceding taxable year,'', and

(B) by striking ''or fifth'' and inserting ''fifth, sixth, or seventh''.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply to credits arising in taxable years beginning after December 31, 2001.

MCCAIN AMENDMENTS NOS. 1246–1249

(Ordered to lie on the table.)

Mr. MCCAIN submitted four amendments intended to be proposed by him to the bill, S. 1344, supra; as follows:

AMENDMENT NO. 1246

At the appropriate place, insert the following:

SEC. ___. PERMISSIBILITY OF CIVIL ACTIONS.

(a) IN GENERAL.—Section 514 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1144) is amended by adding at the end the following subsection:

''(e) PREEMPTION NOT TO APPLY TO CERTAIN ACTIONS ARISING OUT OF PROVISION OF HEALTH BENEFITS.—

''(1) NON-PREEMPTION OF CERTAIN CAUSES OF ACTION.—

''(A) IN GENERAL.—Except as provided in this subsection, nothing in this title shall be construed to invalidate, impair, or supersede any cause of action under State law to recover damages resulting from personal injury or for wrongful death against any person—

''(i) in connection with the provision of insurance, administrative services, or medical services by such person to or for a group health plan; or

''(ii) that arises out of the arrangement by such person for the provision of such insurance, administrative services, or medical services by other persons.

''(B) REQUIREMENTS.—A participant or beneficiary may only commence a civil action under subparagraph (A) if the participant or beneficiary has participated in and completed an external appeal with respect to the decision involved.

''(C) DAMAGES.—In a civil action permitted under subparagraph (B), the participant or beneficiary may only seek compensatory damages.

''(D) LIMITATION ON DAMAGES.—A group health plan shall not be liable for any noneconomic damages in the case of a cause of action brought under subparagraph (A) in excess of $250,000.

''(2) EXCEPTION FOR EMPLOYERS AND MEDICAL PROVIDERS.—

''(A) EMPLOYERS.—

''(i) IN GENERAL.—Subject to clause (ii), paragraph (1) does not authorize—

''(I) any cause of action against an employer maintaining the group health plan or against an employee of such an employer acting within the scope of employment, or

''(II) a right of recovery or indemnity by a person against an employer (or such an employee) for damages assessed against the person pursuant to a cause of action under paragraph (1).

''(ii) SPECIAL RULE.—Clause (i) shall not preclude any cause of action described in paragraph (1) against an employer (or against an employee of such an employer acting within the scope of employment) if—

''(I) such action is based on the employer's (or employee's) exercise of discretionary authority to make a decision on a claim for benefits covered under the plan or health insurance coverage in the case at issue; and

''(II) the exercise by such employer (or employee of such authority) resulted in personal injury or wrongful death.

''(B) MEDICAL PROVIDERS.—Paragraph (1) does not authorize any cause of action against a health care provider for failure to provide a health care item or service where such provider acted in good faith in relying upon a determination by the group health plan involved to deny such item or service and such denial results in injury or death.

''(3) CONSTRUCTION.—Nothing in this subsection shall be construed as permitting a cause of action under State law for the failure to provide an item or service which is specifically excluded under the group health plan involved.

''(4) DEFINITION.—In this subsection, the term 'medical provider' means a physician or other health care professional providing health care services.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to acts and omissions occurring on or after the date of the enactment of this Act from which a cause of action arises.

AMENDMENT NO. 1247

At the appropriate place, insert the following:

SEC. ___. COVERAGE OF MINOR CHILD'S CONGENITAL OR DEVELOPMENTAL DEFORMITY OR DISORDER.

(a) GROUP HEALTH PLANS.—

(1) PUBLIC HEALTH SERVICE ACT AMENDMENTS.—

(A) IN GENERAL.—Subpart 2 of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-4 et seq.), as amended by section 201, is further amended by adding at the end the following:

''SEC. 2708. STANDARDS RELATING TO BENEFITS FOR MINOR CHILD'S CONGENITAL OR DEVELOPMENTAL DEFORMITY OR DISORDER.

''(a) REQUIREMENTS FOR RECONSTRUCTIVE SURGERY.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage, that provides coverage for surgical benefits shall provide coverage for outpatient and inpatient diagnosis and treatment of a minor child's congenital or developmental deformity, disease, or injury. A minor child shall include any individual through 21 years of age.

''(2) REQUIREMENTS.—Any coverage provided under paragraph (1) shall be subject to pre-authorization or pre-certification as required by the plan or issuer, and such coverage shall include any surgical treatment which, in the opinion of the treating physician, is medically necessary to approximate a normal appearance.

''(3) TREATMENT DEFINED.—

''(A) IN GENERAL.—In this section, the term 'treatment' includes reconstructive surgical procedures (procedures that are generally performed to improve function, but may also be performed to approximate a normal appearance) that are performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, including—

''(i) procedures that do not materially affect the function of the body part being treated; and

''(ii) procedures for secondary conditions and follow-up treatment.

''(B) EXCEPTION.—Such term does not include cosmetic surgery performed to reshape normal structures of the body to improve appearance or self-esteem.

''(b) NOTICE.—A group health plan under this part shall comply with the notice requirement under section 713(b) of the Employee Retirement Income Security Act of 1974 with respect to the requirements of this section as if such section applied to such plan.''.

(B) CONFORMING AMENDMENT.—Section 2723(c) of the Public Health Service Act (42 U.S.C. 300gg–23(c)) is amended by striking ''section 2704'' and inserting ''sections 2704 and 2708''.

(2) ERISA AMENDMENTS.—

(A) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185 et seq.), as amended by section 301, is further amended by adding at the end the following:

''SEC. 715. STANDARDS RELATING TO BENEFITS FOR MINOR CHILD'S CONGENITAL OR DEVELOPMENTAL DEFORMITY OR DISORDER.

''(a) REQUIREMENTS FOR RECONSTRUCTIVE SURGERY.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage, that provides coverage for surgical benefits shall provide coverage for outpatient and inpatient diagnosis and treatment of a minor child's congenital or developmental deformity, disease,

or injury. A minor child shall include any individual through 21 years of age.

''(2) REQUIREMENTS.—Any coverage provided under paragraph (1) shall be subject to pre-authorization or pre-certification as required by the plan or issuer, and such coverage shall include any surgical treatment which, in the opinion of the treating physician, is medically necessary to approximate a normal appearance.

''(3) TREATMENT DEFINED.—

''(A) IN GENERAL.—In this section, the term 'treatment' includes reconstructive surgical procedures (procedures that are generally performed to improve function, but may also be performed to approximate a normal appearance) that are performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, including—

''(i) procedures that do not materially affect the function of the body part being treated; and

''(ii) procedures for secondary conditions and follow-up treatment.

''(B) EXCEPTION.—Such term does not include cosmetic surgery performed to reshape normal structures of the body to improve appearance or self-esteem.

''(b) NOTICE UNDER GROUP HEALTH PLAN.—The imposition of the requirements of this section shall be treated as a material modification in the terms of the plan described in section 102(a)(1), for purposes of assuring notice of such requirements under the plan; except that the summary description required to be provided under the last sentence of section 104(b)(1) with respect to such modification shall be provided by not later than 60 days after the first day of the first plan year in which such requirements apply.''.

(B) CONFORMING AMENDMENTS.—

(i) Section 731(c) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191(c)) is amended by striking ''section 711'' and inserting ''sections 711 and 715''.

(ii) Section 732(a) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191a(a)) is amended by striking ''section 711'' and inserting ''sections 711 and 715''.

(iii) The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001) is amended by inserting after the item relating to section 714 the following new item:

''Sec. 715. Standards relating to benefits for minor child's congenital or developmental deformity or disorder.''.

(3) INTERNAL REVENUE CODE AMENDMENTS.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986, as amended by section 401, is further amended—

(A) in the table of sections, by inserting after the item relating to section 9813 the following new item:

''Sec. 9814. Standards relating to benefits for minor child's congenital or developmental deformity or disorder.''; and

(B) by inserting after section 9812 the following:

''SEC. 9814. STANDARDS RELATING TO BENEFITS FOR MINOR CHILD'S CONGENITAL OR DEVELOPMENTAL DEFORMITY OR DISORDER.

''(a) REQUIREMENTS FOR RECONSTRUCTIVE SURGERY.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage, that provides coverage for surgical benefits shall provide coverage for outpatient and inpatient diagnosis and treatment of a minor child's congenital or developmental deformity, disease, or injury. A minor child shall include any individual through 21 years of age.

''(2) REQUIREMENTS.—Any coverage provided under paragraph (1) shall be subject to pre-authorization or pre-certification as required by the plan or issuer, and such coverage shall include any surgical treatment which, in the opinion of the treating physician, is medically necessary to approximate a normal appearance.

''(3) TREATMENT DEFINED.—

''(A) IN GENERAL.—In this section, the term 'treatment' includes reconstructive surgical procedures (procedures that are generally performed to improve function, but may also be performed to approximate a normal appearance) that are performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, including—

''(i) procedures that do not materially affect the function of the body part being treated; and

''(ii) procedures for secondary conditions and follow-up treatment.

''(B) EXCEPTION.—Such term does not include cosmetic surgery performed to reshape normal structures of the body to improve appearance or self-esteem.''.

(b) INDIVIDUAL HEALTH INSURANCE.—

(1) IN GENERAL.—Part B of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-41 et seq.), as amended by section 202, is further amended by inserting after section 2753 the following new section:

''SEC. 2754. STANDARDS RELATING TO BENEFITS FOR MINOR CHILD'S CONGENITAL OR DEVELOPMENTAL DEFORMITY OR DISORDER.

''(a) REQUIREMENTS FOR RECONSTRUCTIVE SURGERY.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage, that provides coverage for surgical benefits shall provide coverage for outpatient and inpatient diagnosis and treatment of a minor child's congenital or developmental deformity, disease, or injury. A minor child shall include any individual through 21 years of age.

''(2) REQUIREMENTS.—Any coverage provided under paragraph (1) shall be subject to pre-authorization or pre-certification as required by the plan or issuer, and such coverage shall include any surgical treatment which, in the opinion of the treating physician, is medically necessary to approximate a normal appearance.

''(3) TREATMENT DEFINED.—

''(A) IN GENERAL.—In this section, the term 'treatment' includes reconstructive surgical procedures (procedures that are generally performed to improve function, but may also be performed to approximate a normal appearance) that are performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, including—

''(i) procedures that do not materially affect the function of the body part being treated; and

''(ii) procedures for secondary conditions and follow-up treatment.

''(B) EXCEPTION.—Such term does not include cosmetic surgery performed to reshape normal structures of the body to improve appearance or self-esteem.

''(b) NOTICE.—A health insurance issuer under this part shall comply with the notice requirement under section 713(b) of the Employee Retirement Income Security Act of 1974 with respect to the requirements referred to in subsection (a) as if such section applied to such issuer and such issuer were a group health plan.''.

(2) CONFORMING AMENDMENT.—Section 2762(b)(2) of the Public Health Service Act (42 U.S.C. 300gg–62(b)(2)) is amended by striking ''section 2751'' and inserting ''sections 2751 and 2754''.

(c) EFFECTIVE DATES.—

(1) GROUP MARKET.—The amendments made by subsection (a) shall apply with respect to group health plans for plan years beginning on or after January 1, 2000.

(2) INDIVIDUAL MARKET.—The amendment made by subsection (b) shall apply with respect to health insurance coverage offered, sold, issued, renewed, in effect, or operated in the individual market on or after such date.

(d) COORDINATED REGULATIONS.—Section 104(1) of Health Insurance Portability and Accountability Act of 1996 is amended by striking ''this subtitle (and the amendments made by this subtitle and section 401)'' and inserting ''the provisions of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974, the provisions of parts A and C of title XXVII of the Public Health Service Act, and chapter 100 of the Internal Revenue Code of 1986''.

● Mr. McCAIN. Mr. President, I am offering an amendment which would help one of our most vulnerable populations, our children, by addressing the growing problem of HMOs denying insurance coverage of reconstructive surgery for kids suffering from physical defects and deformities. This amendment would require medical plans to cover the medical procedures to reconstruct a child's appearance if they are born with abnormal structures of the body, including a cleft lip or palate.

Today, approximately seven percent of American children are born with pediatric deformities and congenital defects such as cleft lip, cleft palate, missing external limbs, such as ears, and other facial deformities. Unfortunately, it has become commonplace for insurance companies to label these medical procedures as cosmetic surgery and deny coverage to help these children eradicate or reduce deformities and acquire a normal appearance.

In fact, a recent survey of the American Society of Plastic and Reconstructive Surgeons indicated that over half of the plastic surgeons questioned have had a pediatric patient in the last two years who has been denied, or experienced tremendous difficulty in obtaining, insurance coverage for there surgical procedures.

I find it disgraceful that many insurance companies claim that reconstructive procedures are not medically necessary and are therefor cosmetic. These companies claim that medical services restoring some semblance of a normal appearance are superfluous and performed merely for vanity or cosmetic purposes. Many of my colleagues may be wondering how such a ludicrous and cruel practice can occur when it seems obvious that these procedures are clearly reconstructive and not cosmetic in nature. While an insurance plan may attempt to claim that helping a child born without ears or with a cleft so severe it extends to her hairline is superfluous surgery, I adamantly disagree and am committed to stopping the abhorrent practice.

The medical and developmental complications which arise from many of these conditions are tremendous. Speech impediments, hearing difficulties and dental problems are a few of

the physical side effects which may result from a child's physical deformity. In addition, the effect a child's deformities may have on their personal development, confidence, self-esteem and their future aspirations and achievements are often very far reaching.

A healthy self image is vitally important to develop self esteem and confidence. How a person sees themselves, and how others see them, determines how the person feels about himself and defines whether he has the strength to resist unfortunate obstacles, including the taunting of peer and disengagement from school activities. As parents, we want our children to be armed with a healthy sense of self esteem and confidence. The best way to guarantee that happens is to help them develop a strong and health self image. While this is critical, we must be pragmatic and recognize that we live in a society which places a high value on physical beauty and often unfairly uses it as a measurement of a person's worth, ability or potential in society. While this is wrong and we must work together to instill self-worth in our children, it is unrealistic to not recognize the importance which is place on physical appearances in our world and the unfair obstacles which children born with deformities face if they are not provided access medical services which help them attain a normal physical appearance.

Some of my colleagues may know that my daughter Bridget, whom Cindy and I adopted from Mother Theresa's orphanage in Bangladesh, was born with a severe cleft. We are fortunate to have had the means and opportunities to provide the expert medical care necessary to help Bridget physically and emotionally. However, we, too, encountered numerous obstacles and denials by our insurance providers who did not believe that Bridget's medical treatment was necessary. Fortunately, Cindy and I were able to provide Bridget access to the reconstructive services she needs, despite denials by our health plan. Unfortunately, most hard working American families are not so fortunate. This is not right and it is why I am offering this important amendment to assist all American children.

I want to stress that this is not a new mandate which could cause health care premiums to escalate. What I am proposing simply prohibits plans from frivolously ruling that substantial, medically needed reconstructive surgery for children to obtain a relatively normal appearance is cosmetic, or denying reconstructive coverage which American families have purchases. I urge each of my colleagues to work with me on behalf of our children and ensure that they are afforded an opportunity to realize their full potential.●

AMENDMENT NO. 1248

At the appropriate place, insert the following:

SEC. ___. COVERAGE OF MINOR CHILD'S CONGENITAL OR DEVELOPMENTAL DEFORMITY OR DISORDER.

(a) GROUP HEALTH PLANS.—

(1) PUBLIC HEALTH SERVICE ACT AMENDMENTS.—

(A) IN GENERAL.—Subpart 2 of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-4 et seq.), as amended by section 203(a), is further amended by adding at the end the following:

"SEC. 2708. STANDARDS RELATING TO BENEFITS FOR MINOR CHILD'S CONGENITAL OR DEVELOPMENTAL DEFORMITY OR DISORDER.

''(a) REQUIREMENTS FOR RECONSTRUCTIVE SURGERY.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage, that provides coverage for surgical benefits shall provide coverage for outpatient and inpatient diagnosis and treatment of a minor child's congenital or developmental deformity, disease, or injury. A minor child shall include any individual through 21 years of age.

''(2) REQUIREMENTS.—Any coverage provided under paragraph (1) shall be subject to pre-authorization or pre-certification as required by the plan or issuer, and such coverage shall include any surgical treatment which, in the opinion of the treating physician, is medically necessary to approximate a normal appearance.

''(3) TREATMENT DEFINED.—

''(A) IN GENERAL.—In this section, the term 'treatment' includes reconstructive surgical procedures (procedures that are generally performed to improve function, but may also be performed to approximate a normal appearance) that are performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, including—

''(i) procedures that do not materially affect the function of the body part being treated; and

''(ii) procedures for secondary conditions and follow-up treatment.

''(B) EXCEPTION.—Such term does not include cosmetic surgery performed to reshape normal structures of the body to improve appearance or self-esteem.

''(b) NOTICE.—A group health plan under this part shall comply with the notice requirement under section 713(b) of the Employee Retirement Income Security Act of 1974 with respect to the requirements of this section as if such section applied to such plan.''.

(B) CONFORMING AMENDMENT.—Section 2723(c) of the Public Health Service Act (42 U.S.C. 300gg–23(c)) is amended by striking ''section 2704'' and inserting ''sections 2704 and 2708''.

(2) ERISA AMENDMENTS.—

(A) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185 et seq.), as amended by section 111 and 202(a), is further amended by adding at the end the following:

"SEC. 716. STANDARDS RELATING TO BENEFITS FOR MINOR CHILD'S CONGENITAL OR DEVELOPMENTAL DEFORMITY OR DISORDER.

''(a) REQUIREMENTS FOR RECONSTRUCTIVE SURGERY.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage, that provides coverage for surgical benefits shall provide coverage for outpatient and inpatient diagnosis and treatment of a minor child's congenital or developmental deformity, disease, or injury. A minor child shall include any individual through 21 years of age.

''(2) REQUIREMENTS.—Any coverage provided under paragraph (1) shall be subject to pre-authorization or pre-certification as required by the plan or issuer, and such coverage shall include any surgical treatment which, in the opinion of the treating physician, is medically necessary to approximate a normal appearance.

''(3) TREATMENT DEFINED.—

''(A) IN GENERAL.—In this section, the term 'treatment' includes reconstructive surgical procedures (procedures that are generally performed to improve function, but may also be performed to approximate a normal appearance) that are performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, including—

''(i) procedures that do not materially affect the function of the body part being treated; and

''(ii) procedures for secondary conditions and follow-up treatment.

''(B) EXCEPTION.—Such term does not include cosmetic surgery performed to reshape normal structures of the body to improve appearance or self-esteem.

''(b) NOTICE UNDER GROUP HEALTH PLAN.—The imposition of the requirements of this section shall be treated as a material modification in the terms of the plan described in section 102(a)(1), for purposes of assuring notice of such requirements under the plan; except that the summary description required to be provided under the last sentence of section 104(b)(1) with respect to such modification shall be provided by not later than 60 days after the first day of the first plan year in which such requirements apply.''.

(B) CONFORMING AMENDMENTS.—

(i) Section 731(c) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191(c)) is amended by striking ''section 711'' and inserting ''sections 711 and 716''.

(ii) Section 732(a) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191a(a)) is amended by striking ''section 711'' and inserting ''sections 711 and 716''.

(iii) The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001) is amended by inserting after the item relating to section 715 the following new item:

''Sec. 716. Standards relating to benefits for minor child's congenital or developmental deformity or disorder.''.

(3) INTERNAL REVENUE CODE AMENDMENTS.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986, as amended by section 204, is further amended—

(A) in the table of sections, by inserting after the item relating to section 9814 the following new item:

''Sec. 9815. Standards relating to benefits for minor child's congenital or developmental deformity or disorder.''; and

(B) by inserting after section 9814 the following:

"SEC. 9815. STANDARDS RELATING TO BENEFITS FOR MINOR CHILD'S CONGENITAL OR DEVELOPMENTAL DEFORMITY OR DISORDER.

''(a) REQUIREMENTS FOR RECONSTRUCTIVE SURGERY.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage, that provides coverage for surgical benefits shall provide coverage for outpatient and inpatient diagnosis and treatment of a minor child's congenital or developmental deformity, disease, or injury. A minor child shall include any individual through 21 years of age.

''(2) REQUIREMENTS.—Any coverage provided under paragraph (1) shall be subject to pre-authorization or pre-certification as required by the plan or issuer, and such coverage shall include any surgical treatment

which, in the opinion of the treating physician, is medically necessary to approximate a normal appearance.

''(3) TREATMENT DEFINED.—

''(A) IN GENERAL.—In this section, the term 'treatment' includes reconstructive surgical procedures (procedures that are generally performed to improve function, but may also be performed to approximate a normal appearance) that are performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, including—

''(i) procedures that do not materially affect the function of the body part being treated; and

''(ii) procedures for secondary conditions and follow-up treatment.

''(B) EXCEPTION.—Such term does not include cosmetic surgery performed to reshape normal structures of the body to improve appearance or self-esteem.''.

(b) INDIVIDUAL HEALTH INSURANCE.—

(1) IN GENERAL.—Part B of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-41 et seq.), as amended by section 203(b), is further amended by inserting after section 2753 the following new section:

''SEC. 2754. STANDARDS RELATING TO BENEFITS FOR MINOR CHILD'S CONGENITAL OR DEVELOPMENTAL DEFORMITY OR DISORDER.

''(a) REQUIREMENTS FOR RECONSTRUCTIVE SURGERY.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage, that provides coverage for surgical benefits shall provide coverage for outpatient and inpatient diagnosis and treatment of a minor child's congenital or developmental deformity, disease, or injury. A minor child shall include any individual through 21 years of age.

''(2) REQUIREMENTS.—Any coverage provided under paragraph (1) shall be subject to pre-authorization or pre-certification as required by the plan or issuer, and such coverage shall include any surgical treatment which, in the opinion of the treating physician, is medically necessary to approximate a normal appearance.

''(3) TREATMENT DEFINED.—

''(A) IN GENERAL.—In this section, the term 'treatment' includes reconstructive surgical procedures (procedures that are generally performed to improve function, but may also be performed to approximate a normal appearance) that are performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, including—

''(i) procedures that do not materially affect the function of the body part being treated; and

''(ii) procedures for secondary conditions and follow-up treatment.

''(B) EXCEPTION.—Such term does not include cosmetic surgery performed to reshape normal structures of the body to improve appearance or self-esteem.

''(b) NOTICE.—A health insurance issuer under this part shall comply with the notice requirement under section 713(b) of the Employee Retirement Income Security Act of 1974 with respect to the requirements referred to in subsection (a) as if such section applied to such issuer and such issuer were a group health plan.''.

(2) CONFORMING AMENDMENT.—Section 2762(b)(2) of the Public Health Service Act (42 U.S.C. 300gg–62(b)(2)) is amended by striking ''section 2751'' and inserting ''sections 2751 and 2754''.

(c) EFFECTIVE DATES.—

(1) GROUP MARKET.—The amendments made by subsection (a) shall apply with respect to group health plans for plan years beginning on or after January 1, 2000.

(2) INDIVIDUAL MARKET.—The amendment made by subsection (b) shall apply with respect to health insurance coverage offered, sold, issued, renewed, in effect, or operated in the individual market on or after such date.

(d) COORDINATED REGULATIONS.—Section 104(1) of Health Insurance Portability and Accountability Act of 1996 is amended by striking ''this subtitle (and the amendments made by this subtitle and section 401)'' and inserting ''the provisions of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974, the provisions of parts A and C of title XXVII of the Public Health Service Act, and chapter 100 of the Internal Revenue Code of 1986''.

AMENDMENT NO. 1249

Strike section 302 of the bill and insert the following:

SEC. 302. PERMISSIBILITY OF CIVIL ACTIONS.

(a) IN GENERAL.—Section 514 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1144) is amended by adding at the end the following subsection:

''(e) PREEMPTION NOT TO APPLY TO CERTAIN ACTIONS ARISING OUT OF PROVISION OF HEALTH BENEFITS.—

''(1) NON-PREEMPTION OF CERTAIN CAUSES OF ACTION.—

''(A) IN GENERAL.—Except as provided in this subsection, nothing in this title shall be construed to invalidate, impair, or supersede any cause of action under State law to recover damages resulting from personal injury or for wrongful death against any person—

''(i) in connection with the provision of insurance, administrative services, or medical services by such person to or for a group health plan; or

''(ii) that arises out of the arrangement by such person for the provision of such insurance, administrative services, or medical services by other persons.

''(B) REQUIREMENTS.—A participant or beneficiary may only commence a civil action under subparagraph (A) if the participant or beneficiary has participated in and completed an external appeal with respect to the decision involved.

''(C) DAMAGES.—In a civil action permitted under subparagraph (B), the participant or beneficiary may only seek compensatory damages.

''(D) LIMITATION ON DAMAGES.—A group health plan shall not be liable for any noneconomic damages in the case of a cause of action brought under subparagraph (A) in excess of $250,000.

''(2) EXCEPTION FOR EMPLOYERS AND MEDICAL PROVIDERS.—

''(A) EMPLOYERS.—

''(i) IN GENERAL.—Subject to clause (ii), paragraph (1) does not authorize—

''(I) any cause of action against an employer maintaining the group health plan or against an employee of such an employer acting within the scope of employment, or

''(II) a right of recovery or indemnity by a person against an employer (or such an employee) for damages assessed against the person pursuant to a cause of action under paragraph (1).

''(ii) SPECIAL RULE.—Clause (i) shall not preclude any cause of action described in paragraph (1) against an employer (or against an employee of such an employer acting within the scope of employment) if—

''(I) such action is based on the employer's (or employee's) exercise of discretionary authority to make a decision on a claim for benefits covered under the plan or health insurance coverage in the case at issue; and

''(II) the exercise by such employer (or employee of such authority) resulted in personal injury or wrongful death.

''(B) MEDICAL PROVIDERS.—Paragraph (1) does not authorize any cause of action against a health care provider for failure to provide a health care item or service where such provider acted in good faith in relying upon a determination by the group health plan involved to deny such item or service and such denial results in injury or death.

''(3) CONSTRUCTION.—Nothing in this subsection shall be construed as permitting a cause of action under State law for the failure to provide an item or service which is specifically excluded under the group health plan involved.

''(4) DEFINITION.—In this subsection, the term 'medical provider' means a physician or other health care professional providing health care services.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to acts and omissions occurring on or after the date of the enactment of this Act from which a cause of action arises.

NOTICE OF HEARING

SUBCOMMITTEE ON WATER AND POWER

Mr. SMITH of Oregon. Mr. President, I would like to announce for the information of the Senate and the public that a hearing has been scheduled before the Subcommittee on Water and Power.

The hearing will take place on Wednesday, July 28, 1999 at 2:30 p.m. in room SD–366 of the Dirksen Senate Office Building in Washington, DC.

The purpose of this hearing is to receive testimony on S. 624, To authorize construction of the Fort Peck Reservation Rural Water System in the State of Montana, and for other purposes; S. 1211, to amend the Colorado River Basin Salinity Control Act to authorize additional measures to carry out the control of salinity upstream of Imperial Dam in a cost-effective manner; S. 1275, to authorize the Secretary of the Interior to produce and sell products and to sell publications relating to the Hoover Dam, and to deposit revenues generated from the sales in to the Colorado River Dam fund; and S. 1236, to extend the deadline under the Federal Power Act for commencement of the construction of the Arrowrock Dam Hydroelectric Project in the State of Idaho.

Because of the limited time available for the hearing, witnesses may testify by invitation only. However, those wishing to submit written testimony for the hearing record should send two copies of their testimony to the Subcommittee on Water and Power, Committee on Energy and Natural Resources, United States Senate, 364 Dirksen Senate Office Building, Washington, DC, 20510–6150.

For further information, please call Kristin Phillips, Staff Assistant or Colleen Deegan, Counsel, at (202) 224–8115.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. JEFFORDS. Mr. President, I ask unanimous consent that the Committee on Energy and Natural Resources be granted permission to meet

during the session of the Senate on Wednesday, July 14, for purposes of conducting a joint committee hearing with the Committee on Indian Affairs, which is scheduled to begin at 9:30 a.m. The purpose of this oversight hearing is to receive testimony on the Report of the General Accounting Office (GAO) on the Interior Department's Planned Trust Fund.

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

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS

Mr. JEFFORDS. Mr. President, I ask unanimous consent that the full Committee on Environment and Public Works be granted permission to conduct a hearing on conformity under the Clean Air Act on Wednesday, July 14, 9:30 a.m., Hearing Room (SD–406).

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

COMMITTEE ON GOVERNMENTAL AFFAIRS

Mr. JEFFORDS. Mr. President, I ask unanimous consent that the Governmental Affairs Committee be permitted to meet on Wednesday, July 14, 1999 at 3:00 p.m. for a hearing on S. 1214, the Federalism Accountability Act.

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

COMMITTEE ON INDIAN AFFAIRS

Mr. JEFFORDS. Mr. President, I ask unanimous consent that the Senate Committee on Indian Affairs and the Senate Committee on Energy and Natural Resources be authorized to meet during the session of the Senate on Wednesday, July 14, 1999 at 9:30 a.m. to conduct a joint oversight hearing on the Report of the General Accounting Office (GAO) on the Interior Department's Planned Trust Fund Reform. The hearing will be held in room 216 of the Hart Senate Office Building.

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

COMMITTEE ON THE JUDICIARY

Mr. JEFFORDS. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet for a hearing re Broadband: Competition and Consumer Choice in High-Speed Internet Services and Technologies, during the session of the Senate on Wednesday, July 14, 1999, at 10:00 a.m., in SD226.

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

SELECT COMMITTEE ON INTELLIGENCE

Mr. JEFFORDS. Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on Wednesday, July 14, 1999 at 2:00 p.m. to hold a closed hearing on intelligence matters.

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

SUBCOMMITTEE ON CHILDREN AND FAMILIES

Mr. JEFFORDS. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions, Subcommittee on Children and Families, be authorized to meet for a hearing on FMLA Oversight during the session of the Senate on Wednesday, July 14, 1999, at 9:30 a.m.

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

SUBCOMMITTEE ON INTERNATIONAL TRADE

Mr. JEFFORDS. Mr. President, the Finance Committee Subcommittee on International Trade requests unanimous consent to conduct a hearing on Wednesday, July 14, 1999 beginning at 3:00 p.m. in room 215 Dirksen.

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

ADDITIONAL STATEMENTS

TRIBUTE TO EVERETT McKENNEY, LEGION OF HONOR AWARD RECIPIENT

● Ms. SNOWE. Mr. President, I rise to congratulate a courageous World War I veteran from my home state of Maine who on Friday will be awarded the most prestigious honor that France bestows, the National Order of the Legion of Honor.

Everett McKenney who has lived in Augusta and Waterville will receive this distinguished honor for the tremendous sacrifices he made to safeguard freedom and democracy while serving in France during the first World War.

In 1998, the French Government announced Project 1918–1998. The purpose of Project 1918–1998 is to honor the 80th anniversary of the armistice of World War I, and as part of this undertaking, France announced that it would award the Legion of Honor designation to surviving American veterans who, like Mr. McKenney, served in France between 1914 and 1918. This step is taken in recognition of the decisive support Americans gave to French soldiers as they fought to defend French soil.

Up to 1,000 American veterans who served in France during World War I may still be alive today, and there is a search underway to locate as many of these men and women as possible.

Private Everett McKenney, who is 104 and a longtime resident of Waterville and Augusta, has two daughters, five grandchildren, four great grandchildren, and one great, great grandchild. He was the youngest of four children and was born in Freedom, Maine in 1895. He enlisted in July 1918 at 23, in Waterville. He was stationed in Fort Devens, Massachusetts and received special training in New Jersey. He was assigned to the 41st Rainbow Division and later was assigned to the 101st Field Artillery unit. In New Jersey, he was notified to pack his gear and prepare for an overseas assignment. During a 12-day Atlantic crossing, a flu epidemic broke out and many of his comrades were buried at sea. This would be the first of many trials he would face.

I have nothing but the utmost respect for those who have served with courage, honor and distinction when their country—and the world—needed them so desperately. Indeed, I am truly honored to represent these men and women as Maine's senior Senator.

On November 11, 1918, almost 81 years ago, at the eleventh hour, the Armistice was signed in France that silenced the guns and ended the carnage of World War I. From the War for Independence, to World War I, through the Persian Gulf War and the Balkans more than two hundred years later, Americans like Everett have answered the call to duty—not for the glory or conquest or empire, but to ensure that the flame of liberty burns ever brightly.

The debt of gratitude owed to our veterans can never be fully repaid. What we can and must do for those who, like Mr. McKenney, answered the call to duty is keep alive the values of freedom and democracy they have defended, and honor them as the guardians of those ideals.

Elmer Runyon once wrote that: ''We will remain the home of the free only as long as we are also the home of the brave.'' Today, America and the world is basking in the shine of freedom because of yesterday's and today's service men and women—who offer nobly to sacrifice in war so that others may live in peace. These are America's true heroes.

This occasion reminds us that winning freedom is not the same as keeping it. The cost of safeguarding freedom is high. It requires vigilance and sacrifice. Time and again when freedom has been threatened, men like Everett McKenney emerged as heroes. America's veterans have served our country and the world ably in times of need, and know well the personal sacrifices which the defense of freedom demands. It is a true honor to congratulate Mr. McKenney on a well-deserved recognition.●

RAE LIU

● Mr. MOYNIHAN. Mr. President, today I rise to thank Rae Liu, a brilliant young intern from Columbia University where she is a National Merit Scholar and a debater. Rae came to my office this May. When an opening appeared on my personal staff in June, Rae was our unanimous choice to fill it until we could hire someone permanently. At 18, she took on the task of being a full-fledged member of my staff.

From the outset, Rae displayed judgment, maturity, initiative, and a work ethic way beyond her years. She worked tirelessly overhauling and drafting legislation, attending policy reviews, and meeting with constituents. She quickly made herself indispensable to my foreign policy, intelligence, and defense legislative assistant, and distinguished herself with her quick mind, sharp wit and devastating competence. It is rare to see so much ability and professionalism in one so young.

Rae is exactly the sort of young person we need to attract to public service. This is not going to be easy as we compete with the best law and business schools for talented young Americans who can earn much more than taking the Queen's shilling. We must try, however, for if we do not, we risk losing a new generation of bright ideas and insights. This would be not only tragic but shortsighted.

I wish this young lady from Texas godspeed in her studies and thank her again for her contributions.●

TRIBUTE TO DOCTOR EUGENE OLIVERI

● Mr. ABRAHAM. Mr. President, I rise today to honor the newly elected President of the American Osteopathic Association, Dr. Eugene Oliveri.

Dr. Oliveri is a prominent leader in the practice of osteopathic medicine. Throughout his career, he has maintained the strongest of commitments to the highest level of medical standards. From his early days as an undergraduate at Brooklyn College in new York, Dr. Oliveri has distinguished himself for his extensive knowledge and tireless support of osteopathy. Dedicated to helping others, Dr. Oliveri took two years off from his personal studies to work in the U.S. Army Medical Corps. Perhaps most importantly, Dr. Oliveri has raised three wonderful children: Gregory, Lisa, and Michelle.

Dr. Oliveri serves on numerous professional boards, and is currently practicing at Botsford General Hospital in Farmington Hills, Michigan, as the senior member of the Department of Internal Medicine. He also serves as a director of a fellowship program and chairman of a section of Gastroenterology at Botsford Hospital. Most recently, he has also served as a Vice-Chairman for the American Osteopathic Association. Dr. Oliveri's experience and renowned leadership capabilities make him well suited for this exciting new challenge.

Mr. President, it gives me great pleasure to congratulate Dr. Oliveri on this tremendous honor. I am confident that the American Osteopathic Association will be well served during his tenure as President.●

TRIBUTE TO JOHN McLAUGHLIN

● Mr. SMITH of New Hampshire. Mr. President, I rise today to honor John McLaughlin, Chairman of McLaughlin Transportation Systems, Inc. for being named the 1999 Greater Nashua Chamber of Commerce Citizen of the Year.

The Citizen of the Year Award is an effort to recognize a local individual for their contributions to the betterment of life in the Greater Nashua Area. The award recipient has sustained a lifelong commitment to the best interests of Nashua and the state of New Hampshire. John has definitely exceeded these requirements.

A longtime resident of Nashua, New Hampshire, John started with his father's business as a teenager sweeping floors. After graduating from high school and serving in the armed forces, he went to work for the company upon his father's death in 1949. From the company's initial size of 3–4 trucks and a hand full of employees, McLaughlin Transportation has grown into a company that includes approximately 120 trucks, five facilities, and approximately 150 employees. The company's core focus is the moving and storing business, however, they have now expanded to include a limousine service and fuel-oil delivery business.

Although he has been extremely successful in business, John is equally recognized for his community stewardship. He has been involved with the Nashua Chamber for over 50 years, served for two decades as the Nashua fire commissioner and served four terms as the District 13 State Senator. In addition, he has held many leadership positions within the community, including the Nashua Parks and Recreation Commission, Rivier College Advisory Board, N.H. Council on Aging, and many more.

As a former small business owner, I admire John for his hard work, determination and dedication to the community. He is a role model for us all and I commend him for his efforts. It is an honor to represent him in the United States Senate.●

A TRIBUTE TO FRED GYLFE, LEGION OF HONOR AWARD RECIPIENT

● Ms. SNOWE. Mr. President, I rise today to pay tribute a veteran from Maine who this week will have bestowed upon him high honors from the French Government for the sacrifices he made during World War I.

Fred Gylfe will receive the most prestigious honor that France bestows, the award of the National Order of the Legion of Honor, in gratitude for the valor he displayed serving in France during the First World War.

Last year, the French Government announced Project 1918–1998, which honors the 80th anniversary of the armistice of World War I. As part of this undertaking, France is awarding the Legion of Honor Award to surviving American veterans who served in France between 1914 and 1918—in recognition for the crucial support American veterans lent to French soldiers fighting to defend French soil.

It is estimated that as many as 1,000 American veterans who served in France during World War I may still be living, and there is a search underway to locate as many of these men and women as possible.

Fred Gylfe was born in Worcester, Massachusetts on August 14, 1897. His parents emigrated from Sweden, and he was their first child born in the U.S. He entered the U.S. National Guard in 1916 and departed for France on May 16, 1918. He fought in Ypres/Lys and Saint Quentin Tunnel in the French province of Somme. He was a Sergeant in Headquarters Company for the 108th Infantry 27th division of the New York National Guard. He is the father of two children, and three grandchildren.

I have nothing but the utmost respect for those who have served with courage, honor and distinction, answering the call to duty when their country—and the world no less—needed them so desperately. Indeed, it is no small challenge to put into words the enormous pride I feel for the opportunity to represent men like Fred Gylfe as Maine's senior Senator.

On November 11, 1918, almost 81 years ago, at the eleventh hour, the Armistice was signed in France that silenced the guns and ended the carnage of World War I. From the War for Independence, to World War I, through the Persian Gulf War and the Balkans more than two hundred years later, Americans have answered the call to duty—not for the glory of conquest or empire, but to ensure that the flame of liberty burns ever brightly.

The debt of gratitude owed to our veterans can never be fully repaid. What we can and must do for the men and women who, like Mr. Gylfe, answered the call to duty is keep alive the values of freedom and democracy they have defended, and honor them as the guardians of those ideals.

This occasion reminds us that winning freedom is not the same as keeping it. The cost of safeguarding freedom is high. It requires vigilance and sacrifice. Time and gain when freedom has been threatened, men like Fred Gylfe emerged as heroes, America's veterans have served our country and the world ably in times of need, and know well the personal sacrifices which the defense of freedom demands. It is a true honor to congratulate this Maine hero today on such as well-deserved recognition.●

EXECUTIVE SESSION

NOMINATION OF ROBERT A. KATZMANN, OF NEW YORK

Mr. ENZI. Mr. President, I ask unanimous consent that the Senate immediately proceed to executive session to consider Executive Calendar No. 160 on today's Executive Calendar. I further ask unanimous consent that the nomination be confirmed, the motion to reconsider be laid upon the table, any statements relating to the nomination be printed in the RECORD, the President be immediately notified of the Senate's action, and the Senate then return to legislative session.

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

The nomination was considered and confirmed, as follows:

DEPARTMENT OF JUSTICE

Robert A. Katzmann, of New York, to be United States Circuit Judge for the Second Circuit.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Will my friend yield for a moment at this point?

The PRESIDING OFFICER. Does the Senator from Wyoming wish to yield to the Senator from Vermont?

Mr. ENZI. Certainly.

Mr. LEAHY. I thank my friend from Wyoming.

Mr. President, I know there are going to be more statements made afterward. We have just confirmed Robert Katzmann, of New York, to be United States Circuit Judge for the Second Circuit. This is to replace the very distinguished and former chief justice of the Second Circuit, Jon Newman, who has retired, or has taken senior status. I cannot say he is retired. I know how hard Judge Newman continues to work. I get reports from his former law clerk, Bruce Cohen, who is the chief counsel for the Democrats on the Judiciary Committee.

I note Judge Katzmann now for two reasons. First, of course, Vermont is in that circuit. But far more important, this is a man who was brought here at the strong urging and behest of the senior Senator from New York, my dear friend and one of the most distinguished Members of this body, Senator DANIEL PATRICK MOYNIHAN, really the intellectual giant of the Senate.

I first met now Judge Katzmann when Senator MOYNIHAN brought him to my office, and I was immediately impressed with him. This is the first circuit court judge to be confirmed this year.

Historians can determine what helped the most: the brilliance of persuasion of the distinguished Senator from New York or the brilliance of Judge Katzmann. I say that it was a symbiotic relationship that made the confirmation possible. I applaud my dear friend from across that great and beautiful Lake Champlain, my dear friend from New York, but I also commend Robert Katzmann. I thank my dear friend from Wyoming for allowing me to say this.

Mr. MOYNIHAN. Will the Senator from Wyoming yield for a very brief remark?

Mr. ENZI. Certainly.

Mr. MOYNIHAN. Mr. President, first, I thank my friend and distinguished ranking member on the Judiciary Committee for his remarks about Judge Katzmann, as I believe he now is. I am very much indebted to Senator HATCH, the chairman of the committee. I thank the acting majority leader, the Senator from Wyoming.

On a brief personal note, this is a very special moment for the Senator from New York. Judge Katzmann was a graduate student of mine. I was a member of the orals examining committee when he received his Ph.D. He has been a remarkable student, a professor of law at Georgetown University at this point, and an author of important articles and books on the relationship between the Congress and the judiciary, a subject little attended and important. It attracted the attention of Senator HATCH and Senator LEAHY.

I thank the Senator for his indulgence. I thank the Senate for its great good judgment in this important confirmation which I do believe history will one day record.

Mr. ENZI. Mr. President, I thank our colleagues for their kind words about our new judge. I will mention, any other statements relating to the nomination will be printed in the RECORD. I am certain that since he has had such distinguished tutoring, there will be more comments. I am pleased to know that.

LEGISLATIVE SESSION

The PRESIDING OFFICER. Under the previous order, the Senate will now return to legislative session.

ORDERS FOR THURSDAY, JULY 15, 1999

Mr. ENZI. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand in adjournment until the hour of 9:30 a.m. on Thursday, July 15. I further ask unanimous consent that on Thursday, immediately following the prayer, the Journal of proceedings be approved to date, the morning hour be deemed to have expired, the time for the two leaders be reserved for their use later in the day, and the Senate stand in a period for morning business until 10 a.m., with Senators allowed to speak for up to 5 minutes each, with the following exceptions: Senator SPECTER, 15 minutes, and Senator BYRD, 15 minutes.

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

Mr. ENZI. Further, I ask unanimous consent that Senator NICKLES, or his designee, be recognized at 10 a.m. to offer an amendment.

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

PROGRAM

Mr. ENZI. Mr. President, for the information of all Senators, the Senate will convene at 9:30 a.m. and be in a period for morning business until 10 a.m. Following morning business, the Senate will immediately resume consideration of S. 1344, the Patients' Bill of Rights legislation. Senator NICKLES, or his designee, will then be recognized to offer a second-degree amendment to the Collins amendment No. 1243. By previous consent, this legislation will be completed on Thursday. Therefore, Senators can expect additional amendments and votes throughout tomorrow's session of the Senate.

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

Mr. ENZI. Mr. President, if there is no further business to come before the Senate, I now ask unanimous consent that the Senate stand in adjournment under the previous order.

There being no objection, the Senate, at 8:19 p.m., adjourned until Thursday, July 15, 1999, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate July 14, 1999:

THE JUDICIARY

JAMES J. BRADY, OF LOUISIANA, TO BE UNITED STATES DISTRICT JUDGE FOR THE MIDDLE DISTRICT OF LOUISIANA VICE JOHN V. PARKER, RETIRED.

CHARLES A. PANNELL, JR., OF GEORGIA, TO BE UNITED STATES DISTRICT JUDGE FOR THE NORTHERN DISTRICT OF GEORGIA VICE FRANK M. HULL, ELEVATED.

FLORENCE-MARIE COOPER, OF CALIFORNIA, TO BE UNITED STATES DISTRICT JUDGE FOR THE CENTRAL DISTRICT OF CALIFORNIA VICE LINDA H. MCLAUGHLIN, DECEASED.

DEPARTMENT OF STATE

TIBOR P. NAGY, JR., OF TEXAS, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA.

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT AS CHIEF OF NAVAL PERSONNEL, UNITED STATES NAVY, AND APPOINTMENT TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTIONS 601 AND 5141:

To be vice admiral

REAR ADM. NORBERT R. RYAN, JR., 0000

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be vice admiral

VICE ADM. ROBERT J. NATTER, 0000

IN THE MARINE CORPS

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be major

JAMES R. JUDKINS, 0000

IN THE NAVY

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVAL RESERVE UNDER TITLE 10, U.S.C., SECTION 12203:

To be Captain

DEAN D. HAGER, 0000
DAVID F. SANDERS, 0000

WITHDRAWAL

Executive message transmitted by the President to the Senate on July 14, 1999, withdrawing from further Senate consideration the following nomination:

DEPARTMENT OF VETERANS AFFAIRS

KENNETH W. KIZER, OF CALIFORNIA, TO BE UNDER SECRETARY FOR HEALTH OF THE DEPARTMENT OF VETERANS AFFAIRS FOR A TERM OF FOUR YEARS, WHICH WAS SENT TO THE SENATE ON JANUARY 6, 1999.

CONFIRMATION

Executive nomination confirmed by the Senate July 14, 1999:

DEPARTMENT OF JUSTICE

Robert A. Katzmann, of New York, to be United States Circuit Judge for the Second Circuit.

EXTENSIONS OF REMARKS

INTRODUCTION OF THE PUBLIC SCHOOL CONSTRUCTION PARTNERSHIP ACT

HON. E. CLAY SHAW, JR.

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. SHAW. Mr. Speaker, today I am introducing legislation, entitled the Public School Construction Partnership Act, to help our public schools meet the need for school modernization, new classrooms and the repair of old and aging facilities.

In the 22nd Congressional District of Florida, I represent three of the fifteen largest school districts in the country—the Miami-Dade County Public School District is the nation's fourth largest school district, the Broward County School District is the nation's fifth largest, and the Palm Beach County School District is the fifteenth largest. Broward County is also the third fastest growing school district in the nation. Public school children attend classes in 296 elementary, middle and senior high schools in Miami-Dade County, 178 in Broward County, and 137 in Palm Beach County. Many classes are held in temporary classrooms. Many of the buildings are in need of repairs. The student population in the state of Florida is expected to grow 25 percent faster than the overall population. This makes the need for new school construction critical.

Public schools need new ways to raise revenue to meet the problems caused by growth and overcrowding. The financing needs faced by an urban school district may not be of the same nature or scope as those of a rural district. At the same time we need to reduce construction costs and promote school construction efficiencies to ensure that dollars are spent wisely and effectively. This bill is a meaningful step in those directions. Four different approaches to financing new public school construction and repairing older schools are provided for in this legislation.

First, the bill would allow school districts to make use of public-private partnerships in issuing private activity bonds for the construction or improvement of public educational facilities. Private activity bonds can now be issued to finance 12 types of activities such as airports, docks and wharves, qualified residential rental projects, and qualified hazardous waste facilities. It makes sense to be able to issue them for the construction and rehabilitation of public schools.

In order to qualify for the bonds, a private corporation would be required to participate in a public-private partnership with a public school district. Under the bill, a private corporation could build school facilities and lease them to the school district. At the end of the lease term the facilities would revert back to the school district of no additional consideration. Alternatively, a school district could sell their old facilities to such a corporation, which would then refurbish them, and lease the refurbished facilities back to the school district. The proceeds from the sale could then be used by the district to build new classrooms. This allows the school district to leverage investment in school facilities without having to borrow by issuing tax-exempt bonds.

The bonds would be exempt from the annual state volume caps on private activity bonds, but would be subject to their own annual per-state caps equal to the greater of $10 per capita or $5 million. This would raise more than an additional $120 million for school construction in the state of Florida. The bill leaves to the states the manner in which the per-state amount is to be allocated.

Second, the bill provides for a 4-year safe harbor for exemption from the arbitrage rules. To prevent state and local governments from issuing tax-exempt bonds and using the proceeds to invest in higher yielding investments to earn investment income (thereby earning arbitrage profits), arbitrage restrictions are placed on the use of tax exempt bonds. In the case of tax-exempt bonds use to finance school construction and renovation, the bond proceeds must be spent at certain rates on construction within 24 months of being issued. The bill would extend the 24-month period to 4 years for school bonds as long as the proceeds were spent at certain rates within this period. It is difficult for school districts to comply with the present 24-month period when funding different projects from a single issuance of bonds. The increase in the time period would give school districts greater flexibility in planning construction projects and more money with which to build and repair schools.

Tax exempt bonds issued by small governments are not subject to the arbitrage restrictions as long as no more than $10 million of bonds are issued in any year. In order to provide relief to small and rural school districts undertaking school construction and rehabilitation activities, the third approach undertaken by the bill is to raise the exemption to $15 million as long as at least $10 million of the bonds were used for public school construction.

Fourth, the bill would permit banks to invest in up to $25 million of tax exempt bonds issued by school districts for public school construction without disallowance of a deduction for interest expense. Currently, banks are allowed to purchase only $10 million without being subject to disallowance of interest expense. Banks, traditionally, have been an important purchaser of last resort of tax exempt bonds. Increasing the amount of bonds that can be purchased by banks without penalty will allow school districts to sell their bonds to banks, thereby avoiding having to incur the expense of accessing the capital markets.

This legislation offers an innovative approach to help finance the building and rehabilitation of our public schools, which activity is so vital to improving our education system. The creation of the public/private partnerships would speed up the construction of new public schools that are urgently needed. The bill gives our school districts the flexibility they need to tailor their financing needs to their individual situations.

This legislation can help our public schools to construct and repair needed facilities to educate our children, and I urge my colleagues to join me in seeking its enactment.

TRIBUTE TO JEANETTE M. MIDDLETON

HON. JOHN SHIMKUS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. SHIMKUS. Mr. Speaker, I would like to take this time to congratulate Jeanette M. Middleton of Nashville who recently received a $25,000 Milken Educator Award from founder Michael Milken at the recent Milken Family Foundation National Education Conference in Los Angeles, CA. Jeanette is a teacher at Lebanon Grade School were she implemented numerous innovations in the schools resources and ways of teaching.

Among her accomplishments at Lebanon Elementary School are: starting a science fair; incorporating a recycling program into her science classes; using proceeds from recycling to start a Critters in the Classroom Project; helping write a grant application that resulted in a $65,000 grant to start a computer lab; developing the school web site; and instructing teachers in classroom applications for technology. I am extremely grateful to Jeanette for going the extra mile to see that our children are educated to live, prosper, and grow in to the 21st century.

TRIBUTE TO BOB AND SHIRLEY SHELTON

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. McINNIS. Mr. Speaker, I would like to take this opportunity to recognize two of Colorado's remarkable citizens, Bob and Shirley Shelton of Eagle, CO. In addition to compiling an unparalleled resume of volunteerism, Mr. and Mrs. Shelton have exemplified the notion of public service and civic duty in the community of Eagle.

Mr. and Mrs. Shelton moved to Eagle in 1948 where the couple held various jobs both in the public and private sectors. Bob served seven terms on the Eagle town board and a stint as the community's mayor. Shirley's work consisted largely of secretarial services for the school superintendent and the Selective Service.

Bob and Shirley, now retired, spend much of their time volunteering or actively participating in community projects. Bob works throughout the summer as the manager of the

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

Eagle Regional Visitor Information Center. During the winter, he serves as the ambassador at the Eagle County Regional Airport—helping travelers with all their information needs.

This spring, the couple was selected as the Eagle Flight Days Parade grand marshals, an honor given to them in recognition of their outstanding services to the Eagle community. The two led off the parade on July 3.

Mr. and Mrs. Shelton's contributions and exceptional services to the community of Eagle are to be commended. The dedication and hard work they demonstrate is remarkable. The state of Colorado is privileged to have such outstanding citizens.

CONGRATULATIONS TO LT. COL. THOMAS S. BLACK, U.S. ARMY RESERVE

HON. ELLEN O. TAUSCHER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mrs. TAUSCHER. Mr. Speaker, I rise today to extend my heartfelt thanks to my constituent and friend Lt. Col. Thomas S. Black, the commander of the Parks Reserve Forces Training Area in Dublin, CA.

Lieutenant Colonel Black assumed command of Camp Parks on August 5, 1997, and has been a tremendous asset to both the Army Reservist and the surrounding community. I, and everyone who served with him at Camp Parks, owe him a huge debt of gratitude.

The bonds between Camp Parks and the surrounding community have always been strong. However, Lieutenant Colonel Black took the relationship to a whole new level with his extensive use of local contractors, his partnership with the city of Dublin on creating new soccer fields and his privatization of the camp's water and wastewater utility system. Camp Parks has truly become one of the Tri-Valley's greatest treasures.

Lieutenant Colonel Black has had a long and prestigious career in the U.S. military since his enlistment in the California National Guard in 1973. He has served in southern California, Germany, Georgia, and Texas, and along the way has earned the U.S. Army's Meritorious Service Medal, the U.S. Army's Commendation Medal, the U.S. Army's Achievement Medal, and various other service awards and ribbons.

I, like everyone else at Camp Parks and the surrounding community, am very sorry to see him leave. As a member of the Armed Services Committee, I have truly enjoyed working with him on issues important to the well-being of Camp Parks and the U.S. Army Reservist. And as the U.S. Representative of the 10th Congressional District, I have truly enjoyed the friendship I have developed with Lieutenant Colonel Black over the last 2 years.

I wish he, his wife Kathy, and his sons the best at his new assignment in Japan. Thank you again Lieutenant Colonel Black for your leadership, your support, and your service to this Nation.

HONORING G. BRUCE EVELAND, STATE COMMANDER FOR THE VETERANS OF FOREIGN WARS

HON. JIM SAXTON

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. SAXTON. Mr. Speaker, I rise before you today to recognize an organization which has served as the backbone for securing and protecting the rights of veterans of United States Armed Forces. This year, the Veterans of Foreign Wars of the United States celebrates its 100th year of providing a voice for the American military retiree. Central to the national organization's Centennial Anniversary celebration are the people who are a chief source of its success: the leaders of the local chapters.

I am fortunate enough to number among my constituents in New Jersey's 3rd Congressional District the State Commander for the Veterans of Foreign Wars, Mr. G. Bruce Eveland, a resident of Medford, New Jersey.

Mr. Speaker, I would like to take this opportunity to thank Mr. Eveland for all that he has done not only for veterans, but for his country. His persistence and hard work have ensured a better life for individuals who have certainly earned it: those men and women who have risked their lives serving the United States of America. Bruce Eveland is a tremendous asset to veterans everywhere, and, on the dawn of his homecoming celebration in Lumberton, New Jersey, I ask my colleagues in the 106th Congress to join me in recognizing his service.

A TRIBUTE TO MR. FRANK J. BALEY

HON. WILLIAM O. LIPINSKI

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. LIPINSKI. Mr. Speaker, I rise to pay my respects and honor a community leader and loyal Democrat, Mr. Frank J. Baley. Frank Baley passed away on Saturday, July 10, 1999 at the age of sixty-nine.

Frank Baley was a devoted public servant and a leader of the Village of Stickney for ten years. He began his political career as a Democratic precinct captain and later served as a member of the Stickney Library Board. In 1965, he was elected Democratic committeeman of Stickney Township and remained a member of the Stickney Township Regular Democratic Organization until his death. He was elected a trustee on the Stickney Village Board in 1966, and held that position for twenty-three years before being elected village president in 1989.

In addition to his political career, Mr. Baley was an insurance and real estate broker. He also held various positions with the Cook County assessor's office and the clerk of the Circuit Court, where he served as the director of the criminal division.

Mr. Speaker, it is my distinct honor to pay tribute to Mr. Baley. As a valuable and revered public servant and community leader, he will be greatly missed.

WINNER OF THE DISCOVER CARD TRIBUTE AWARD

HON. SOLOMON P. ORTIZ

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. ORTIZ. Mr. Speaker, I rise today to commend James A. Clark, an outstanding and innovative young man from Brownsville, Texas.

Competing with over 10,000 other applicants, James won a Silver Award in the Discover Card Tribute Award Scholarship for his outstanding contribution in the area of Trade and Technical Studies. The scholarship rewards student achievement in areas beyond academics. Winners must not only have a strong academic record, they must also possess special talents, be strong leaders, overcome personal obstacles, serve their community, and embark upon unique endeavors.

Academic success is definitely an important aspect of a young person's education. It requires hard work, interest, creativity, and discipline. However, real learning also occurs outside the classroom. A special talent cannot fully flourish without dedication and hours upon hours of practice. Leadership requires self-sacrifice and temerity; overcoming personal obstacle calls for faith and perseverance; and community service requires dedication, compassion, and unselfishness. James Clark, as a winner of the Discover Card Tribute Award, demonstrated all of these qualities.

While I am very proud of James, I know he did not do this alone. I commend his parents and his teachers for supporting and encouraging him in this proud undertaking. I especially commend the American Association of School Administrators (AASA), not only for its active participation in bringing the program into fruition, but also for its support and development of effective school leaders who ensure the highest quality in public education.

I appreciate the efforts of the private sector, like the Discover Card, who are serving a larger interest in recognizing the efforts of outstanding students. They support the AASA in its mission to prepare schools for the 21st Century by improving the condition of children and youth, connecting schools and communities, and enhancing the quality and effectiveness of school leaders.

Mr. Speaker, I ask my colleagues to join me today in applauding James Clark. He exemplifies the high level of academic success, leadership, dedication, creativity, and community service that all Americans, young and old, should emulate.

THE RADOM POST OFFICE

HON. JOHN SHIMKUS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. SHIMKUS. Mr. Speaker, I would like to take this time to call attention to the 125th anniversary of the Radom Post Office. The celebration was held on June 16th. Refreshments were served and a raffle was held at the end of the day. The post office has been a pillar of the community since it was built in 1874. Jane Restoff, the current postmaster in Radom, organized the event.

In small towns like Radom, the Post Office serves not only as a place to send letters, it is a place where the community comes together to interact. It is an important part of our heritage and must not be forgotten.

TRIBUTE TO THE LATE THEODORE ''TED'' JAMES

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. McINNIS. Mr. Speaker, it is with a great deal of sadness that I take a moment to recognize the remarkable life and significant achievements of one of Larimer County's leading businessman, Theodore ''Ted'' James. An entrepreneur and developer of Grand Lake Lodge and Hidden Valley Ski Area, Mr. James died at his home on June 8 in Estes Park, CO. While family, friends and colleagues remember the truly exceptional life of Mr. James, I too would like to pay tribute to this remarkable man.

Mr. James was a resident of Estes Park for 46 years; moving to Larimer County in 1953 to run sightseeing buses, two lodges, and a store in Rocky Mountain National Park. During his time in Estes Park, Ted was the president and manager of the Hidden Valley Ski Area, Trail Ridge Store, Grand Lake Lodge, and the Estes Park Inn.

A graduate from Greeley High School, Ted attended the University of Nebraska at Lincoln. During his college career, Mr. James received numerous football awards and was selected by Knute Rockne for the All West football team. Upon graduating college, with a bachelor's degree in business, Ted played football for the Frankfort, PA, Yellowjackets, now known as the Philadelphia Eagles of the National Football League. Many years later, Mr. James was inducted to the Nebraska Hall of Fame at Memorial Stadium.

In 1947, Mr. James was instrumental in merging the Burlington Bus Co., and American Bus Lines to create American Bus Lines in Chicago. With previous experience as the manager of the Greeley Transportation Co., Ted was immediately offered a job as the president and general manager of American Bus Lines Chicago branch.

In 1953, Mr. James was given the opportunity to develop Hidden Valley Ski Area by the Larimer County Park Service. He was a park concessionaire for Hidden Valley, Grand Lake Lodge, and the Trail Ridge Store, as well as operating the Estes Park Chalet.

Mr. James was a member of the Sigma Phi Epsilon fraternity, Scottish Right and Estes Park Knights of the Belt Buckle. He was commissioner of the Boy Scouts of America in Denver, president of Ski County USA, and member and director of Denver Country Club.

Although his professional accomplishments will long be remembered and admired, most who knew him well will remember Ted James as a hard working, dedicated, and compassionate man. I would like to extend my deepest sympathy to the family and friends of Mr. James for their profound loss.

ORACLE CORPORATION: A MODEL CORPORATE CITIZEN

HON. TOM LANTOS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. LANTOS. Mr. Speaker, I am certain that my colleagues are familiar with the extraordinary success of Oracle Corporation of Redwood Shores, California. Oracle is the world's second largest software company and the leading supplier of software for enterprise information management. Under the guidance of its visionary CEO, Larry Ellison, Oracle has pioneered the use of the Internet computing model for the development and deployment of enterprise software. The technological leadership of this outstanding company, which operates in more than 145 countries around the globe, has dramatically improved the ability of businesses to compete in our rapidly changing world.

Oracle's status as a corporate role model, however, rests on far more than its supremacy in the field of information technology. A corporate citizen of the highest order, Oracle has generously provided services and technical support to charities and social causes around the world. The company has truly made a difference.

Mr. Speaker, one recent illustration of exemplary corporate citizenship also demonstrated Oracle's information technology prowess and its application to public service. The ongoing humanitarian crisis in the Balkans, resulting from Slobodan Milosevic's campaign of ethnic cleansing in Kosova, has left hundreds of thousands of refugees with husbands separated from wives and families and parents separated from their children. Attempts to reunite these shattered families have taxed the resources of NATO and international peacekeepers, as well as United Nations refugee officials and other humanitarian organizations.

Desperate to ease the plight of lost family members, the American Red Cross turned to Oracle for an Internet-based solution. Oracle quickly responded by developing the Displaced Persons Linking System (DPLS), an innovative program which has greatly assisted relief workers in reuniting lost family members. In recent days, this technology has been used to bring together many refugees separated by the chaos of war, including a 13-year-old Kosovar refugee and her father in a Macedonian refugee camp, as well as an elderly Kosovar man in a New Jersey relief center and his son in Albania.

Mr. Speaker, Oracle's outstanding humanitarian efforts were noted by the Acting President of the American Red Cross, Steve Bullock, who said: ''The Balkan refugee crisis is enormously complex both in terms of its size and scope. Oracle's status as the world's leader in information management technology has helped us tackle this problem in a manner that will help not only Kosovar refugees and their families, but also the victims of natural disasters whom the American Red Cross traditionally has served. I can think of a few organizations better suited to helping the American Red Cross move into the new millennium than Oracle.''

Mr. Speaker, Oracle's significant contribution to the relief effort in Kosova merits the sincere gratitude and appreciation of all of us.

The development of the DPLS is only one of a multitude of charitable efforts initiated by Oracle. The Computers for Coexistence program, for example, uses the growth of Internet technology to promote peace and stability. Oracle is currently installing hundreds of network computers in Israeli and Palestinian cities, in schools and community centers, to link children of both people to the Internet and to foster communication between them. A similar effort to bridge the ''digital divide'' is also underway in Northern Ireland, offering a new avenue for bringing together Protestant and Catholic children and undermining ancient prejudices.

An additional charitable venture, Oracle's Promise, is helping to better the lives of children here at home. By providing computers to schools in low-income neighborhoods across America. Oracle has helped to create enhanced learning opportunities for over 125,000 young people in more than 1,000 classrooms all over our country. These invaluable interventions have occurred in Atlanta, Chicago, Dallas, Denver, Los Angeles, Oakland, San Francisco, Washington, DC, and many other cities. These efforts have earned Oracle the commendation of General Colin Powell in his ''America's Promise 1999 Report to the Nation.''

Mr. Speaker, Oracle employees directly assist these various programs by volunteering in communities in all corners of our great country. In addition to the thousands of volunteer hours contributed to these projects. Oracle employees devote spare time to causes ranging from Meals on Wheels to literacy tutoring, from assisting senior citizens with minor home repairs to raising money for breast cancer research. Oracle strongly encourages and helps to coordinate these efforts, reflecting this corporate citizen's genuine commitment to public service.

As America's economy grows and prospers, I hope that other companies follow Oracle's outstanding example by recognizing a corporate responsibility both to their communities and to the welfare of the less fortunate. Mr. Speaker, I am honored to represent in the Congress the international headquarters of Oracle Corporation, as well thousands of its employees in the Bay Area. I ask my colleagues to join me in commending the men and women of Oracle for their exceptional contributions to our society.

OUR CONSTITUENTS DEMAND SENSIBLE GUN SAFETY LAWS

HON. JANICE D. SCHAKOWSKY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Ms. SCHAKOWSKY. Mr. Speaker, the people of Illinois and Indiana, and in particular the residents of my district, are beginning the healing process after having suffered the violence of hate over the 4th of July weekend. I am thankful and grateful for the outstanding effort by local, state, and federal law enforcement officials in bringing the rampage to an end. I am also proud of my community for never losing faith and for having the courage to stand tall in the face of hate.

The killing and shooting spree took the lives of two men and forever changed the lives of

many others. What happened as we celebrated our Independence Day should be a wake up call to Congress to step up, fulfill its duty, and pass legislation that protects the lives of our citizens. The mad man who committed these heinous crimes bought his guns illegally from an unauthorized gun dealer. He was able to do so because the dealer just recently purchased more than sixty weapons in a short period of time. He did so for the sole purpose of selling them for profit.

We have a responsibility to protect the lives of our constituents. Congress must pass and the President must sign bills to limit the purchase of handguns to one per month and to require the registration of every handgun sold in the United States. Our constituents demand it and our children deserve it.

Following the killing spree, Mayor Richard M. Daley of Chicago wrote in the Chicago Triune about the need for Congress to immediately pass gun safety measures. The people of our state appreciate Mayor Daley's unwavering leadership on this issue. He has taken his cause to state and federal legislators and made it clear that without passing sensible gun safety legislation, we all face the consequences of gun violence.

I wholeheartedly agree. His remarks follow.

CRACKING DOWN ON VIOLENCE AND HATE

(By Mayor Richard Daley)

CHICAGO.—Last weekend Illinois and Indiana became the latest focus of violence across the country resulting from intolerance and hate.

Like all Chicagoans I am outraged by these hate-based shootings and the damage that has been done to people who were victims for no reason other than their race or religion.

There is no place in Chicago for hate, hate-related violence or anyone who promotes either. We will never let hate or the violence that flows from it divide us. When acts of bigotry and racism occur, we will stand together against them as one community and one city.

I want to commend the people of Rogers Park, Skokie, Northbrook, and communities in Downstate Illinois and Indiana for coming together and growing stronger as a result of these tragedies. These shootings are a tragic reminder that each of us has an important responsibility to protect the right of every person—irrespective of his race, religion, ethnic background or sexual orientation—to live life to the fullest, free from violence.

There is another issue raised by Benjamin Smith's actions the fundamental causes and ramifications of violence in our communities.

Right now, the Chicago police and the Englewood community are faced with a series of murders of young women. In the wake of those killings, many residents of that community don't feel safe in their own neighborhood. That is unacceptable in Chicago, and that is why the police department has deployed a special task force of investigators to solve those murders.

There are other steps we can take. Residents across the city have demonstrated that community policing can lead to safer streets.

We must also work harder to end the easy availability of guns.

Consider how Smith obtained the handguns he used. He first tried to obtain three weapons from a licensed gun dealer in Peoria Heights but failed a background check and was turned away. That shows that this part of the gun-control system is working—up to a point.

This case demonstrates the need for even stronger background-check laws. If we had a system that ensured that local authorities were alerted whenever someone who may not legally own a gun attempts to purchase one, Smith might have been stopped before he went on his rampage. Instead Smith was able to purchase his guns from a dealer who was not licensed and who had a history of indiscriminately putting guns on the street. This is the point at which the system failed. It failed for a reason I have been discussing for a long time. There is money to be made in selling guns illegally.

Currently an individual can legally purchase guns in large quantities at one time and then sell each one of them illegally for a profit. Last November I proposed state and federal legislation to make it illegal to purchase more than one gun per month. This would make it far less profitable for someone to go into the illegal-arms sales business but would not inhibit the rights of legitimate gun owners in any way. Who could possibly need to purchase more than one gun per month for hunting purposes or to protect his or her family?

We have not yet succeeded in passing this legislation and other gun-control initiatives. On behalf of the victims of the recent shootings and all the victims of gun violence in our city, we will continue our efforts until more effective gun-control measures are law. I will continue to argue that there is no reason why the state of Illinois should not license gun dealers as it does beekeepers, manicurists and taxidermists.

We can make it harder for the Smiths of this world to succeed in acting on their hate. By taking the profitability out of illegal gun sales, we can make it more likely that, once licensed gun dealers turn down their purchase requests, individuals like Smith will have nowhere else to turn to buy weapons.

HAZEL DELL FARM

HON. JOHN SHIMKUS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. SHIMKUS. Mr. Speaker, I would like to take this time to commemorate the historic Hazel Dell farm. It was the location for this years veterans' celebration in Jerseyville. The owners of the farm say it was a natural place for the celebration because the original owner of the farm, Col. William Fulkerson, fought for the Confederacy in the Civil War. His grandson died battling the Germans in World War II, and his grandson died in Vietnam.

Last year, the 1866 Fulkerson Mansion was placed on the National Register of Historic places and a brief dedication was held during which the new National Register plaque was unveiled. I am very pleased to see our community coming together to remember our veterans and take pride in our local heritage.

TRIBUTE TO JUDGE CHARLES WATKINS, JR.

HON. DANNY K. DAVIS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. DAVIS of Illinois. Mr. Speaker, I rise to pay tribute to a friend, a colleague and a tremendous public interest human being, Judge Charles Watkins, Jr., who recently passed away. Judge was much too young to die, and yet he did probably because like many other men and especially African American men, did not adequately look after his health. Judge was getting ready to retire from his position as a distinguished professor at Malcolm X College in Chicago. Judge was born in Vandalia, La. in a family of ten children. He like most of his peers was taught the value of hard work. Therefore, after high school, Judge entered the military, did his time, came out and went to college to study medical laboratory technology. He got married, and he and his wife HermaJean, had three children, Debbie, Judge C. Watkins III (Chuckie), and Carlos. Judge continued his education and eventually earned a Doctorate's Degree.

Judge had a strong work ethic and worked two and sometimes three jobs for practically all of his adult life. He worked in the blood bank at the University of Illinois, was Director of the Laboratory at the Martin Luther King, Jr. Neighborhood Health Center and developed the medical laboratory technology program at Malcolm X College where he taught for thirty years. Judge was a hardnosed union activist, helped to organize the Cook County College Teachers Union and served as its vice president for 21 years.

Notwithstanding all of his professional accomplishments, Judge was most known for his involvement in public activity and his willingness to reach out and help others.

He was a participating member of the United Baptist Church and served as chairman of the 7th Congressional District Political Action Committee and was a vice president of the Illinois Federation of Teachers. Judge was tough, tenacious and a skilled labor negotiator who could stand like a rock and not be moved. Although he had reached a high level of professional and social prominence, he lived among and worked with people in low-income communities which at one time was characterized by the Chicago Tribune as home for the permanent underclass.

He enjoyed the simple things of life, church with his family, backyard barbeques, trips back to Arkansas and Louisiana, family re-unions, poker games with the boys, interacting with his peers and students, attending community meetings or just sitting at home with his family.

Judge lived his life at the top of the class and shall always be remembered like a tree planted by the river of water. He would not be moved, he would not be compromised and he shall not be forgotten.

EXPRESSING THE SENSE OF THE HOUSE WITH REGARD TO THE UNITED STATES WOMEN'S SOCCER TEAM AND ITS WINNING PERFORMANCE IN THE 1999 WOMEN'S WORLD CUP TOURNAMENT

SPEECH OF

HON. LUCILLE ROYBAL-ALLARD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 13, 1999

Ms. ROYBAL-ALLARD. Mr. Speaker, on Saturday, in front of over 90,000 adoring fans, the United States Women's Team won the 1999 Women's World Cup. In an electrifying

match, our team defeated China with a 5 to 4 penalty kick victory.

The excellence of our team sends a powerful and positive message to the world about the importance of women's athletics and its value in building confidence, character and self-esteem for our young women.

Saturday's victory represents a first in many ways.

It was the largest women's world championship in history. Over 90,000 fans attended, a record for a women-only sporting event.

Saturday's game was the most-watched soccer game ever on network televisions.

This was the first Women's World Cup hosted by the United States. Over 30 matches were played before more than 650,000 fans in seven cities across the country.

An unprecedented 16 nations participated, signaling a growth for women's soccer throughout the world.

But Saturday's victory is important for many other reasons.

Our team helped to raise soccer and women's sports to new levels, both in America and internationally. World Cup soccer has long been the venue for male players and is the most popular sport in the world. But, the Women's World Cup and the U.S. national team in particular showed us that women's soccer and women's sports can be just as captivating, just as athletic, just as powerful, and just as competitive as men's sports.

What makes our team so special is that the U.S. women's national soccer program stands in stark contrast to many of its competitors who rely on a government-run or government-financed training system or a professional club to produce national teams.

In contrast, our American women started in community-based amateur recreational leagues, and owe much to their parents, who have steadfastly driven their daughters to weekend soccer games and summer soccer camps.

They have also relied on the high-caliber, but amateur, college sports system which provides top-notch athletic competition that, in turn, produces the top-notch athletes who can compete at this level.

Key to this college competition is the valuable role Title IX of the 1972 Education Amendments has played in first establishing, then strengthening college sports programs for women, creating opportunities both to participate and to compete at advanced levels in soccer and many other sports.

But perhaps the finest trait exemplified by the Women's World Cup, and by the performance of the American team in particular, is the quest for excellence. Whether you are a rabid soccer fan or merely a casual observer, excellence is something we all recognize.

The U.S. Team is renowned both here and around the world for its commitment to values that we can all appreciate: teamwork, sportsmanship and fair play. Their esprit d' corps has been emphasized in feature article after feature article, and has even been a distinctive theme in TV commercials over the past few weeks.

Victory is wonderful, and victory is to be commended. But as long as we pursue excellence in our lives, as the U.S. national team has demonstrated time and time again, we can all be champions.

FINANCING EDUCATION; FREEDOM AND PRIVACY RESTORATION ACT; AND GAY MARRIAGE

HON. BERNARD SANDERS

OF VERMONT

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. SANDERS. Mr. Speaker, I insert for the RECORD statements by high school students from my home State of Vermont, who were speaking at my recent town meeting on issues facing young people today. I am asking that you please insert these statements in the CONGRESSIONAL RECORD as I believe that the views of these young persons will benefit my colleagues.

FINANCING EDUCATION

(On behalf of James Lucas, Caitlin Stone-Bressor, Jesse Pixley and Kim Junior)

Kim Junior: We are talking about financing our education.

Education is a paramount concern because it affects everyone. Hilary Clinton said that it takes a village to teach a child, and it does. Currently, the United States educational system is going through a rebirth. Many states are attempting to improve their education systems. Vermont has recently shed itself of its old education system and has donned a new, more equal method. This new educational plan, led by Act 60, has helped equalize the percent a property owner is taxed towards education.

Now that the state has money coming to the schools that are in need of funding, the state, the school and the community have to decide how they want to improve their school. The consensus believes that better facilities will make better schools. They think a new gym, arts center or a classroom will make children more capable in that particular area. A new building, however, does not change students.

Jesse Pixley: Teachers are needed to change students and help them to become more educated. But to improve how educators teach is difficult.

Many teachers feel that they are not competent. In a January 29th New York Times article, William Honan said that only one in five full-time public school teachers said they felt qualified to teach in a modern classroom. This is a scary revelation. There is a definite need to enhance the qualifications of teachers and to help them gain sufficient confidence to be able to teach.

The New York Times printed an article on April 23rd telling of over 4,000 Washington teachers and educators who protested because they are not being supported in their pursuit of higher education. Deben Gruber, a special education teacher in Highland School District, said ''I can't afford to have a computer, the Internet or a newspaper anymore''. The teachers in Washington were not given the opportunity, financially, to attain a greater level of learning.

Caitlin Stone-Bressor: A recent addition for $75.9 million is being added to the $159 million that is already promised to school districts under the Education Reform Act. Of this $76 million addition, only an eighth of it will be given to teachers. The proposal also calls to give $4.2 million to school nutrition programs. While school nutrition is certainly important, America is setting its priorities in the wrong position when it gives so much to food and so little to educators.

Tenureship is also an important issue because it allows unqualified teachers to keep teaching. Established because of the frequent changes in the administration, it allowed teachers to have faith that they would be able to keep their jobs despite changes in authority. Yet the system is proven to have flaws.

James Lukas: Many teachers who are granted tenureship are not fully qualified. The school system then finds that it would cost less to keep these teachers than to get rid of them. The most prominent and meritorious suggestion to remedy this problem is having teachers paid on the basis of skill and quality, and not on seniority. The education system should be run as a private enterprise, and if a teacher is not making the standard, they should not be favored as well as the teacher who excels in his or her area.

Reform is needed to improve our education system. The current system needs to enhance teachers, special education, advanced learning, sports, arts, and all the other aspects of education to make sure Vermont's education system is as good as it can be.

FREEDOM AND PRIVACY RESTORATION ACT

(On behalf of Stacy Pelletier, Jessica Cole, Amy Clark, Sarah Kimball and Christine Miller)

Stacy Pelletier: Do you want the government of the U.S. to be able to find out any information about you whenever they want to? The proposed medical ID and the Know-Your-Customer Act make your medical information open for their viewing and allow banks and government to monitor your financial transactions. Along with these two items, social security numbers have become a huge violation of your privacy. Luckily, the Freedom and Privacy Restoration Act of 1999 looks to make your private life private again.

Jessica Cole: We agree with the Freedom and Privacy Restoration Act of 1999, which forbids the federal government from making any identifiers which can be used in investigating, monitoring, overseeing or regulating private things, like sales or transactions between U.S. citizens. One of these identifiers could be national ID cards.

If Congress doesn't take action, federal officials could soon keep citizens from traveling, getting a job, opening a bank account, or even getting medical treatment unless all their papers are in order according to the federal bureaucracy.

Amy Clark: One example of invasion of our privacy are social security numbers. These identification numbers usually have to be shown for anything from getting a job to getting a fishing license. The Freedom and Privacy Restoration Act prohibits the use of social security numbers as an identifier. In order for parents to get a birth certificate for their children and claim them as dependents, they are forced to get a security number for them. We find that this is abusing our right to privacy.

Sarah Kimball: In 1996, the Department of Health and Human Services was told to come up with a unique health identifier. Their proposed plan includes a giant database for the total medical history of every American, and a medical ID card one would have to show in order to fill a prescription, leave the country, or even check into a hotel. The police could also request to see this card at any time, and many fear that hackers would break into the medical files, destroying doctor-patient confidentiality.

Many of the problems presented are in violation of the Fourth Amendment of the Constitution, but, thankfully, the Freedom and Privacy Restoration Act would prohibit such an act and identification tool from being put into action.

Christine Miller: In conclusion, we value our privacy, which is violated by social security, medical cards, and medical IDs, and the Know-Your-Customer Act.

Congressman Sanders, can we urge you to support the legislation of the Freedom and Privacy Act in the future?

GAY MARRIAGE

(On behalf of Vera Catherine Wade, Alex Hastings, Stephanie Ladd, John Nichols and Mark Boyle)

John Nichols: As Vera already said, we are all members of the Gay-Straight Alliance at BFA. Namely, that is a group of both gay and straight people, and our main purpose is to ease some of the tensions that exist in high school life between hetero and homosexual people that is sometimes the result of perhaps ignorance and other such things that can easily be mended.

However, the reason we are here today is, when we became aware of the possibility of legislation in Vermont being suggested that would ban gay marriage, we saw that as a great concern, as infringing upon the rights of people of the homosexual persuasion.

Vera Catherine Wade: The suggested antigay marriage bills state that a valid marriage consists of a man and a woman. We believe people should have the right to marry whomever they choose. In the past, the question wasn't gender, it was race. To deny anyone the right to marry is a step backwards in equal rights to all peoples.

In addition, Who is to say what a good family is? A man and a woman in an abusive relationship can bring a child into the world without planning, and where is the child supposed to go with that? A homosexual couple have no choice but to plan.

We aren't saying that everyone should get married, and we aren't saying that it's the right thing for these people to marry; we aren't encouraging anything but the right to marry for everyone.

Mark Boyle: Another issue that's a really big problem for homosexuals in many cases is the right to insure your partner. Its okay for a man and a woman in a monogamous relationship outside of wedlock to claim people on taxes or their insurance, and yet it is not okay for homosexuals to claim a partner as a person of their family, and it's not allowed for them to get married so as to be able to include them on any type of taxes or insurance.

The issue of having somebody choose what they want to do is very at hand here. I think that a lot of people tend to stop and think of this as a moral issue, when it is more of an issue of just plain tolerance. You don't have to agree with it or disagree with it or be part of it; all that you have to do is to give people the opportunity to be Americans and to be given the rights and privileges, and the expansion of those privileges to any and all pursuits they choose, as long as it is not infringing on the rights of other humans.

FEAR AND HUNGER IN THE WAKE OF WELFARE REFORM

HON. LUIS V. GUTIERREZ

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. GUTIERREZ. Mr. Speaker, since the passage of the Personal Responsibility and Work Opportunity Act in 1996, legal immigrants have been denied access to vital health, income and nutrition assistance programs. Although the Balanced Budget Act of 1997 and the Agricultural Research, Extension, and Education Reform Act of 1998 restored some benefits to elderly, disabled, and minor immigrants who entered legally before August 22, 1996, researchers have documented a dramatic increase in extreme hunger and food insecurity among those affected by the law.

The following research memorandum was written by Amy K. Fauver, a research associate for the Washington-based Council on Hemispheric Affairs (COHA). The memo represents an elaborated version of an article which will appear in issue 19:09 of COHA's publication, the Washington Report on the Hemisphere. The article addresses the consequences of the immigrant-specific provisions of welfare reform, and demonstrates the need to restore essential benefits to immigrants who have come to the U.S. legally and have paid taxes, but in some circumstances have needed government assistance.

FEAR AND HUNGER IN THE WAKE OF WELFARE REFORM

(By Amy K. Fauver, Research Associate, Council on Hemispheric Affairs)

On August 22, 1996, President Clinton signed the ''Personal Responsibility and Work Opportunity Reconciliation Act'' (PRWORA), mandating in his own words, ''the end of welfare as we know it.'' The justification for these measures was moral and financial: welfare recipients in general ''abuse'' the system; welfare ''hurts'' people by encouraging ''dependency''; and above all, taxpayers should ''not have to foot the bill for immigrants'' who viewed the U.S. as, according to Rep. Lamar Smith (R–TX), chairman of the Subcommittee on Immigration and Claims, ''nothing more than a taxpayer-funded retirement home.'' Among the most dramatic changes were those affecting the eligibility of legal, documented immigrants for federal benefit programs. Of the $60 billion projected savings from welfare reform, approximately $24 billion—44%—was to come from cuts in social services to immigrants. 85% of these savings were from reductions in Supplemental Security Income (SSI), Medicaid, Food Stamps and Air for Families with Dependent Children (AFDC)

PRWORA PROVISIONS TARGET IMMIGRANTS

The immigrant provisions of PRWORA created new categories of distinction among immigrants based not on their legal status, but on their date of arrival in the U.S. Previously, federal means-tested benefits were available to any legally admitted immigrant on the same terms as natural and naturalized citizens after a period of deeming. PRWORA redefined immigrants as ''qualified'' or ''unqualified,'' which effectively replaced the ''legal'' or ''illegal'' dichotomy for determining entitlement, and essentially denied most legal immigrants access to benefits. Aside from emergency medical assistance and a few other programs necessary for the protection of life and safety, any benefits the newly ''unqualified'' were receiving at the time of the law's enactment were terminated. Although the majority of legal immigrants were ''qualified,'' most were nonetheless barred from SSI and Food Stamps until they were naturalized. The only exemptions were those able to prove 10 years of Social Security-qualified work history, refugees, asylees and those granted withholding of deportation (but only for their first five years in the U.S.), as well as veterans and active duty military, their spouses and dependent children.

PRWORA also distinguished between immigrants based on their date of arrival in the U.S. The ''before'' group, of those immigrants who were legally present before August 22, 1996 (this date coincides with the signing of PRWORA), were granted greater access to benefits than the ''after'' group, who arrived on or after that date. The ''after'' group was barred from benefits for their first five years in the country, except the life and safety provisions.

Pressure to amend PRWORA came from immigrant advocacy groups and President Clinton himself, who vowed to soften the immigrant provisions of PRWORA even as he signed it. The Balanced Budget Act of 1998 reinstated $11.4 billion of the $23.8 billion cut from immigrant benefits, restoring SSI benefits to most ''before'' immigrants. The legislation also extended the length of time that refugees and asylees can collect benefits from five to seven years in response to an INS backlog of over a year. This formula was intended to provide a realistic time frame in which to naturalize before benefits would be discontinued.

In June 1998, the Agricultural Act restored $818 million in food stamps to specific immigrants, including the elderly and legally present children under 18 from the ''before'' group. Although these restorations returned food stamps to approximately 250,000 immigrants, two-thirds of those previously eligible remain without such assistance. This law did not address immigrants who entered after the arbitrarily chosen cut off date.

CONSEQUENCES: FEAR AND HUNGER

Despite these attempts to soften the blow that PRWORA dealt to legally-present immigrants, it has profoundly impacted all noncitizen welfare recipients and destroyed the safety net for those not currently needing help, but who might require it in the future. A July 1998 Urban Institute study of Los Angeles County portrays a sharp decline in immigrant applications for welfare benefits even though the vast majority remained eligible under state-funded programs. This study suggests that many immigrants are not attempting to prove their eligibility partly due to confusion about the law, but especially out of fear of negative consequences. They are afraid that revealing information about their immigration status (as in the case of undocumented parents trying to collect benefits for legal immigrant or citizen children) could result in deportation or compromise future attempts to naturalize if they are labeled a ''public charge.''

These well-founded anxieties can prevent those who are aware of their eligibility from seeking benefits for themselves or for their children. PRWORA's provisions requiring public agencies to report to the INS any persons ''known to be unlawfully present'' in the U.S., have exacerbated this fear. Although public health care providers are exempt from such reporting requirement, because they are prohibited from having an official policy that they will not share immigrant status information with the INS, they cannot guarantee protection for undocumented patients. According to the Center for Public Policy Priorities in Austin, TX, ''Public health providers report that this is already having a chilling effect on the use of prenatal care, preventative care and primary care.''

One of the most egregious problems directly resulting from PRWORA has been an extraordinary increase in hunger among legal immigrants. As for the welfare reductions in general, a disproportionate share of the federal savings from Food Stamp cuts came from restricting immigrant eligibility. Prior to PRWORA, 5.2% of all Food Stamp recipients were immigrants, yet over 30% of Food Stamp cuts came from slashing immigrants benefits. Not surprisingly, many immigrants who lost benefits now are suffering. A May 1998 study by Physicians for Human Rights (PHR) tracked household hunger among legal Latino and Asian immigrants in California, Texas and Illinois. Finding 79% of

households interviewed to be food insecure, PHR called ''the cuts against individuals who are in the U.S. legally and who pay taxes. . . a serious human rights violation.'' Legal immigrant households were ten times more likely than the general population to suffer from severe hunger and one-third of immigrant households surveyed reported moderate or severe hunger caused by a lack of sufficient resources.

A similar study by the California Food Policy Advocates (CFPA) echoes these findings, but also documents an ''alarmingly high rate of hunger among children in legal immigrant households where food stamps have been cut.'' Immigrant households in Los Angeles that lost benefits were 30% more likely to experience ''food insecurity with extreme hunger'' than those that did not. In San Francisco, this number jumped to 173%, making immigrants affected by PRWORA almost twice as likely to be suffering from extreme hunger than an unaffected group. Moreover, in both cities, immigrant households with children which had lost food stamps were almost two-thirds more likely to experience serious food problems than similar households that retained complete benefits.

Although both studies were conducted prior to the Agricultural Act, CFPA's findings were shocking even though California exercised its option—unlike most states—to fill the gap with state funds for the same population that now has regained eligibility. Without further legislation, marked improvements of this nature in the future are unlikely because most of those benefiting from the restoration are immigrant children living in ''mixed'' households where ''eligible'' individuals live with others who are not. In Texas alone, there are 65,396 ''mixed'' households with approximately 9,000 legal immigrant and 145,000 citizen children. Although these children can again collect food stamps, the total resources available to the family remain low because their parents still cannot.

IS ''FAIRNESS'' IN THE FUTURE?

The Fairness to Legal Immigrants Act of 1999, recently introduced in the Senate, proposes the most extensive restoration to date and offers the first substantive opportunity to right the wrongs done to legal immigrants by PRWORA. If approved, this bill would restore food stamps to all eligible ''before'' immigrants and those otherwise qualified ''after'' immigrants who suffer domestic abuse. It would also allow states to cover all pregnant legal immigrant women and children who entered after August 22, 1996 under Medicaid and restore many health and SSI disability benefits for certain immigrants from both the ''before'' and ''after'' groups. This bill represents a significant step towards rectifying several of the most controversial outcomes of welfare reform by protecting dependent children, addressing the mixed household problem and providing essential food assistance to many needy legal immigrant families. Wholehearted support by this Congress would send a clear message to law-abiding, taxpaying immigrants that they need not fear, that they need not go hungry and that they will not be abandoned in their times of need.

HONORING ODYSSEY OF THE MIND TEAMS

HON. DALE E. KILDEE

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. KILDEE. Mr. Speaker, I rise today to recognize and honor the achievements of a group of young people who have distinguished themselves as some of the brightest in the world. On July 6, school and local officials, friends, and family, gathered to honor students from Mason Middle School and Crary Middle School, both located in Waterford, Michigan, for their success in the Odyssey of the Mind world competition, recently held in Knoxville, Tennessee.

Students from Mason Middle School placed fifth out of 58 teams in the vehicle problem category, designing a vehicle that would travel through three countries, without touching the ground, and setting off a specific event upon entering the country. Through the use of superior problem solving skills, the Mason team created a vehicle that would travel through China, Egypt, and the United States. In addition to placing fifth, the team won the Ranatra Fusca Award, the competition's highest honor for creativity.

The Mason team includes Alysse Cohen, Robert Dziurda, Tamara Haynes, Caitlin Johnson, Megan Long, and Elizabeth McGregor. Their coaches are Suzy Cohen and Robin McGregor.

Students from Crary Middle School placed sixth out of 53 teams in the environmental challenge category, creating a series of possible habitats for an animal following the destruction of the creature's original habitat, with the judges given the ability to randomly poison one of the habitats.

The Crary team includes Alex Caryl, Eric Chapman, Steve Grabowski, Brad Howell, and Jeff Ritter. The coaches were Angela and Tom Chapman.

Odyssey of the Mind teams provide a large opportunity for some of country's brightest young people to exercise their cognitive and problem-solving skills. To compete in a world competition, a team must place first in the state in their category. It is rare for more than one team from the same school district, and even more rare for them both to perform as highly as Mason and Crary has done.

Mr. Speaker, at a time when the future of our young adults is a constant concern, I am very happy to honor these students and the parents who have taken time out of their schedules to coach the teams. I ask my colleagues in the 106th Congress to join me in congratulating Mason and Crary Middle Schools.

IN RECOGNITION OF TAMARAC ELEMENTARY SCHOOL

HON. PETER DEUTSCH

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. DEUTSCH. Mr. Speaker, I rise today to celebrate the selection of Tamarac Elementary as a ''National Blue Ribbon School of Excellence.'' It is both an honor and a privilege for me to recognize this exemplary school for receiving such a distinguished award.

Since 1982, the Blue Ribbon Schools Program has celebrated many of America's most successful schools. A Blue Ribbon symbol denotes a level of educational proficiency recognized by parents and students in thousands of communities. Superior teaching, dedicated staff, and a caring environment for students are a few reasons why Tamarac Elementary has been chosen for such an exclusive award after a rigorous selection process.

Tamarac Elementary School was built in 1973 and is the only school in the city of Tamarac, Florida. The school's extraordinary devotion to educating the leaders of the 21st century is illustrated best by its mission statement: ''The mission of Tamarac Elementary is to establish an educational environment where children reach their highest potential intellectually, socially, emotionally and physically through a total commitment of school, home, and community.'' Mr. Speaker, I am sure that my colleagues will agree with me when I say that this mission statement demonstrates noble goals—goals which all schools should strive to fufill.

Tamarac Elementary has taken the Blue Ribbon Challenge and triumphed with flying colors. I wish to congratulate Principal Kathleen Goldstein and her devoted staff for this well deserved honor. This is truly an accomplishment that the entire Tarmarac community can be proud of.

PERSONAL EXPLANATION

HON. HERBERT H. BATEMAN

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. BATEMAN. Mr. Speaker, I am regrettably absent and missed 3 votes on July 12, 1999. The first vote was on the Journal and the rest were under suspension of the rules. I wish to include in the RECORD my statement as to how I would have voted had I been present.

On rollcall vote No. 277, I would have voted ''aye.'' On rollcall vote No. 278, I would have voted ''aye.'' On rollcall vote No. 279, I would have voted ''aye.''

TRIBUTE TO BRIAN BLAHA

HON. JAMES M. TALENT

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. TALENT. Mr. Speaker, I rise today to recognize an outstanding student from my district. Brian Blaha, a student from Parkway Central High School, set his sights high, and as a result, he has been named one of the 20 finalists in the 31st United States National Chemistry Olympiad.

Approximately 10,000 chemistry students nationwide competed in a series of qualifying events, organized by the American Chemical Society, for the opportunity to represent the United States. The competition included laboratory and written examinations, which covered topics typically found in third-year college curricula.

I would also like to recognize Brian's chemistry teacher Mr. Mark Schuermann whose dedication and excellence in teaching has aided in the success of his students. The achievements of Brian Blaha are an impressive reflection on his teachers.

Mr. Speaker, I am pleased to be able to recognize this extraordinary student for his achievements. Brian Blaha's success is a true reflection on not only his drive and determination, but also on the parents, family members,

and teachers who have supported his hard work and determination. Brian is an excellent example of what young people will achieve when given the opportunity.

1986 AMENDMENTS TO THE FALSE CLAIMS ACT

HON. HOWARD L. BERMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. BERMAN. Mr. Speaker, thirteen years ago, Congress passed the 1986 Amendments to the False Claims Act. They have been an enormous success.

As the principal sponsors of those amendments, Senator GRASSLEY and I are gratified to see how well they have worked. Recoveries to the United States Treasury pursuant to the False Claim Act have increased a remarkable 40-fold compared to the period before the amendments were adopted. More than $2.5 billion has been recovered to date from *qui tam* lawsuits, with half of that amount coming in the last few years. Another $3 billion in recoveries is anticipated from the pending cases the government has already joined. This exponential growth in recoveries to the Treasury is expected to continue.

The biggest payoff however has been in the deterrence of fraud. An analysis by William L. Stringer, the former Chief Economist for the U.S. Senate Committee on Budget, has estimated the deterrence attributable to the *qui tam* provisions of the False Claims Act for the first 10 years (through 1996) is $35 billion to $75 billion. He estimates that the next 10 years will produce additional savings of $105 billion to $210 billion. Indeed, many believe that the substantial reduction in Medicare outlays in recent years is due in no small part to the effect these amendments have had in curtailing fraud.

It is not an overstatement to suggest that there has been a cultural shift within companies that do business with the government. Because of the vigilance of the citizenry and the use of the *qui tam* provisions of False Claims Act, companies and entities are changing the way they do business with the government. Instead of developing strategies of ''revenue enhancement'' when dealing with the government, these same entities are developing new compliance programs to ensure that the government is not overcharged. This shift has occurred for one fundamental reason: The risks of getting caught, exposed and subjected to substantial penalties have grown tremendously as a direct result of the reinvigoration of the government's fraud enforcement caused by the 1986 amendments.

This cultural change is very much what Senator GRASSLEY and I hoped and expected would develop with the enactment of the 1986 amendments. We wanted to encourage, with appropriate incentives, the citizenry to the take us the fight against fraud perpetrated against our government. We had hoped to forge a public/private partnership to go after those who would deliberately overcharge (or underpay) the government. People who are insiders within companies and witness fraud, businesses that become aware of illegal practices by competitors, individuals who through their own investigative efforts turn up information of government overcharges (or underpayments) and, equally important, the private attorneys and law firms who work with the Justice Department and heavily invest their own time, resources, and expertise over many years these individuals, companies and attorneys have collectively turned the *qui tam* provisions of the False Claims Act into the single best example of privatization success.

In the thirteen years since the 1986 amendments were adopted, more than cases have been filed. As a result, a substantial body of False Claims law has developed.

I rise today to express the grave concerns that Senator GRASSLEY and I have about judicial decisions involving one important provisions of the law: the ''public disclosure' bar. We have reviewed with dismay opinions of many courts that have misunderstood and therefore, misinterpreted what Congress intended when in adopted this provision. The courts' interpretations of the ''public disclosure'' bar are often in conflict with each other, resulting in great confusion. Worse, taken together these decisions many discourage many good cases from being filed, threatening to seriously undermine the effectiveness of the Act.

Because of our concerns about judicial interpretation of the ''public disclosure'' bar, we wrote to Attorney General Reno to set forth our views in detail about this provisions and the various circuit court interpretations. We ask that the Department of Justice, as the government agency with primary responsibility for enforcing the False Claims Act, be especially vigilant in helping courts correctly implement the Congressional policy that underlies the ''public disclosure'' bar.

We also believe that it would be useful for courts to understand what we as the principal authors of the law intended in creating the ''public disclosure' bar.

By introducing our letter to Attorney General Reno into the CONGRESSIONAL RECORD, it is our intention to make it available to federal courts for guidance and perspective.

H.R. 2499, THE SILENT SKIES ACT

HON. ANTHONY D. WEINER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. WEINER. Mr. Speaker, the Silent Skies Act, which I am introducing along with Representatives CROWLEY, HYDE, SHAYS and fourteen other original cosponsors, is intended to expedite the implementation of the next generation of quieter airplane engines.

So many members have airports in their district and have received the same letters from constituents. Every day and every night planes pass over your constituents' homes, businesses, and schools. They interrupt all aspects of life for those who reside under flight paths. While there is little we can do about the every-growing volume of air traffic, we can ensure the planes that fly overhead are as quiet as technology will allow.

In 1990, Congress passed the Aviation Noise and Capacity Act, a measure that led to the implementation of Stage 3 aircraft and reduced noise from airplanes by 50%. By the end of this year, Stage 3 will be fully implemented and most of the U.S. commercial fleet will be in compliance with these new lower noise levels. While we recognize the contributions the airline industry has made in reducing the amount of noise coming from their aircraft, the number of flights going in and out of major airports continues to increase. Our constituents need relief.

By September 2001, the International Civil Aviation Organization will have approved international standards for Stage 4 engines. Our bill simply says that our constituents deserve relief, and they deserve it as soon as possible. The Silent Skies Act mandates a 10 year timetable, beginning in 2002, to phase in Stage 4 engines.

It is time for the Congress to take the lead again. This bill does just that. I am proud to introduce this bipartisan legislation and urge my colleagues to support this bill.

SUMMARY H.R. 2499, THE SILENT SKIES ACT

This bill expedites the implementation of Stage 4-compliant aircraft. In 1990, Congress passed the Aviation Noise and Capacity Act, a measure that led to the development and implementation of Stage 3 aircraft, and reduced aircraft noise by 50%. By the end of this year, Stage 3 will be fully implemented and most of the U.S. commercial fleet will be in compliance with these new lower noise levels. Stage 4 represents the next level of noise reduction, and would reduce airplane noise by an estimated 40%.

This bill directs the Secretary of Transportation to issue regulations establishing minimum standards for Stage 4 noise levels no later than December 31, 2001;

Directs the phase in of these new standards over a ten year period, beginning in 2002;

Directs the Secretary of Transportation to submit a report to Congress on the progress being made toward compliance with Stage 4 implementation; and

Removes the noise level exemption for supersonic civil transport aircraft.

INTRODUCTION OF THE HEALTH RESEARCH AND QUALITY ACT OF 1999

HON. MICHAEL BILIRAKIS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. BILIRAKIS. Mr. Speaker, today I am introducing, along with my colleagues, Representatives SHERROD BROWN and JIM GREENWOOD, the Health Research and Quality Act of 1999. We are introducing this bipartisan legislation to reauthorize and and redefine the mission of the Agency for Health Care Policy and Research. Our bill renames it as the Agency for Health Research and Quality (AHRQ-pronounced ''arc'').

The purpose of this new name, and the reauthorization, is to foster comprehensive improvements in our health care system. Our bill refocuses the efforts of this critical agency to support private sector initiatives. Building on its current activities, the new agency will become a key partner to the private sector in improving the quality of health cae in America.

Specifically, our bill directs the new agency to take action to improve health care quality by: Conducting and supporting research to reduce errors in medicine; supporting the Medical Expenditure Panel Survey (MEPS) and expanding its sample size to provide information on the quality of patient care; supporting research to evaluate and initiatives to advance

the use of information systems for the study of health care quality and other information initiatives; maintaining the Center for Primary Care Research and continuing primary care research; and establishing grants for regional centers to improve and increase access to preventive health care services.

We realize the importance of supporting public-private solutions to improve health care quality in our nation, and we hope that Congress will support the reauthorization of this important agency. A brief summary of the legislation follows:

SUMMARY OF THE HEALTH RESEARCH AND QUALITY ACT OF 1999—(LEGISLATION TO REAUTHORIZE THE AGENCY FOR HEALTH CARE POLICY AND RESEARCH)

PART A: ESTABLISHMENT AND GENERAL DUTIES

Redesignates the agency as the ''Agency for Health Research and Quality'' (AHRQ, pronounced ''arc''), and changes the agency head's title from administrator to ''director.'' Revises the agency's mission to emphasize its role as a partner to the private sector, with responsibility for promoting health care quality through research, synthesizing and disseminating scientific evidence, and advancing private and public efforts to improve health care quality.

Prohibits the agency from mandating ''national standards of clinical practice or quality health care standards.''

Emphasizes the agency's non-regulatory role in building the science of quality, while private and public sector purchasers and accreditation agencies set quality ''standards.''

PART B: HEALTH CARE IMPROVEMENT RESEARCH

Directs the agency to take specific action to improve the quality of health care by:

1. Identifying and disseminating methods for rating the scientific strength of research studies;
2. Conducting and supporting research, and building partnerships to support research, in order to reduce errors in medicine;
3. Supporting the Medical Expenditure Panel Survey (MEPS) and expanding its sample size to provide information on the quality of patient care;
4. Supporting research to evaluate and initiatives to advance the use of information systems for the study of health care quality and other information initiatives; and
5. Maintaining the Center for Primary Care Research and continuing primary care research.

Authorizes the Secretary of HHS, acting through the Director, to coordinate all research, evaluations, and demonstrations related to health services research and quality measurement and improvement supported by the federal government.

Requires the Secretary to contract with the Institute of Medicine to develop two reports on the organization and coordination of the quality improvement, research, and oversight activities of the federal government.

PART C: GENERAL PROVISIONS

Reauthorizes the agency's existing national advisory council and standardizes membership among the groups represented.

Directs the council to more broadly focus on overall priorities for health care research (quality, outcomes, cost, use, and access to care), the field of health services research, and identification of opportunities for public-private sector partnerships.

Increases the limit on small grants from $50,000 to $100,000 to reflect inflation.

Revises the authorization of appropriations to reflect congressional intent to increase research funding related to health care quality and improvement (authorizes $250 million in funding for FY 2000 and ''such sums as necessary'' for Fiscal Years 2001–2006).

Amends Title III of the Public Health Service Act to establish grants for regional centers to improve and increase access to preventive health care services.

THE NAVY NEEDS THE TOMAHAWK MISSILE

HON. JAMES V. HANSEN

OF UTAH

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. HANSEN. Mr. Speaker, some of you may have been surprised to learn that the Tomahawk missile is obsolete. According to a recent AP story the premier strike weapon in the Navy and the hero of Desert Storm is obsolete.

This unbelievable story not only surprised me but it surprised the Navy and the Joint Chiefs.

As late as April 20 of this year the Navy and Joint Chiefs of Staff certified a combat requirement of 4,000 Tomahawk missiles. Today, the navy has half this number.

This administration has fired over 700 Tomahawks in just the last twelve months. We have replaced zero and shut down the production line last year.

Luckily, our fine Chairman of the procurement subcommittee took this shortage head on. We added almost 900 million dollars to the supplemental and the defense authorization bills—to replace these missiles and put the Navy on track to fulfill its national security requirement.

The Navy does need Tomahawk, if you don't believe me just call them your self.

Tomahawk is the Presidential weapon of choice except when it come to the budget. Support our Chairman, support the Navy, support the Tomahawk missile and ignore the nay sayers.

PERSONAL EXPLANATION

HON. JUANITA MILLENDER-McDONALD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Ms. MILLENDER-McDONALD. Mr. Speaker, on Monday, July 12, 1999, I was detained at Los Angeles International Airport, due to aircraft equipment failure, while returning from my district and missed rollcall votes 277, 278, and 279. Had I been present I would have voted ''yea'' on votes 277 and 279. I would have voted ''present'' on vote 278.

DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES APPROPRIATIONS ACT, 2000

SPEECH OF

HON. DIANA DeGETTE

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 13, 1999

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2466) making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2000, and for other purposes.

Ms. DEGETTE. Mr. Chairman, I rise today to express my support for the amendment offered by the gentleman from California.

Mr. Chairman, we don't need any more timber roads. Construction of timber roads uses U.S. taxpayer dollars to pay for the business costs of the timber industry, and results in the degradation of soil, water quality and wildlife habitat.

We have over 440,000 miles of roads in our National Forests, the vast majority of which are for logging. If you pull out your calculator, Mr. Chairman, you'll find that 440,000 miles is enough to encircle the globe 17 times; that's ten times more road miles than we have in the Interstate Highway System.

These timber roads initiate erosion of soil, deposit sedimentation into streams, damage water quality, degrade fish habitat, fragment wildlife habitat, disrupt wildlife migration routes, and destroy the quiet beauty of our National Forests. The taxpayer ends up paying the cost for these damages—and too often the damage cannot be undone. These timber roads also give timber companies subsidized access to our natural resources. I don't think that's smart horse-trading, Mr. Chairman.

Over the recent recess I took a three-day hiking and horseback trip through some of the beautiful federal lands in my home state of Colorado. Over each hilltop, crossing each stream and river, coming across beautiful vistas, one after another—I found myself thinking what an unforgivable crime it would be to squander these resources. The next time my colleagues return to their districts, I urge them to take to the natural areas, and see first hand what I'm speaking about. I returned from my trip resolved to redouble my attempts to conserve these resources for future generations.

And I believe a good place to start is to eliminate the subsidized creation of more timber roads. I urge my colleagues to support the Miller amendment to protect roadless areas in our National Forest System.

IN MEMORIAM: KAREKIN I, CATHOLICOS OF ALL ARMENIANS

HON. FRANK PALLONE, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. PALLONE. Mr. Speaker, I rise today to pay tribute to one of the world's great religious leaders, who recently passed away.

On June 29th, Armenia's Catholicos, Karekin I, died at the age of 66. The Catholicos is essentially equivalent to the ''pope'' of the Armenian Apostolic Church. Armenia's President Robert Kocharyan declared three days of official mourning, from July 6th through the 8th. Funeral services for the Catholicos were held on July 8th in the Cathedral of Echmiadzin. The principal celebrant of the four-hour funeral rite was Aram, I, Catholicos of Cilicia, the sister Catholicosate of the Armenian Apostolic Church. Thousands of Armenians were joined by religious leaders from around the world, including the Armenian Church Patriarchs of Jerusalem and Constantinople (Istanbul). Also participating in the

funeral mass were the heads of a number of national Orthodox Churches, and Cardinal Edward Cassidy, who represented Pope John Paul II.

Messages of condolence on the passing of Karekin I have been sent to the religious and national leaders of Armenia from around the world. President Clinton stated, ''His Holiness was widely respected for his deep scholarship, deep sense of principle and his sincere devotion to the broadcast possible ecumenical dialogue.'' President Kocharian noted that Karekin I had the fortunate distinction to be one of the few Supreme Patriarchs to serve as Catholicos of All Armenians in an independent Armenia.

Last week, an Ecclesiastical Council, composed of the 49 bishops and archbishops, elected Archbishop Nerses Pozapalian as Locum Tenens to run the affairs of the Catholicosate until a new Catholicos is elected. Archbishop Pozapalian, who is 62 years old, was born in Turkey but educated in Armenia. Although the traditions of the church dictate that an election should take place after a six-month wait, a change in the rules has been proposed to permit an election before the year 2000 so that the Armenian Apostolic Church could fully participate in the Jerusalem commemorations of the second millennium of Christ's birth.

Mr. Speaker, Karekin was born in Syria in 1932, baptized as Neshan Sarkissian. He was educated at Oxford in England, and held top church positions in New York, Lebanon and Iran. He was a unique individual in the way he combined a deep reverence for one of the world's oldest religious traditions with a very modern word view. He fluently spoke Armenian, English, French, and Arabic. He was equally at home in meetings with the leaders of other religions, and with leaders of foreign governments and international institutions like the World Bank.

In 1991, Armenia—the first nation to embrace Christianity as its national religion achieved its independence from the officially atheist Soviet Union. Four years later, Karekin was elected as the 131st leader of the Armenian Church, after the death of Vazgen I, who had served for 40 years. At that point, he took up residence in the Armenian town of Echmiadzin, the seat of the Armenian Church.

Mr. Speaker, I consider myself fortunate to have had the opportunity to meet Karekin, both here in the United States, and also at Echmiadzin. He was a man of deep faith and spirituality. But he also addressed very worldly concerns, such as calling for a peaceful solution to the Nargorno Karabagh conflict and securing Armenia's place in a free and prosperous world. In what promised to be a major breakthrough in relations between different branches of Christianity, Pope John Paul II had been scheduled to visit Armenia. Unfortunately, the serious illness of the Catholicos, as well as the Pope's recent health concerns, caused that visit to be put off. As a Roman Catholic with deep concern for the Armenian people, I hope that a meeting between the leaders of these two great churches will eventually take place.

Mr. Speaker, the Armenian Apostolic Church—which will celebrate its 1,700th anniversary in the year 2001—is one of the so-called Ancient Churches of the East which split away from Byzantine Christianity before the Great Schism of 1054, which divided the Eastern and Western Churches. Christianity was brought to Armenia by the apostles Jude and Bartholomew. King Trdat III proclaimed Armenia a Christian country in AD 301, 36 years before Emperor Constantine I, the first Christian ruler of the Roman Empire, was baptized. During the many years that Armenia lived under often hostile foreign domination, the Armenian Apostolic Church was the focus of the national aspirations and identity for the Armenian people. To this day, the Armenian Church is a major focal point for all Armenians, those living in Armenia and Nagorno Karabagh, and the millions of others in the Armenian Diaspora, including more than one million Armenian-Americans.

Mr. Speaker, on this occasion, I join with the Armenian people in mourning the passing of Karekin I, a great man who leaves a towering legacy.

HONORING THE WORK OF HARRY SWAIM

HON. BART GORDON

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. GORDON. Mr. Speaker, I rise today to honor Harry Swaim and his nearly 45 years of work for the Communications Workers of America, which has a nationwide membership of more than 600,000. Harry tenure with the organization will soon come to an end, though. He has decided to retire on Aug. 7.

As a state representative for the union, Harry's invaluable experience and caring attitude helped advance the union's many worthy causes. His tireless service to the organization reveals his genuine concern about the membership. Harry truly exemplifies all that is good about organized labor. He is certainly a fixture within the CWA and will be sorely missed by the entire membership.

I have known Harry for more than 20 years and consider him a close friend. He has given me lots of good advice over the years, and I thank him for that. I congratulate Harry for his admirable and distinguished career and wish him lots of luck in future endeavors.

CREDIT FOR VOLUNTARY ACTIONS ACT—H.R. 2520

HON. RICK LAZIO

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. LAZIO. Mr. Speaker, I am introducing today legislation designed to encourage voluntary actions by industry to reduce the potential environmental problems caused by greenhouse gas emissions. The Credit for Voluntary Actions Act represents what I believe is a ''New Environmentalism''—a new way to look at how all of these groups can partner together to effect change in the way business affects the environment.

I am proud to say that with the passage of this Credit for Voluntary Actions legislation, environmental regulation will no longer be a zero-sum game. This legislation successfully combines the interests of both industry and environment in a way that is mutually beneficial and unprecedented. The major hindrance to industry cooperation in the reduction of greenhouse gases is the great uncertainty of the regulatory environment. There is a skepticism of scientific knowledge and a feeling that the high cost of pollution reduction will not be a good investment economically.

Additionally, there is no way to predict the future of global climate change or how effective reduction measures taken now will be in the long run. The current regulatory situation actually does more to discourage action than to promote environmentally-conscious activity.

The Credit for Voluntary Actions bill addresses these concerns directly. This is a voluntary program that allows a broad spectrum of U.S. business to participate in ways that make fiscal sense for them. This bill is not creating a regulatory program or buying into any international agreements. It is simply authorizing companies to reduce greenhouse gases without fear of punishment later. Many businesses have come to us and told us they would like to take actions to reduce greenhouse gas reductions but are concerned that they would be penalized in the future if they did so. Does it make sense to stop these companies from doing the right thing for the environment, and their own bottom lines? I didn't think so.

This bill is good for the environment, and good for business. What once might have been considered an anomaly, you see here as a new way to look at environmentalism for the 21st century—representatives from utilities and the oil and gas industry partnering with members of environmental groups; Democrats and Republicans—all standing unified in an understanding that we must find a way to address the issues of climate change.

There are those who are concerned that this bill will pave the way for implementation of the Kyoto Protocol. This bill is neutral on the issue of the Kyoto Protocol and does nothing to implement that accord. Nor does this bill create any other domestic regulatory regime to address the issue of climate change. The purpose of this bill is to pave the way for voluntary actions by companies who are looking at major investments today, but who worry about being penalized tomorrow. Through these voluntary actions, this bill will result in demonstrable and measurable progress on greenhouse gas emissions and the issues associated with global climate change.

This bill embraces the principles of: (1) environmental progress through market-driven approaches; (2) flexibility allowing the creativity and innovation which have created the largest economy the world has ever seen; (3) non-bureaucratic methods focusing on results not progress; and finally (4) voluntary, not mandatory, efforts allowing us to work with those that can and are willing to contribute to the solution rather than concentrating on efforts on enforcing against those who cannot. In short, this bill embraces the legislative approaches of the 21st century to address this emerging environmental issue.

I would like to elaborate on how these important principles apply to this bill. Central to this bill is the concept of tradable emission credits, a market-based approach proven in the Acid Rain provisions of the 1990 Clean Air Act. Tradable credits allow the environmental objectives to be met at lower costs. To achieve these credits, companies are not constrained by pre-conceived methods of reducing greenhouse gas emissions. Rather, they

have the flexibility to develop agreements which are tailored to their unique situation. These types of agreements have been successfully used in energy efficiency initiatives. Credits are awarded for measured reductions against a company's historic releases. This results-oriented approach which rewards environmental benefits, not regulation savyness, is similar to the Second Generation approach several of my colleagues are exploring for improving environmental performance in general. Finally, this bill, by focusing on voluntary actions to meet society's needs, mirrors the successes many of our States and localities have had in addressing a wide range of domestic issues.

I am proud to join with my esteemed colleagues in introducing this innovative legislation, and I encourage all of my colleagues in the House to support our efforts.

SECTION-BY-SECTION ANALYSIS OF BILL

SECTION 1—TITLE AND TABLE OF CONTENTS

Section 2—Purpose. To encourage voluntary actions to mitigate potential environmental impacts of greenhouse gas emissions by ensuring that the emission baselines of participating companies receive appropriate credit. These credits for voluntary mitigation actions would be usable in any future domestic greenhouse gas emission program.

The purpose is to encourage voluntary actions, not to encourage a future domestic program. The bill is not tied to Kyoto or any specific international greenhouse gas agreement. Credits would be usable in any domestic program.

Section 3—Definitions. A number of terms are defined including a number of terms specific to the carbon sequestration portion of the bill.

Section 4—Authority for Voluntary Action Agreements. This section provides the authority for entering into these agreements to the President and allows delegation to any federal department or agency.

Section 5—Entitlement to Greenhouse Gas Reduction Credit for Voluntary Action. Provides authority for credits for: certain projects under the initiative for Joint Implementation program; prospective domestic actions (includes a significantly revised sequestration); and retrospective past actions.

This section includes a third party verification provision to the past actions.

This section also includes a Congressional notification provision when the amount of credits equals 350 million metric tons carbon equivalent. This provision is designed to preserve future Congress' options.

Section 6—Baseline and Base Period. This section provides guidance on developing baselines from which reductions are measured.

Section 7—Sources and Carbon Reservoirs Covered by Voluntary Action Agreements. This section explains how sources are calculated. This bill provides provisions for dealing with a company's growth. This section allows baseline adjustments to reflect a company's increased (or decreased) output, net of the general economic growth of the country. Thus, in effect, companies with major growth are rewarded by having their baselines increased, while the environment is protected by offsets from companies which are not growing. This section also includes guidance on ''outsourcing'', where companies contract out portions of their work, thus reducing their emissions (but increasing the contractor's emissions) while increasing their production (thus raising their baselines).

Section 8—Measurement and Verification. This section provides the reporting responsibilities of participants.

Section 9—Participation by Manufacturers and Adopters of End-Use, Consumer and Similar Technologies. This section provides guidance for manufacturers of products sold to consumers, such as autos, refrigerators, and computers. Use of these products contribute substantially to the overall green house gas emissions. However, without this section, energy efficiency improvements in these areas would not be captured in the voluntary program. This section provides incentive for manufacturers of these products to increase their energy efficiency and other emission reductions efforts in the products they produce.

Section 10—Carbon Sequestration. This section provides guidance on what carbon sequestration projects qualify for voluntary action credits. This guidance is designed to ensure scientifically acceptable methods are utilized in designing these projects, as well as requirements for monitoring, reporting and verification. Credits for carbon sequestration are limited to 20% of all credits available under this act.

Section 11—Trading and Pooling. This provides authority for trading credits and arranging pooling agreements among participants. The pooling authority can provide a means for small businesses and others to participate.

Section 12—Relationship to Future Domestic Greenhouse Gas Regulatory Statute. This provision gives the companies the guarantees they need that these actions will be applicable to any future program that could be authorized by the Congress.

TRIBUTE TO FEDERAL JUDGE KENNETH K. HALL OF WEST VIRGINIA

HON. NICK J. RAHALL II

OF WEST VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. RAHALL. Mr. Speaker, I rise today to pay tribute to, and to celebrate the life of Federal Judge Kenneth K. Hall of West Virginia.

Kenneth K. Hall, who was born in Boone County, West Virginia, died at the age of 81 at his home in West Virginia after a 47 year distinguished career as a State and Federal judge. He began his service to our State and the Nation when he became a circuit judge in the county of his birth in 1952 at the age of thirty-three. He was appointed to his federal judge's post in 1971 by President Nixon.

Five years later, Judge Hall was named to the 4th U.S. Circuit Court of Appeals in Richmond, Virginia, comprised of West Virginia, Maryland, North Carolina and South Carolina.

Well-known for his humor, his wisdom, his straightforward manner and understanding of West Virginians, he is best known for the precedent-setting decision he made in 1995 when he wrote the majority decision that rejected efforts by The Citadel—a Charleston, South Carolina military college—to ban female cadets from attending the college.

The man who made the decision in the case of The Citadel, was a man who had the courage of his convictions. He had honed his skills as a Federal judge early in his career in West Virginia, when he outlawed the State's existing abortion law and presided over a violent school textbook controversy (the Kanawha County Textbook case).

He also presided over a class action lawsuit against Pittston Coal Company, over the tragic 1973 Buffalo Creek Flood which resulted in the deaths of 125 West Virginians and wiped out a small town. The lawsuit ended with a $13.5 million settlement for 625 plaintiffs.

Upon learning of his death, U.S. Senator ROBERT C. BYRD said that ''he was someone on whom I could always rely for straightforward, no-nonsense advice . . .'' This statement has been made by the many, many friends he left behind and who remember him with reverence and deep respect.

Before becoming a judge, Kenneth Hall served as Mayor of Madison in his home county of Boone, when in 1968 he ran unsuccessfully for the State Supreme Court—but he persevered and went on to serve as a hearing examiner for the Social Security Administration before his elevation to the federal bench.

Judge Hall is survived by his wife, Gerry, and his son Keller. Our thoughts and prayers go out to them, and we keep them and all West Virginians in our hearts as they mourn the loss of Judge Hall's incisive humor, his masterful storytelling, and his deep and compassionate understanding of the people he loved and served so well.

TRIBUTE TO THE LANERI FAMILY AND THE O.B. MACARONI COMPANY

HON. KAY GRANGER

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Ms. GRANGER. Mr. Speaker, I know the U.S. House of Representatives will join me in recognizing a family, company, and corporate citizen of Fort Worth who, for the past 100 years, have not only been significant contributors to the Fort Worth community and the state of Texas but have also made the best pasta this side of Italy. The Laneri family and O.B. Macaroni Company have been a cornerstone of the Fort Worth community; and, as they celebrate their 100th anniversary this year, they are doing so in grand fashion by donating thousands of pounds of pasta to those in need in North Texas and around the world. I want to take this opportunity to recognize the Laneri family, owners and managers of O.B. Macaroni Company, for their longtime contribution to the well being of the community.

An outstanding corporate citizen of Fort Worth, this family firm was founded in 1899. From the beginning, John B. (J.B.) Laneri, the family patriarch who came to Fort Worth in 1882, was the link between the company and the community.

In 1905, O.B. Macaroni Company was incorporated and J.B. Laneri became president. He was an early member of the Board of Trade, Director of the Fort Worth National Bank from 1902, and a noted philanthropist and local booster until his death in 1935. His home, built in 1921 at 902 S. Jennings Ave., is on the Texas Historical Register.

Located at the hub of the vast railroad network which reaches out of Fort Worth, the O.B. Macaroni Company shipped its popular products all across America, as well as provided secure and constant employment to the neighborhood.

The company grew; and in 1907 J.B.'s nephew, Louis Laneri, came to Fort Worth

from New York City to join the firm. The business continued to expand; and in the 1930s Louis's sons, John and Carl, went to work for the thriving pasta company.

Built on strong ties to family and community, the Fort Worth Macaroni Company became one of the leading regional pasta manufacturers and is the only company of its kind still existing in the South and Southwest.

The fourth generation of the Laneri family, Louis II and Carlo, continues the pasta operation on the south side of town. Working at the company from their teens, both returned to the family enterprise after graduating from college (Texas Wesleyan University and Stephen F. Austin University, respectively).

Louis Laneri, representing O.B. Macaroni, is a member of the Board of Directors of the National Pasta Association and a member of the DFW Grocers Association, the Food Salesman's Association, and the Food Processors Association.

Carrying on a tradition of giving back to the community, the family donates regularly to the Tarrant County Food Bank, the Women's Haven of Tarrant County, and various Fort Worth social and religious causes and programs, including education in the Roman Catholic Diocese of Fort Worth.

Once again, Mr. Speaker, I want to congratulate and thank the Laneri family and the O.B. Macaroni Company for 100 years of success. Fort Worth is a better place thanks to their family unity, hard work, and charity over the past century.

ENDING MILITARY USE OF VIEQUES AND RETURNING IT TO THE PEOPLE OF PUERTO RICO

HON. LINCOLN DIAZ-BALART

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. DIAZ-BALART. Mr. Speaker, I rise to commend the hard work of the Special Commission on the Situation of Vieques, which recently delivered its final report to the Governor of the Commonwealth of Puerto Rico. I would especially like to recognize the Honorable Anibal Acevedo Vila, who very ably served on this commission representing the Popular Democratic Party, for this tireless efforts on behalf of the people of Vieques as well as the general population of Puerto Rico.

The conclusion reached by the Special Commission is that the U.S. Navy must cease its activities on the island of Vieques and return the occupied territory to the people of Vieques as soon as possible. I am pleased to note that the Governor of Puerto Rico agreed with the report's findings and recommendations and adopted them as Administration policy.

I have reviewed the report and was very impressed by the Commission's extensive research and findings. I have the report available for Members of Congress and urge all to call me for copies, and if not for the page limit, I would publish it at this point in the CONGRESSIONAL RECORD.

Again, my congratulations to the Special Commission on the Situation of Vieques for their fine work in investigating U.S. Naval operations on the island.

CITIZENS MEMORIAL HEALTH CARE FACILITY

HON. ROY BLUNT

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. BLUNT. Mr. Speaker, I rise today to publicly congratulate the board of directors, administrative staff and employees of the Citizens Memorial Health Care Facility in Bolivar, Missouri for their outstanding vision, dedication and effort in attaining Merit Status in OSHA's Voluntary Protection Program. The 111 bed licensed skilled nursing facility located in Missouri's Seventh Congressional District joins over 400 other businesses in our nation in participation in this program. However this recognition is unique because this is the first skilled nursing care facility in the Nation to achieve this high level of safety compliance.

The designation was granted after an intensive 15 month-self study by employees at all levels followed by a rigorous five day comprehensive review visit by OSHA inspectors who found the facility to be fully in compliance with all regulations.

According to OSHA this designation means that the health and safety practices and procedures developed by CMHCF are models within the nursing care industry, and that the facility is preparing itself for even higher levels of health and safety compliance.

I would also point out that this outstanding achievement is the result of a cooperative effort between public and private entities rather than a unilateral regulatory effort on the part of a lone federal agency. To quote OSHA ''This concept recognizes that compliance enforcement alone can never fully achieve the objectives of the Occupational Safety and Health Act. Good safety management programs that go beyond OSHA standards can protect workers more effectively than simple compliance.''

This commitment to excellence in the care of its patients and employees is part of an overall culture of caring that is being recognized by a variety of outside agencies. For example, CMHCF is only one of seven facilities in the state that the Missouri Division of Aging has found to be deficiency free for six years or longer.

I express my appreciation, and that of all my colleagues, to Board President Dave Strader, Executive Director Don Babb, and Facility Administrator Jeff Miller for their leadership in bringing this national recognition to Bolivar Missouri and the Seventh Congressional District.

1999 EXCELLENCE IN BUSINESS AWARDS

HON. GEORGE RADANOVICH

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. RADANOVICH. Mr. Speaker, I rise today to congratulate the recipients of the fourth annual Excellence in Business Award for their high ethical standards, corporate success and growth, employee and customer service, and concern for the environment.

Award winners include many types of businesses from the Valley: agriculture; charities; finance; banking and insurance; health care; manufacturing; professional services; real estate and construction; nonprofit organizations; small businesses; retail and wholesale.

The 1999 Excellence in Business Award winners are: Joseph Gallo Farms-Agriculture, Big Brothers/Big Sisters of Fresno, Kings and Madera Counties Inc.-Charitable, Valley Small Business Development Corp.-Financial/Banking/Insurance, The Fresno Surgery Center-Healthcare, National Diversified Sales-Manufacturing, San Joaquin River Parkway and Conservation Trust-Nonprofit, Anthony C. Pings and Associates-Professional Services, Colliers Tingey Internatinal-Real Estate/Construction, Me-n-Ed's Pizzerias-Retail/Wholesale, McCombs and Associates-Small Business, and Samuel T. Reeves-Hall of Fame.

Mr. Speaker, I want to congratulate each of the 1999 Excellence in Business Award winners for their leadership and contributions to the community. I urge my colleagues to join me in wishing all of the recipients many more years of continued success.

TRIBUTE TO THE JOHNSON FAMILY ON THEIR 25TH REUNION

HON. DONALD M. PAYNE

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. PAYNE. Mr. Speaker, I rise to bring to the attention of my colleagues here in the United States House of Representatives a family rich in both history and tradition. I speak of the Johnson Family, who will gather on July 30th–August 1, 1999 to celebrate their 25th Annual Johnson Family Reunion.

The Johnson Family are descendants of the distinguished George Johnson of Lincolnton, Georgia. The theme for this year's reunion of the Johnson Family is ''A Strong Foundation . . . Bridge To The New Millennium.''

At a time when we constantly hear that family values are a thing of the past, the Johnson Family stands out as a shining example of the strong, enduring bonds of family. As we enter this new millennium, we indeed draw inspiration from the Johnson family and their commitment to each other and to the betterment of society.

Mr. Speaker, I call upon all of my colleagues to join me in congratulating the Johnson Family as generations young and old gather for this special occasion. May their 25th family reunion be a successful event full of happy memories which they will carry to the new millennium.

INTRODUCTION OF THE EDUCATING AMERICA'S GIRLS ACT OF 1999, H.R. 2505

HON. DALE E. KILDEE

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. KILDEE. Mr. Speaker, I am pleased to introduce The Educating America's Girls Act of 1999, or the Girls Act, along with Representatives NANCY JOHNSON, WILLIAM CLAY, CONNIE MORELLA, LYNN WOOLSEY, and many of my other colleagues today.

In 1994, I worked very closely with the American Association of University Women (AAUW) and the National Coalition for Women and Girls in Education (NCWGE) to ensure that the Elementary and Secondary Education Act (ESEA) responded to gender-related differences in educational needs in order for each student to reach his or her full educational potential. Due to the changes adopted in the 1994 ESEA reauthorization, gender equity is a major theme throughout the current ESEA including: requiring professional development activities to meet the needs of diverse students, including girls; encouraging professional development and recruitment activities to increase the numbers of women math and science teachers; having sexual harassment and abuse as a focus of the Safe and Drug-Free Schools Act; and reauthorizing the Women's Educational Equity Act (WEEA), which funds research and programs to achieve educational equity for women.

The Girls Act responds to findings in the 1998 AAUW Educational Foundation Report, Gender Gaps: Where Schools Still Fail Our Children, which identified a number of areas where the educational needs of girls are still unmet. The Girls Act seeks to prepare girls for the future by: employing technology to compensate for different learning styles and exposing technology to disadvantaged groups, including girls; reducing the incidence of sexual harassment and abuse in schools; gathering data on the participation of girls in high school athletics programs; keeping pregnant and parenting teens in school; and reauthorizing the Women's Educational Equity Act (WEEA).

Education technology, which is being increasingly integrated into the curriculum of schools, is a new arena in which we must ensure that girls are not at a disadvantage. While the gaps in math and science achievement have narrowed for girls in the past six years, a major new gender gap in technology has emerged. While boys program and problem-solve with computers, girls use them for word processing—the 1990s version of typing. Little attention has been given to how the computer technology gender gap may impact girls' and boys' educational development. We need to dismantle the virtual ceiling now, before it becomes a real-life barrier to girls' futures.

Gender Gaps found that girls, when compared to boys, are at a significant disadvantage as technology is increasingly incorporated into the classroom. Girls tend to come to the classroom with less exposure to computers and other technology, and girls believe that they are less adept at using technology than boys. Girls tend to have a more ''circumscribed, limited, and cautious'' interaction with technology than boys. Schools can assist girls in developing a confident relationship with technology by intergrating digital tools into the curriculum so girls can pursue their own interests.

Gender Gaps warned that gender differences in the uses of technology must be explored and equity issues addressed now, before bigger gaps develop as computers become an integral part of teaching and learning in the K–12 curriculum. This is especially true considering that by the year 2000, 65 percent of all jobs will require technology skills. Current law lacks assurances that federal education programs will compensate for girls' different learning styles and different exposures to technology. I believe that federal education technology programs should be designed to better prepare girls for their future careers. The Girls Act requires states and local school districts to incorporate technology requirements in teacher training content and performance standards, to provide training for teachers in the use of education technology, and to take into special consideration the different learning styles and different exposures to technology for girls.

Sexual harrassment and abuse is a serious issue for the education of women and girls and should be a focus in the broader context of safety in our schools. The vast majority of secondary school students experience some form of sexual harassment during their school lives, with girls disproportionately affected. Sexual harassment is widespread and affects female students at all levels of education, including those in elementary and secondary schools. The AAUW Educational Foundation's 1993 survey of 8th through 11th grade students on sexual harassment in schools, Hostile Hallways: The AAUW Survey on Sexual Harassment in America's Schools, shows that the vast majority of secondary school students experienced some form of sexual harassment and that girls are disproportionately affected. While data on the incidence of sexual harassment is scant, Hostile Hallways found: 85 percent of girls experienced some form of sexual harassment; 65 percent of girls who have been harassed were harassed in the classroom and 73 percent of girls who have been harassed were harassed in the hallway of their school; a student's first experience of sexual harassment is most likely to occur in 6th to 9th grade; most girls were harrassed by a male acting alone or a group of males; and 81 percent of girls who have been harassed do not report it to adults.

A 1996 University of Michigan study showed that sexual harrassment can result in academic problems such as paying less attention in class and Hostile Hallways found that 32 percent of girls do not want to talk as much in class after experiencing harassment. Thirty-three percent of girls do not want to go to school at all due to the stress and anxiety they suffered as a result of the sexual harassment. Nearly 1 in 4 girls say that harassment caused them to stay home from school or cut a class.

We know little else about the extent of sexual harassment or even the nature and extent of more serious sexual crimes in schools. The Safe and Drug-Free Schools and Communities Act (SDFSCA) requires the National Center for Education Statistics (NCES) to collect data on violence in elementary and secondary schools in the United States. However, these reports provide only a very limited picture of sexual offenses in schools because they only capture data on rape or sexual battery reported to police. Further, school crime victimization surveys do not include questions on threats or abuse that are sexual in nature.

Sexual harassment in schools is illegal, a form of sexual discrimination banned under Title IX of the Education Amendment of 1972. On the 25th anniversary of Title IX, a report by NCWGE found that less progress was made in the area of sexual harassment than in any other gender equity issue in education. NCWGE concluded that few schools have sexual harassment policies, or effectively enforce them. In addition to calling for more intensified Office of Civil Rights enforcement, NCWGE called on schools to adopt comprehensive policies and programs addressing sexual harassment.

The Girls Act affords an opportunity to greatly reduce the incidence of sexual harassment by gathering data on these often hidden offenses and providing programs to prevent sexual harassment and abuse. As 65 percent of sexual harassment in schools occurs in the classroom, the Girls Act trains teachers and administrators to recognize sexual harassment and develop prevention policies to greatly reduce incidences of sexual harassment and abuse in schools.

Equal access to education for girls means equal access to opportunities for athletic participation in our schools, particularly our high schools. Unfortunately, nationwide data measuring the participation of girls in physical education and high school athletics programs is very limited. Data on girls' participation in physical education and high school athletics programs must be collected and regularly reported by the U.S. Department of Education in order to determine whether girls are fully participating in these activities. Participation in high school athletics programs is important for girls because research has shown that it improves girls' physical and mental health. Additionally, for some girls, high school athletic participation can translate into college scholarships. However, currently there is very little data on high school athletic opportunities for girls to ensure that girls' interests are being met.

A study by the President's Council on Physical fitness and Sports recently found that girls playing sports have better physical and emotional health than those who do not. The study also found that higher rates of athletic participation were associated with lower rates of sexual activity and pregnancy. Other studies link physical activity to lower rates of heart disease, breast cancer, and osteoporosis later in life. Sports build girls' confidence, sense of physical empowerment, and social recognition within the school and community.

Many girls who participate in high school athletics programs receive college scholarships. Girls who have pursued athletic opportunities have received solid encouragement from parents, coaches, and teachers. By participating in high school athletics programs, girls increase their chances at receiving a college scholarship. For many girls, a college scholarship is the only way they can pursue higher education. The Girls Act requires the National Center on Education Statistics to collect data on the participation of high school students in physical education and athletics programs by gender.

Education is the means for all girls, including pregnant and parenting teens, to achieve economic self-sufficiency. Despite strides in making education accessible to girls, dropping out of school remains a serious problem. Five out of every 100 young adults enrolled in high school remains a serious problem. Five out of every 100 young adults enrolled in high school in 1996 left school without successfully completing a high school program. In October of 1997, 3.6 million young adults, or 11 percent of young adults between the ages of 16 and 24 in the United States, were neither enrolled in a high school program nor had they completed high school. Girls who drop out are less likely than boys to return and complete school.

Twenty-five years after the enactment of Title IX, pregnancy and parenting are still the most commonly cited reasons why girls drop out of school. The United States has the highest teen pregnancy rate of any industrialized nation. Almost one million teenagers become pregnant each year and 80 percent of these pregnancies are unintended. Two-thirds of girls who give birth before age 18 will not complete high school. Further, the younger the adolescent is when she becomes pregnant, the more likely it is that she will not complete high school. The Girls Act strengthens support for programs to keep pregnant and parenting teens in school to earn a high school diploma.

Finally, the Women's Educational Equity Act (WEEA) represents the federal commitment to helping schools eradicate sex discrimination from their programs and practices and to ensuring that girls' future choices and success are determined not be their gender, but by their own interests, aspirations, and abilities. Since its inception in 1974, WEEA has funded research, development, and dissemination of curricular materials; training programs; guidance and testing activities; and other projects to combat inequitable educational practices. The Girls Act reauthorizes WEEA.

Mr. Speaker, up to this point I have primarily focused my efforts on strengthening accountability, teacher quality, class-size reduction and school safety, but I intend to seed the incorporation of many of the Girls Act provisions in our efforts to reauthorize ESEA. By working together, we can ensure that the educational needs of both boys and girls are met in the 1999 reauthorization of the Elementary and Secondary Education Act so that the adults of tomorrow will be prepared to compete in the ever-changing global economy of the 21st century.

Mr. Speaker, I am proud to introduce the Educating America's Girls Act of 1999 today and urge my colleagues to support this important legislation.

FALSE CLAIMS ACT

HON. HOWARD L. BERMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. BERMAN. Mr. Speaker, I submit the following for the RECORD:

Hon. JANET RENO,
Attorney General of the United States,
U.S. Department of Justice,
Washington, DC.

DEAR MADAM ATTORNEY GENERAL:

As you know, we are the principal House and Senate sponsors of the 1986 Amendments to the False Claims Act, 31 U.S.C. §3729, et seq. (''the Amendments''). We have watched with pride the remarkable success of the amendments in bringing to the attention of the federal government hundreds of cases of fraud. We are particularly pleased with the qui tam provisions of the Amendments, which have resulted in cases that have returned $2.3 billion to the federal Treasury.

With dismay, however, we have watched the federal courts interpret several sections of the Amendments in ways that directly contravene Congressional intent, and, of even greater significance, discourage and foreclose potential relators from bringing meritorious cases. In particular, we are extremely concerned with the courts' crabbed interpretations of the public disclosure bar—§3730(e)(4)(A) and (B). That provision, which was drafted to deter so-called ''parasitic'' cases, has been converted by several circuit courts into a powerful sword by which defendants are able to defeat worthy relators and their claims. If this trend continues, we fear that the very purpose of the Amendments—''to encourage more private enforcement suits''—ultimately will be undermined. See S. Rep. No. 99–345, at 23–24 (1986).

Thus, we believe it is imperative that the Department of Justice (''the Department'') adopt and adhere publicly to an interpretation of the public disclosure bar that comports with the plain meaning of the statute and the Congress' obvious intent. The Department's role in this regard is critical. First, of course, the Department is often involved as a party in cases where the public disclosure bar is raised, and it is entitled and expected to make its views known. Even in cases where the Department determines not to intervene, Congress intended for the Department to be involved in monitoring cases, in part to address questions significant to the ongoing operation of the statute. See e.g. §3730(c)(3) and (c)(4). Finally, as the agency charged, in effect, with the administration of the False Claims Act, the courts are likely to accord significant deference to the Department's interpretation of the Act, and we believe the Department has an obligation to the Congress and to the courts to articulate those views.

With this letter, we intend to provide a detailed explanation of our view of the public disclosure bar, focusing in particular on some of the cases where we believe the courts have misinterpreted the law. In order to place that discussion in context, we want first to explain the origin and significance of the public disclosure bar so that the cases can be viewed in light of Congress' intent.

The public disclosure bar is intertwined inextricably with the history of the qui tam provisions of the statute. From its enactment in 1863, the False Claims Act allowed a relator to bring a qui tam action even if the Government already knew of, investigated and even criminally prosecuted the identical fraud. Such parasitic suites, made infamous in the Supreme Court's decision in Marcus v. Hess, 317 U.S. 537 (1943), allowed relators to recover if they ''contributed nothing to the discovery of this crime.'' Id. At 545. To correct that obvious inequity, Congress enacted the government knowledge bar in 1943, which prohibited qui tam suits based on information in the Government's possession. The government knowledge bar, however, was interpreted too broadly by the courts. If information about fraud was in a file somewhere in the vast federal bureaucracy, a qui tam case was barred even if the government was unaware of the information in its files or had done nothing to pursue it. Indeed, one court held that even if it was the relator him or herself who had reported the fraud to the federal government, their case was precluded on the theory that the government had knowledge of the fraud before the relator filed their case. See, e.g. United States ex rel. State of Wisconsin v. Dean, 729 F.2d 1100 (7th Cir. 1984).

The 1986 Amendment sought to restore some balance between these two extreme regimes. Unquestionably, Congress wanted to prohibit qui tam cases that merely copies a federal criminal indictment and to allow those in which the relator simply informed the government of their allegations before filing suit. But there is considerable terrain between these two poles, and it is here that the courts seem to get lost. The key to navigating the public disclosure bar successfully is understanding Congress' purpose is enacting the Amendments.

Three goals inspired the 1986 Amendments. First and foremost, Congress wanted to encourage those with knowledge of fraud to come forward. Second, we wanted a mechanism to force the government to investigate and act on credible allegations of fraud. Third, we wanted relators and their counsel to contribute additional resources to the government's battle against fraud, both in terms of detecting, investigating and reporting fraud and in terms of helping the government prosecute cases. The reward to the relator is for furthering these goals.

In reversing the old government knowledge bar, however, we wanted to continue to preclude qui tam cases that merely repackage allegations the government can be presumed already to know about because they were disclosed publicly either in a federal proceeding or in the news media. The reason is simple: if the relator simply repeats allegations that he or she heard from someone else and about which the government is already aware and taking action, the relator contributes nothing to the government's efforts to combat fraud. Accordingly, in the 1986 Amendments, we provided that a qui tam case is barred if the relator has based his or her filing upon publicly disclosed allegations unless the relator already has provided information concerning the allegations to the government before filing suit.

Certain courts have exploded this limited bar in ways that mock the very purpose and intent of the 1986 Amendments. A recent case is illustrative. In United States ex rel. Jones v. Horizon Healthcare Corp., No. 97–1635, the Sixth Circuit Court of Appeals held that Ms. Jones' qui tam action was barred because, before she filed her case, she had filed an application for unemployment insurance with the Michigan Employment Security Commission. Her application stated that she had been fired after reporting to her supervisor at Horizon HealthCare that she believed several claims prepared for submission to Medicare were false. The Court held that Ms. Jones' unemployment application was a public disclosure within the federal government prior to filing her action, her suit was barred.

In both its reasoning and its outcome, Jones strays far from the policies that underlie the public disclosure bar. First, as you know, 3730(e)(4)(A) specifically limits a public disclosure to ''allegations or transactions'' disclosed in a ''criminal, civil, or administrative hearing, in a Congressional, administrative, or Government Accounting Office report, hearing, audit or investigation, or from the news media.'' That list is exclusive, as many of the courts to have considered the question agree. See U.S. ex rel. Dunleavy v. County of Delaware, 123 F.3d 734, 744 (3rd. Cir. 1997) (recognizing the ''prevailing view is that this list constitutes an exhaustive rendition of possible sources.'') Only an absurdly broad definition of an ''administrative hearing'' would put an application for unemployment insurance on that list. And Congress did not intend to enact absurdities.

We did intend, and any fair reading of the statute will confirm, that the disclosure must be in a federal criminal, civil or administrative hearing. Disclosure in a state proceeding of any kind should not be a bar to a subsequent qui tam suit. The reason is grounded in the history of the FCA and the policies underlying the 1986 Amendments that we just reviewed. One thing is common to the law throughout its history. It was the Federal Government's knowledge of fraud that triggered the government knowledge bar; it was the federal government's indictment in Marcus v. Hess that formed the basis of the parasitic suit. Thus, when it enacted the public disclosure bar in 1986, Congress

was concerned about what the federal government knew about fraud, that is, whether the federal government had in its possession sufficient information to investigate and pursue allegations of fraud, and whether that information was sufficiently publicized so that the federal government would be forced to act or explain why it chose not to act. As was noted in the Senate Report on the Amendments: ''Unlike most other types of crimes or abuses, fraud against the Federal Government can be policed by only one body—the Federal Government.'' S. Rep. 99–345 at 7. To suggest that Congress was concerned with disclosure to anyone other than the federal government when it enacted the public disclosure bar is to ignore history. And to suggest, as the Sixth Circuit held in Jones, that disclosure of fraud to a state agency on an application for unemployment is likely to alert the federal government to fraud is to ignore common sense.[1]

Unfortunately, Jones is by no means an isolated example. U.S. ex rel. Fine v. Advanced Sciences, Inc., 99 F.3d 1000 (10th Cir. 1996) is an equally egregious example of judicial overreaching. In Advance Sciences, the Tenth Circuit held, first, that the listed sources in §3730(3)(4)(A) were not the exclusive means of public disclosure—a holding which, as we have noted already, is simply wrong. The Court went on, however, to hold that a public disclosure occurs whenever the allegations or transactions are provided to any member of the public who is a ''stranger to the fraud.'' In Mr. Fine's case, the stranger was a representative of the American Association of Retired Persons counseling Mr. Fine with respect to a potential age discrimination claim. By public disclosure, we meant disclosure to the public at large, not just one member of the public and certainly not to a confidential counselor. U.S. ex rel. John Doe v. John Doe Corp., 960 F.2d 318 (2nd Cir. 1992), reached a similarly untenable result, holding that disclosure of a government investigation of fraud to the employees of the defendant corporation was during their interviews with government investigators a public disclosure within the meaning of the False Claims Act.

Finally, in this regard, we want forcefully to disagree with cases holding that qui tam suits are barred if the relator obtains some, or even all, of the information necessary to prove fraud from publicly available documents, such as those obtained through a Freedom of Information Act (FOIA) request. See ex rel. Schumer v. Hughes Aircraft Co., 63 F.3d 1512, 1520 (9th Cir. 1995), (finding that a public disclosure would occur only if the relator makes a FOIA request and receives the information requested). We believe that a realtor who uses their education, training, experience, or talent to uncover a fraudulent scheme from publicly available documents, should be allowed to file a qui tam action. Cases such as U.S. ex rel. Stinson, Lyons, Gerlin & Bustamante, P.A. v. Prudential Ins. Co., 944 F. 2d 1149, 1150 (3rd Cir. 1991), which held that a ''relator must possess substantive information about the particular fraud, rather than merely background information which enables a putative relator to understand the significance of a publicly disclosed transaction or allegation [,]'' undermine Congress' explicit goals. If, absent the relator's ability to understand a fraudulent scheme, the fraud would go undetected, then we should reward relators who with their talent and energy come forward with allegations and file a qui tam suit.[2] This is especially true where a relator must piece together facts exposing a fraud from separate documents.

The consequences of these decisions are alarming. Fraud may well go unpunished and, as a practical matter, undetected. Relators, like Ms. Jones, who are fired from their jobs because they blew the whistle on fraud and then take the not unreasonable step of applying for unemployment insurance will be told by their lawyers that their qui tam case is barred. Congress never intended to force relators to choose between filing a qui tam case and providing for themselves and their families.

The Jones case highlights one aspect of the public disclosure bar that has been widely misinterpreted by the courts—the question of what constitutes public disclosure. Unfortunately, other issues involving the public disclosure bar also need to be addressed. A second issue concerns how much information needs to be disclosed in order to constitute a disclosure of ''allegations or transactions.'' On this question, some, but by no means all, of the courts have held appropriately that in order to trigger the bar, the disclosure must include all of the essential elements of the fraud against a specifically identified defendant. As the Eleventh Circuit observed in U.S. ex rel. Cooper v. Blue Cross and Blue Shield, 19 F. 3d 562, 566 (11th Cir. 1994): ''Requiring that allegations specific to a particular defendant be publicly disclosed before finding the action potentially barred encourages private citizen involvement and increases the changes that every instance of specific fraud will be revealed. To hold otherwise would preclude any qui tam suit once widespread—but not universal—fraud in an industry was revealed.'' See also U.S. ex rel. Lidenthan v. General Dynamics Corp., 61 F. 3d 1402 (9th Cir. 1995) cert. denied 517 U.S. 1104 (1996) (disclosures that make no mention of specific defendant insufficient to invoke bar).[4]

Not only must the particular defendant be identified, so too must all of the elements necessary to bring a fraud action. As the D.C. Circuit explained in U.S. ex rel Springfield Terminal Ry Co. V. Quinn, 14F.3d 645 (D.C. Cir. 1994), ''Congress sought to prohibit qui tam actions only when either the allegation of fraud of the critical elements of the fraudulent transaction themselves were in the public domain.'' Bits and pieces of information about a defendant and some of its actions—even when publicly disclosed—rarely add up to an allegation of fraud. There must be ''enough information * * * in the public domain to expose the fraudulent transaction.'' U.S. ex rel. Rabushka v. Crane Co., 40 F.3d 1509, 1513–14 (8th Cir. 1994) quoting Springfield, 14 F.3d at 65. To hold otherwise, as some courts have, would undermine the stated purposes of the False Claims Act.

''Embracing too broad a definition of 'transaction' threatens to choke off the efforts of qui tam relators in their capacity as 'private attorneys general.' By allowing [qui tam] complaint[s] to proceed beyond the jurisdictional inquiry, we help ensure that private actions designed to protect the public fisc can proceed in the absence of governmental notice or potential fraud. This is not the type of case that Congress sought to bar, precisely because the publicly disclosed transactions involved do not raise such an inference of fraud.''—Id., at 1514.

The last issue we want to raise with respect to public disclosure concern the ''original source'' exception to the bar. The public disclosure bar applies ''unless the action is brought by the Attorney General or the person bringing the action is an original source of the information'' 31 U.S.C. §3730(e)(4)(A). Section 3730(e)(4)(B) defines ''original source'' as a relator with ''direct and independent knowledge of the information on which the allegations are based who has voluntarily provided the information to the Government before filing an action under this section which is based on the information.'' This provision, too, is a source of considerable confusion and controversy in the courts. Again, however, what Congress intended when it drafted the original source exception is easy to discern both from the statute itself and from its legislative history.

First, the language of the statute makes plain that by ''original source,'' Congress meant an original source of information provided to the government and did not, as some courts have held, add an additional requirement that the relator also be the original source of the public disclosure that triggers the bar. See, e.g. U.S. ex rel. *Dick* v. *Long Island Lighting Co.*, 912 F.2d 13 (2d Cir. 1990); U.S. ex rel. *Wang* v. *FMC Corp.*, 975 F.2d 1412, 1418 (9th Cir. 1992). There is no statutory nor logical linguistic connection between an original source and the public disclosure that triggers the bar. Of course, a relator could be an original source of the information publicly disclosed, if the relator first provided the information to the Government.

Nor is there any policy rationale that would justify such an interpretation of the original source provision. When Congress enacted the original source provision, we had in mind a scenario where an individual reports fraud to the government and then there is a subsequent public disclosure of the allegations or transactions before that person has filed a qui tam complaint. The disclosure could be, for example, a criminal indictment brought by the Government as a result of the relator's information. It could also be a press story, based on a leak from a Government investigation or an enterprising reporter's investigative skills. Under these circumstances, the relator would not be barred from bringing a qui tam case. To the contrary, he or she should be rewarded for bringing to the Government information about the fraud.

Defendants have also sought the dismissal of relators by urging that ''direct and independent knowledge'' somehow requires the relator to be an eyewitness to the fraudulent conduct as it occurs. To the contrary, as the Eleventh Circuit concluded in *Cooper* v. *Blue Shield of Florida, Inc.*, 19 F.3d 562 (1994) a relator's knowledge of the fraud is ''direct and independent'' if it results from his or her own efforts. For example, a relator who learns of false claims by gathering and comparing data could have direct and independent knowledge of the fraud, regardless of his or her status as a precipitant witness.

In light of these policies, it should not be surprising that we support emphatically the courts that have held that §3730(e)(4)(B) does not require that the qui tam relator possess direct and independent knowledge of ''all of the vital ingredients to a fraudulent transaction.'' Springfield, 14 F.3d at 656–57. As Representative Berman explained, ''A person is an original source if he had some of the information related to the claim which he made available to the government . . . in advance of the false claims being publicly disclosed.'' 132 Cong. Rec. 29322 (Oct. 7, 1986).

In closing, we want to urge you to consider seriously the Department's obligation to shape the courts' interpretation of the False Claims Act. We are frankly troubled by the fact that the majority of cases confronting the public disclosure bar are cases in which the Department has not intervened and in which there is no reference at all to the Department's views. To us, it appears that the courts take the Department's decision not to intervene in a case as a verdict on the merits of the relator's claims and are using the public disclosure bar in order to dismiss the case quickly. Even if some of those cases should be dismissed on the merits, we cannot countenance a tortured interpretation of the public disclosure bar to reach a desired result.

Footnotes appear at end of letter.

Moreover, if the public disclosure provisions continue to be misinterpreted, relators and their counsel will be deterred from filing truly meritorious claims.

Further, not all of the cases in which the public disclosure bar is raised are those in which the government has declined to intervene. Defendants make public disclosure motions after the government has joined a case, and they do so for only one reason: to deprive the government of the resources that relators and their counsel bring to the case. Yet in those cases, too, the Department is typically silent, refusing to take a position on the public disclosure issue. That stance, too, may well undermine Congress' expressed intent.

One of the principal goals of the 1986 Amendments was to ameliorate the ''lack of resources on the part of Federal enforcement agencies.'' S. Rep. 99–345 at 7. That was one of the reasons we strengthened the qui tam provisions of the law. Thus, we expected some meritorious cases to proceed without the Government's intervention, and we fully expected that the Government and relators would work together in many cases to achieve a just result. By dismissing relators based on spurious interpretations of the public disclosure bar, the courts are depriving the government of these additional resources. And those resources have been considerable. In numerous cases, relators and their counsel have contributed thousands of hours of their time and talent and spend hundreds of thousands of their own dollars investigating and pursuing their allegations. The Department must act to protect those resources, even in cases where it has not intervened. When a question of statutory interpretation arises, particularly with respect to the public disclosure bar, the Department must make its views known to the court. As we stated emphatically at the time the Amendments were adopted, Congress enacted the Amendments based on the belief that ''only a coordinated effort of both the Government and the citizenry will decrease this wave of defrauding public funds.'' We continue to hold that view.

Sincerely,

HOWARD L. BERMAN,
Member of Congress.
CHARLES E. GRASSLEY,
U.S. Senator.

FOOTNOTES

[1] The same is true for civil complaints filed in state court or discovery obtained as a result of state court proceedings, which several Circuits have held constitute public disclosures within the meaning of §3720(3)(4)(A). See e.g. U.S. ex rel. *Kreindler & Kreindler* v. *United Technologies Corp.*, 985 F.2d 1148, 1158 (2d Cir.), *cert. denied,* 113 S.Ct. 2962 (1993) (holding that discovery materials contained in unsealed court records was ''publicly disclosed''); U.S. ex rel. *Stinson, Lyons, Gerlin & Bustamante* v. *Prudential Ins. Co.,* 944 F2d 1149, 1155–56 (3d Cir. 1991) (holding that the disclosure of discovery material—even if not filed in court—constitutes a public disclosure). We believe those cases are wrongly decided. Disclosure of fraud in a state court proceeding, even a state criminal proceeding, is unlikely to get to the attention of the federal government, unless it is publicized in the news media, a contingency the public disclosure bar addresses.

[2] Some courts do get it right. In U.S. ex rel. *Fallon* v. *Accudyne Corp.,* 921 F.Supp. 611 (W.D. Wisc. 1995), the court held that an audit report produced by a state agency did not constitute a public disclosure. ''Under these circumstances there is no reason to believe that the United States would become aware of such information.'' *Id.,* at 625.

[3] Senator Grassley made a similar comment during the debate on the 1986 Amendments: ''The publication of general, non-specific information does not necessarily lead to the discovery of specific, individual fraud which is the target of the *qui tam* action.'' False Claims Act Implementation: Hearing Before the Subcomm. On Admin. Law and Gov. Relations of the House Comm. On the Judiciary, 101st cong. 6 (1990) Statement of Senator Grassley.

PRESCRIPTION DRUGS

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Ms. Lee. Mr. Speaker, I rise to today in strong support of the President's plan to modernize and strengthen Medicare for the 21st century. This proposal will create an affordable prescription drug benefit program that will expand the accessibility and autonomy of all Medicare patients.

Currently, Medicare offers a very limited prescription drug benefit plan for the 39 million aged and disabled persons obtaining its services. Many of these beneficiaries have to supplement their Medicare health insurance program with a private or public health insurance in order to cover the astronomical costs not met by Medicare. Unfortunately, most of these plans offer very little drug coverage if any at all. Therefore, Medicare patients across the U.S. are forced to pay over half of their total drug expenses out-of-pocket. Due to these circumstances, patients do not get the adequate medication needed to successfully treat their conditions.

In 1995, we find that persons with supplementary prescription drug coverage used 20.3 prescriptions per year compared to 15.3 for those individuals lacking supplementary coverage. The patients without supplementary coverage are forced to compromise their health because they cannot afford to pay for the additional drugs they need. The quality and life of these individuals continues to deteriorate while we continue to limit their access to basic health necessities. The President's measure will tackle this problem by allowing our patients to purchase prescription drugs at a lower price.

Why should our patients have to continually compromise their health by being forced to decide which prescription drugs to buy and which drugs not to take, simply because of budgetary caps that limit their access to treat the health problems they struggle with? These patients cannot afford to pay these burdensome costs. We must work together to expand Medicare by making it more competitive, efficient, and accessible to the demanding needs of our patients. The federal government is expecting a surplus of $2.9 trillion over the next 10 years. By investing directly in Medicare, we choose to invest in the lives, health, and future of our patients.

The House Committee on Government Reform conducted several studies identifying the price differential for commonly used drugs by senior citizens on Medicare and those with insurance plans. These surveys found that drug manufacturers engage in widespread price discrimination, forcing senior citizens and other individual purchasers to pay substantially more for prescription drugs than favored customers, such as large HMOs, insurance companies, and the federal government.

According to these reports, older Americans pay exorbitant prices for commonly used drugs for high blood pressure, ulcers, heart problems, and other serious conditions. The report reveals that the price differential between favored customers and senior citizens for the cholesterol drug Zocor is 213%; while favored customers—corporate, governmental, and institutional customers—pay $34.80 for the drug, senior citizens in the 9th Congressional District may pay an average of $109.00 for the same medication. The study reports similar findings for four other drugs investigated in the study: Norvase (high blood pressure): $59.71 for favored customers and $129.19 for seniors; Prilosec (ulcers): $59.10 for favored customers and $127.30 for seniors; Procardia XL (heart problems): $68.35 for favored customers and $142.21 for seniors; and Zoloft (depression); $115.70 for favored customers and $235.09 for seniors. If Medicare is not paying for these drugs, then the patient is left to pay out-of-pocket. Numerous patients are forced to gamble with their health when they cannot afford to pay for the drugs needed to treat their conditions. Every day, these patients have to live with the fear of having to encounter major medical problems because they were denied access to prescription drugs they could not afford to pay out of their pocket. Often times, senior citizens must choose between buying food or medicine. This is wrong.

Many Medicare patients have significant health care needs. They are forced to survive on very limited resources. They are entitled to medical treatments at affordable prices. The President's plan will benefit 31 million patients each year. This plan will address many of the problems relating to prescription drugs and work to ensure that patients have adequate access to their basic health needs. Let's stop gambling with the lives of Medicare patients and support this plan to strengthen and modernize Medicare for the 21st century.

TRIBUTE TO VIKKI BUCKLEY

HON. BOB SCHAFFER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 14, 1999

Mr. SCHAFFER. Mr. Speaker, I rise today to recognize the life and contributions of Vikki Buckley, Colorado's Secretary of State, who passed away this morning after suffering an apparent heart attack on Tuesday. Quoting a friend of hers, ''Vikki's no longer in the hands of doctors. She's now in the arms of God.''

Vikki, who proudly proclaimed herself to not be a hyphenated American, but a proud American. She held the distinction of being the first Black Secretary of State and the first Black Republican woman elected to a statewide constitutional office. Winning her first election by 57 percent to 36 percent in 1994, she was reelected last November. Running for office for the first time, Vikki was selected for the Republican ballot after defeating several opponents at the Colorado Republican State Assembly in 1994. She distinguished herself from her opponents when she stood up and delivered one of the best speeches I've had the pleasure of hearing.

An outspoken conservative, Vikki served as the state's chief election official and traveled around the state and country continuing to speak out on varying issues of importance to her, enduring the wrath of liberals. Most recently, she gave the opening remarks at the National Rifle Association's annual meeting in Denver, CO. Her speech has been acknowledged nationwide and most insightful concerning the heart of humanity and the preservation of the entire Constitution of the United States, including the Second Amendment.

Mr. Speaker, I hereby submit Vikki's speech for the record.

WELCOMING REMARKS OF THE COLORADO SECRETARY OF STATE MS. VIKKI BUCKLEY

Good morning! I greet you as Secretary of State of Colorado and I welcome you to Colorado, a state where some of us believe strongly in the entire Constitution of these United States, including the Second Amendment.

Isn't it ironic that many who would run you out of town would themselves be unable to even vote had we as a nation not honored all provisions of the United States Constitution?

To them I say—shame on you!

I stand before you today as one who has worked closely with the family of Isaiah Shoels. Isaiah was the Columbine High School student who was killed in part because of the color of his skin.

I must agree with Isaiah's father Michael who has stated that guns are not the issue. Hate is what pulls the trigger of violence.

We are witnesses to new age hate crimes which we must eliminate if we are to remain the greatest nation on earth.

What is a new age hate crime?

When our children leave for school without a value system which places a premium on human life—we are accessories to a new age hate crime.

Parents, when you raise your children and send them to school without a value system which teaches the difference between right and wrong; then parents, we have committed a new age hate crime.

I say to those who run our schools, when you allow children to graduate who are technologically and functionally illiterate—you have committed a new age hate crime because those children are destined to be economically tortured to death as though they had been chained and dragged behind a pickup truck in Jasper, Texas.

Those who would run the NRA out of town need to look at our own children who are engaging in irresponsible sex and having children they cannot take care of. Such irresponsible sex is a new age hate crime—raise as much heck about that as you do the NRA and you will save more lives in 5 years than are taken with guns in a century.

If we allow the language of hate in our homes—when terms such as ''nigger'' are freely used then we are laying the foundation for new age hate crimes. The language of hate must be challenged.

Just before a skinhead gunned down a black man on a downtown Denver street last year he asked, ''Are you ready to die, nigger?'' Columbine eyewitness accounts reveal that just before Isaiah's killers fired they asked, ''Where is that little nigger?'' The language of hate must go.

Now I know that some of what I say here today can make some of us squirm a little bit. We are all guilty of harboring some prejudices and stereotypes. But it is when we are most uncomfortable about addressing an issue that we become so close to real problem solving.

People we can do better. I am not a hyphenated American. I am an American. That is why I know we can do better.

I find it difficult to discuss—but I have been a victim of a gun-shot wound. I know first hand the pain and fear—but that experience has not made me an opponent of the NRA or the Second Amendment.

That is why I stand before you today and ask you to join me and commit NRA resources to combat violence and hate. I am not talking a slick PR campaign, I am talking about a programmatic approach designed to combat violence and hate. I will be in touch to make this proposal a reality.

Together, we can work for a living memorial to those who perished at Columbine. But we must stand ever strong against those who would ignore sections of the U.S. Constitution which they do not like. We are a strong democracy because the guiding principles of our Constitution and all of its amendments including the Second must be adhered to in its entirety, not selectively.

Thank you and God bless America.

Vikki, the mother of three sons and the grandmother of two, was once on welfare to support her children. She left public welfare 25 years ago when she became a clerk typist in the Secretary of State's office, the office which she eventually directed as Secretary of State. She attended Heritage Christian Center and was a board member of Project Heritage. She was a founding member and director of the Colorado Stand Up for Kids Organization, and mentored young ladies in the nonprofit organization Empowering Young Ladies for Excellence, and spoke to international women's organizations regarding bridging differences to make a stronger global community. She has worked to help homeless kids and has worked tirelessly in the cause of stopping youth and gang violence.

Vikki was twice featured in significant publications, the December 1995 Ladies Home Journal—''Against all Odds'', and Atlantic Monthly, 1996, ''America's Conservative Women.'' She received numerous awards including the Political Award from National Federal of Black Business Women and numerous ''Breaking through the Glass Ceiling'' awards.

Mr. Speaker, I thank you for giving me the opportunity to share a snapshot of Vikki Buckley's life and the contributions she has made to the state of Colorado and this Nation. Our lives have been enriched for having known Vikki.

SENATE COMMITTEE MEETINGS

Title IV of Senate Resolution 4, agreed to by the Senate on February 4, 1977, calls for establishment of a system for a computerized schedule of all meetings and hearings of Senate committees, subcommittees, joint committees, and committees of conference. This title requires all such committees to notify the Office of the Senate Daily Digest—designated by the Rules committee—of the time, place, and purpose of the meetings, when scheduled, and any cancellations or changes in the meetings as they occur.

As an additional procedure along with the computerization of this information, the Office of the Senate Daily Digest will prepare this information for printing in the Extensions of Remarks section of the CONGRESSIONAL RECORD on Monday and Wednesday of each week.

Meetings scheduled for Thursday, July 15, 1999 may be found in the Daily Digest of today's RECORD.

MEETINGS SCHEDULED

JULY 16

9 a.m.
Energy and Natural Resources
To resume oversight hearings to examine damage to the national security from alleged Chinese espionage at the Department of Energy nuclear weapons laboratories.
SD–366

10 a.m.
Judiciary
Administrative Oversight and the Courts Subcommittee
To hold hearings on S. 253, to provide for the reorganization of the Ninth Circuit Court of Appeals; and review the report by the Commission on Structural Alternatives for the Federal Courts of Appeals regarding the Ninth Circuit.
SD–628

JULY 20

9:30 a.m.
Health, Education, Labor, and Pensions
To resume hearings on proposed legislation authorizing funds for programs of the Elementary and Secondary Education Act, focusing on improving use of funds.
SD–430

Environment and Public Works
Fisheries, Wildlife, and Drinking Water Subcommittee
To hold hearings on the habitat conservation plans.
SD–406

Governmental Affairs
Investigations Subcommittee
To hold hearings to examine deceptive mailings and the need for legislation to curb the deceptive practices used in the sweepstakes, skill contests and government look-alike mailings.
SD–342

10 a.m.
Budget
To hold hearings to review the President's budget for fiscal year 2000.
SD–608

11 a.m.
Foreign Relations
To hold hearings on the nomination of A. Peter Burleigh, of California, to be Ambassador to the Republic of the Philippines and as Ambassador to the Republic of Palau; the nomination of Robert S. Gelbard, of Washington, to be Ambassador to the Republic of Indonesia; the nomination of M. Osman Siddique, of Virginia, to be Ambassador to the Republic of Fiji, and as Ambassador to the Republic of Nauru, Ambassador to the Kingdom of Tonga, and Ambassador to Tuvalu; and the nomination of Sylvia Gaye Stanfield, of Texas, to be Ambassador to Brunei Darussalam.
SD–419

2:30 p.m.
Energy and Natural Resources
Forests and Public Land Management Subcommittee
To hold hearings on S. 729, to ensure that Congress and the public have the right to participate in the declaration of national monuments on federal land.
SD–366

Aging
To hold hearings to examine the effects on drug switching in Medicare managed care plans.
SD–106

JULY 21

Time to be announced
Intelligence
To hold closed hearings on pending intelligence matters.
SH–219

9:30 a.m.
Indian Affairs
To hold hearings on S. 985, to amend the Indian Gaming Regulatory Act.
SD–106

Armed Services
To hold hearings on the nomination of F. Whitten Peters, of the District of Columbia, to be Secretary of the Air Force; and the nomination of Arthur L. Money, of Virginia, to be an Assistant Secretary of Defense.
SR–222

Environment and Public Works
Fisheries, Wildlife, and Drinking Water Subcommittee
To continue hearings on the habitat conservation plans.
SD–406

10 a.m.
Budget
To continue hearings to review the President's budget for fiscal year 2000.
SD–608

Judiciary
To hold hearings on combatting methamphetamine proliferation in America.
SD–628

2 p.m.
Energy and Natural Resources
Forests and Public Land Management Subcommittee
To hold hearings on S. 1184, to authorize the Secretary of Agriculture to dispose of land for recreation or other public purposes; S. 1129, to facilitate the acquisition of inholdings in Federal land management units and the disposal of surplus public land; and H.R. 150, to amend the Act popularly known as the Recreation and Public Purposes Act to authorize disposal of certain public lands or national forest lands to local education agencies for use for elementary or secondary schools, including public charter schools.
SD–366

Judiciary
Criminal Justice Oversight Subcommittee
To hold oversight hearings on Federal asset forfeiture, focusing on its role in fighting crime.
SD–628

JULY 22

Time to be announced
Intelligence
To hold closed hearings on pending intelligence matters.
SH–219

9:30 a.m.
Environment and Public Works
To hold hearings on S. 835, to encourage the restoration of estuary habitat through more efficient project financing and enhanced coordination of Federal and non-Federal restoration programs; S. 878, to amend the Federal Water Pollution Control Act to permit grants for the national estuary program to be used for the development and implementation of a comprehensive conservation and management plan, to reauthorize appropriations to carry out the program; S. 1119, to amend the Act of August 9, 1950, to continue funding of the Coastal Wetlands Planning, Protection and Restoration Act; S. 492, to amend the Federal Water Pollution Act to assist in the restoration of the Chesapeake Bay; S. 522, to amend the Federal Water Pollution Control Act to improve the quality of beaches and coastal recreation water; and H.R. 999, to amend the Federal Water Pollution Control Act to improve the quality of coastal recreation waters.
SD–406

10 a.m.
Foreign Relations
Near Eastern and South Asian Affairs Subcommittee
To hold hearings on the United State's policy with Iran.
SD–419

2 p.m.
Energy and Natural Resources
Forests and Public Land Management Subcommittee
To hold hearings on S. 1320, to provide to the Federal land management agencies the authority and capability to manage effectively the Federal lands, focusing on Title I and Title II, and related Forest Service land management priorities.
SD–366

2:30 p.m.
Foreign Relations
To hold hearings on the nomination of J. Brady Anderson, of South Carolina, to be Administrator of the Agency for International Development.
SD–419

JULY 27

9:30 a.m.
Energy and Natural Resources
To hold hearings on S. 1052, to implement further the Act (Public Law 94–241) approving the Covenant to Establish a Commonwealth of the Northern Mariana Islands in Political Union with the United States of America.
SD–366

JULY 28

9:30 a.m.
Indian Affairs
To hold hearings on S. 979, to amend the Indian Self-Determination and Education Assistance Act to provide for further self-governance by Indian tribes.
SR–485

2:30 p.m.
Energy and Natural Resources
Water and Power Subcommittee
To hold hearings on S. 624, to authorize construction of the Fort Peck Reservation Rural Water System in the State of Montana; S. 1211, to amend the Colorado River Basin Salinity Control Act to authorize additional measures to carry out the control of salinity upstream of Imperial Dam in a cost-effective manner; S. 1275, to authorize the Secretary of the Interior to produce and sell products and to sell publications relating to the Hoover Dam, and to deposit revenues generated from the sales into the Colorado River Dam fund; and S. 1236, to extend the deadline under the Federal Power Act for commencement of the construction of the Arrowrock Dam Hydroelectric Project in the State of Idaho.
SD–366

AUGUST 4

9:30 a.m.
Indian Affairs
To hold hearings on S. 299, to elevate the position of Director of the Indian Health Service within the Department of Health and Human Services to Assistant Secretary for Indian Health; and S. 406, to amend the Indian Health Care Improvement Act to make permanent the demonstration program that allows for direct billing of medicare, medicaid, and other third party payors, and to expand the eligibility under such program to other tribes and tribal organizations; followed by a business meeting to consider pending calendar business.
SR–485

SEPTEMBER 28

9:30 a.m.
Veterans Affairs
To hold joint hearings with the House Committee on Veterans Affairs to review the legislative recommendations of the American Legion.
345 Cannon Building

Wednesday, July 14, 1999

Daily Digest

HIGHLIGHTS

The House passed H.R. 2466—Department of the Interior and Related Agencies Appropriations Act

Senate

Chamber Action

Routine Proceedings, pages S8423–S8530

Measures Introduced: Ten bills and three resolutions were introduced, as follows: S. 1362–1371, and S. Res. 138–140. **Page S8505**

Measures Reported: Reports were made as follows:

S. 1248, to correct errors in the authorizations of certain programs administered by the National Highway Traffic Administration. (S. Rept. No. 106–107)

S. Res. 138, authorizing expenditures by the Committee on Health, Education, Labor, and Pensions.

S. Res. 139, authorizing expenditures by the Select Committee on Intelligence. **Page S8505**

Measures Passed:

Military Construction Appropriations: Pursuant to the order of June 15, 1999, Senate passed H.R. 2465, making appropriations for military construction, family housing, and base realignment and closure for the Department of Defense for the fiscal year ending September 30, 2000, after striking all after the enacting clause and inserting in lieu thereof the text of S. 1205, Senate companion measure, as passed by the Senate on June 16, 1999. Senate insisted on its amendment, requested a conference with the House thereon, and the Chair, as authorized, appointed the following conferees on the part of the Senate: Senators Burns, Hutchison, Craig, Kyl, Stevens, Murray, Reid, Inouye, and Byrd. **Page S8504**

Subsequently, passage of S. 1205 was vitiated and then indefinitely postponed. **Page S8504**

Patients' Bill of Rights Act: Senate continued consideration of S. 1344, to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage, taking action on the following amendments proposed thereto:

Pages S8429–S8501

Adopted:

By 55 yeas to 45 nays (Vote No. 203), Snowe Amendment No. 1241 (to Amendment No. 1239), to enhance breast cancer treatment by requiring certain coverage for minimum hospital stay for mastectomies and lymph node dissections for the treatment of breast cancer and coverage for secondary consultations. **Pages S8438–56**

Dodd Amendment No. 1239 (to Amendment No. 1232), to provide coverage for individuals participating in approved clinical trials and for approved drugs and medical devices. **Pages S8429–71**

Rejected:

By 48 yeas to 52 nays (Vote No. 204), Daschle (for Kennedy) Amendment No. 1242 (to Amendment No. 1239), to ensure that the protections provided for in the Patients' Bill of Rights apply to all patients with private health insurance. **Pages S8456–71**

By 47 yeas to 53 nays (Vote No. 205), Kennedy (for Bingaman) Amendment No. 1245 (to Amendment No. 1243), to guarantee access to specialty care. **Pages S8481–S8501**

Pending:

Daschle Amendment No. 1232, in the nature of a substitute. **Pages S8429–S8501**

Collins Amendment No. 1243 (to the language proposed to be stricken by Amendment No. 1232), to expand deductibility of long-term care to individuals; expand direct access to obstetric and gynecological care; provide timely access to specialists; and expand patient access to emergency medical care.

Pages S8471–81

A unanimous-consent agreement was reached providing for an amendment to be offered at 10 a.m., on Thursday, July 15, 1999. **Page S8530**

Nominations Confirmed: Senate confirmed the following nominations:

Robert A. Katzmann, of New York, to be United States Circuit Judge for the Second Circuit.

Pages S8529–30

Nominations Received: Senate received the following nominations:

James J. Brady, of Louisiana, to be United States District Judge for the Middle District of Louisiana.

Charles A. Pannell, Jr., of Georgia, to be United States District Judge for the Northern District of Georgia.

Florence-Marie Cooper, of California, to be United States District Judge for the Central District of California.

Tibor P. Nagy, Jr., of Texas, to be Ambassador to the Federal Democratic Republic of Ethiopia.

2 Navy nominations in the rank of admiral.

Routine lists in the Marine Corps, Navy.

Page S8530

Nomination Withdrawn: Senate received notification of the withdrawal of the following nomination:

Kenneth W. Kizer, of California, to be Under Secretary for Health of the Department of Veterans Affairs for a term of four years, which was sent to the Senate on January 6, 1999. Page S8530

Messages From the House: Page S8504

Measures Referred: Page S8504

Measures Placed on Calendar: Page S8504

Communications: Pages S8504–05

Statements on Introduced Bills: Pages S8505–14

Additional Cosponsors: Pages S8514–15

Amendments Submitted: Pages S8516–27

Notices of Hearings: Page S8527

Authority for Committees: Pages S8527–28

Additional Statements: Page S8528

Record Votes: Three record votes were taken today. (Total—205) Pages S8456, S8471, S8501

Adjournment: Senate convened at 9:30 a.m., and adjourned at 8:19 p.m., until 9:30 a.m., on Thursday, July 15, 1999. (For Senate's program, see the remarks of the Acting Majority Leader in today's Record on page S8530.)

Committee Meetings

(Committees not listed did not meet)

COUNTERDRUG OPERATIONS

Committee on Appropriations: Subcommittees on Defense and Military Construction concluded joint hearings on Department of Defense forward operating locations for counterdrug operations, focusing on Panama, after receiving testimony from Walter B. Slocombe, Under Secretary of Defense for Policy; and Gen. Charles E. Wilhelm, USMC, Commander in Chief, United States Southern Command.

RURAL HOSPITAL CARE COSTS

Committee on Appropriations: Subcommittee on Agriculture, Rural Development, and Related Agencies concluded hearings on health care cost issues affecting rural hospitals, focusing on the effects of the passage of the Balanced Budget Act of 1997 and Medicare's payment policies, after receiving testimony from Robert A. Berinson, Director, Center for Health Plans and Providers, and Roland E. King, former Chief Actuary, both of the Health Care Financing Administration, and Claude Earl Fox, Administrator, Health Resources and Services Administration, all of the Department of Health and Human Services; Gail R. Wilensky, Chair, Medicare Payment Advisory Commission; G. Douglas Higginbotham, South Central Regional Medical Center, Laurel, Mississippi; Anne Klawiter, Southwest Health Center, Platteville, Wisconsin, on behalf of the Federation of American Health Systems; and Debra L. Griffin, Humphreys County Memorial Hospital, Belzoni, Mississippi.

TRANSPORTATION CONFORMITY

Committee on Environment and Public Works: Committee concluded hearings to examine transportation conformity activities under the Clean Air Act and the effect recent litigation may have on this program, and S. 1053, to amend the Clean Air Act to incorporate certain provisions of the transportation conformity regulations, as in effect on March 1, 1999, after receiving testimony from Robert Perciasepe, Assistant Administrator, Office of Air and Radiation, Environmental Protection Agency; Kenneth R. Wykle, Administrator, Federal Highway Administration, and Gordon J. Linton, Administrator, Federal Transit Administration, both of the Department of Transportation; E. Dean Carlson, Kansas Department of Transportation, Topeka, on behalf of the American Association of State Highway and Transportation Officials; Jack L. Stephens, Jr., Metropolitan Atlanta Rapid Transit Authority, Atlanta, Georgia; Jacob L. Snow, Clark County Regional Transportation Commission, Las Vegas, Nevada; Mark Pisano, Southern California Association of Governments, Los Angeles; Michael A. Replogle, Environmental Defense Fund, Washington, D.C.; and Jack Kinstlinger, KCI Technologies, Inc., Hunt Valley, Maryland, on behalf of the American Road and Transportation Builders Association.

GLOBAL AND REGIONAL TRADE POLICY

Committee on Finance: Subcommittee on International Trade concluded hearings on managing global and regional trade policy without fast track negotiating authority, after receiving testimony from former Representative Sam M. Gibbons; Richard W. Fisher, Deputy United States Trade Representative; David L. Aaron, Under Secretary of Commerce for International Trade; Robert D. Hormats, Goldman Sachs, International, New York, New York; and William T. Pryce, Council of the Americas, Washington, D.C., former U.S. Ambassador to Honduras.

FEDERALISM ACCOUNTABILITY ACT

Committee on Governmental Affairs: Committee concluded hearings on S. 1214, to ensure the liberties of the people by promoting federalism, to protect the reserved powers of the States, to impose accountability for Federal preemption of State and local laws, after receiving testimony from John Spotila, Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget; Randy Moss, Acting Assistant Attorney General, Office of Legal Counsel, Department of Justice; Delaware Governor Thomas R. Carper, Dover, on behalf of the National Governors' Association; North Dakota State Representative John Dorso, Bismarck, on behalf of the National Conference of State Legislatures; Mayor Alexander G. Fekete, Pembroke Pines, Florida, on behalf of the National League of Cities; Ernest Gellhorn, George Mason University, Fairfax, Virginia; Caleb Nelson, University of Virginia, Charlottesville; and Rena Steinzor, University of Maryland School of Law, Baltimore.

HIGH-SPEED INTERNET SERVICES AND TECHNOLOGIES

Committee on the Judiciary: Committee concluded hearings to examine competition and consumer choice in broadband, high-speed Internet services and technologies, focusing on the impact of recent consolidation in the communications industry, after receiving testimony from C. Michael Armstrong, AT&T Corporation, and Gene Kimmelman, Consumers Union, both of Washington, D.C.; Ivan G. Seidenberg, Bell Atlantic Corporation, New York, New York; Alex J. Mandl, Teligent, Inc., Vienna, Virginia; William L. Schrader, PSINet, Inc., Herndon, Virginia; Anna-Maria Kovacs, Janney Montgomery Scott, Inc., Boston, Massachusetts; and Kevin M. Moore, Deutsche Banc Alex. Brown, Baltimore, Maryland.

FAMILY AND MEDICAL LEAVE ACT

Committee on Health, Education, Labor and Pensions: Subcommittee on Children and Families concluded oversight hearings on the implementation of the Family and Medical Leave Act and to discuss the President's proposals to extend the Act's benefits and fund research to provide information on the Act's impact on American families, after receiving testimony from John R. Fraser, Deputy Administrator, Wage and Hour Division, Employment Standards Administration, Department of Labor; Edward F. Harold, McCalla, Thompson, Pyburn, Hymowitz, and Shapiro, New Orleans, Louisiana; Deanna R. Gelak, Society for Human Resource Management, Alexandria, Virginia, on behalf of the Family and Medical Leave Act Technical Corrections Coalition; Kimberley K. Hostetler, Connecticut Hospital Association, Wallingford, on behalf of the Greater Bristol Chamber of Commerce; Ellen Bravo, 9 to 5, National Association of Working Women, Milwaukee, Wisconsin; and Eric J. Oxfeld, UWC—Strategic Services on Unemployment and Workers' Compensation, Washington, D.C.

INDIAN TRUST FUND REFORM

Committee on Indian Affairs/Committee on Energy and Natural Resources: Committees concluded joint oversight hearings on the General Accounting Office report on Interior Department's planned trust fund reform, after receiving testimony from Keith A. Rhodes, Director, Office of Computer and Information Technology Assessment, Accounting and Information Management Division, General Accounting Office; Mark Fox, Three Affiliated Tribes of the Fort Berthold Reservation, New Town, North Dakota, on behalf of the Intertribal Monitoring Association on Indian Trust Funds; and Donald T. Gray, Lillick and Charles, San Francisco, California.

BUSINESS MEETING

Select Committee on Intelligence: Committee ordered favorably reported an original resolution (S. Res. 139) authorizing expenditures by the Select Committee on Intelligence.

INTELLIGENCE

Select Committee on Intelligence: Committee held closed hearings on intelligence matters, receiving testimony from officials of the intelligence community.

Committee will meet again on Wednesday, July 21.

House of Representatives

Chamber Action

Bills Introduced: 14 public bills, H.R. 2503–2526; and 3 resolutions, H. Con. Res. 154–155 and H. Res. 248, were introduced. **Pages H5570–71**

Reports Filed: Reports were filed today as follows:

H.R. 1995, to amend the Elementary and Secondary Education Act of 1965 to empower teachers, improve student achievement through high-quality professional development for teachers, reauthorize the Reading Excellence Act, amended (H. Rept. 106–232 part 1);

Report on revised suballocation of Budget Allocations for fiscal year 2000 (H. Rept. 106–233);

H. Res. 246, providing for consideration of H.R. 2490, making appropriations for the Treasury Department, the United States Postal Service, the Executive Office of the President, and certain Independent Agencies, for the fiscal year ending September 30, 2000 (H. Rept. 106–234); and

H. Res. 247, providing for consideration of H.R. 2415, to enhance security of United States missions and personnel overseas, to authorize appropriations for the Department of State for fiscal year 2000 (H. Rept. 106–235). **Page H5570**

Speaker Pro Tempore: Read a letter from the Speaker wherein he designated Representative Taylor of North Carolina to act as Speaker pro tempore for today. **Page H5461**

Guest Chaplain: The prayer was offered by the guest Chaplain, Rev. Sam Whaley of Spindale, North Carolina. **Page H5461**

Department of the Interior and Related Agencies Appropriations Act: The House passed H.R. 2466, making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2000 by a yea and nay vote of 377 yeas to 47 nays, Roll No. 296. The House completed general debate and began considering amendments on July 13. **Pages H5466–H5568**

Rejected the Obey motion to recommit the bill to the Committee on Appropriations with instructions to report back forthwith with an amendment that increases funding for land acquisition, urban parks, strategic petroleum reserve, the National Endowment for the Humanities and the National Endowment for the Arts by a recorded vote of 187 ayes to 239 noes, Roll No. 295. **Pages H5566–67**

On a demand for a separate vote, agreed to the Klink amendment that prohibits funding by the Park Service to implement alternatives B, C, or D, identified in the Final Management Plan and Environmental Impact Statement for Gettysburg National Military Park, dated June 1999, dealing with the visitors center by a recorded vote of 220 ayes to 206 noes, Roll No. 294. The amendment was previously agreed to in the Committee of the Whole. **Page H5566**

Agreed to:

The Sanders amendment that increases funding for the Weatherization Assistance Program by $13 million and reduces Strategic Petroleum Reserve funding accordingly (agreed to by a recorded vote of 243 ayes to 180 noes, Roll No. 284); **Pages H5473–79, H5482–83**

The Young of Florida amendment that reduces land acquisition funding by $5 million, increases clean coal technology deferral by $66 million, and imposes a 0.48 percent reduction to each account, program, activity, and project; **Pages H5505–07**

The Rahall amendment that prohibits funding to process applications for approval of patents, plans of operations, or amendments to plans in contravention of the opinion dated November 7, 1997, by the Solicitor of the Department of the Interior that limits the disposal of mining waste to five acres (agreed to by a recorded vote of 273 ayes to 151 noes, Roll No. 288); **Pages H5509–19, H5559–60**

The Klink amendment that prohibits funding by the Park Service to implement alternatives B, C, or D, identified in the Final Management Plan and Environmental Impact Statement for Gettysburg National Military Park dated June 1999 dealing with the visitors center (agreed to by a recorded vote of 227 ayes to 199 noes, Roll No. 290); **Pages H5531–34, H5561**

The Farr amendment that prohibits the use of any jawed leghold trap or neck snare in any unit of the National Wildlife Refuge except for research, subsistence, conservation, or facilities protection (agreed to by a recorded vote of 259 ayes to 166 noes, Roll No. 291); **Pages H5540–43, H5561–62**

Rejected:

The Sanders amendment that sought to strike the requirement for a 25 percent cost share by states for Weatherization Assistance grants (rejected by a recorded vote of 198 ayes to 225 noes, Roll No. 285); **Pages H5479–83**

The Slaughter amendment that sought to increase funding for the National Endowment for the Arts and National Endowment for the Humanities, each by $10 million and decrease Strategic Petroleum Reserve funding by $20 million (rejected by a recorded vote of 207 ayes to 217 noes, Roll No. 286); **Pages H5483–94, H5503–04**

The Stearns amendment that sought to reduce funding for the National Endowment for the Arts by $2 million (rejected by a recorded vote of 124 ayes to 300 noes, Roll No. 287);

Pages H5496–H5502, H5504–05

The DeFazio amendment that sought to prohibit funding by the Forest Service for the recreational fee demonstration program authorized by section 315 of the Department of the Interior and Related Agencies Appropriations Act, 1996 for units of the National Forest System; **Pages H5534–40**

The Weldon of Florida amendment that sought to prohibit funding to approve class III gaming on Indian lands by any means other than a Tribal-State compact entered into between a State and a tribe (rejected by a recorded vote of 205 ayes to 217 noes, Roll No. 289); **Pages H5520–30, H5560–61**

The Tancredo amendment that sought to reduce Forest and Rangeland Research funding by $16.9 million (rejected by a recorded vote of 135 ayes to 291 noes, Roll No. 292); and

Pages H5543–47, H5562–63

The Wu amendment that sought to allocate National Forest System funding levels by decreasing timber sales management funding to $196.8 million and increasing wildlife and fisheries habitat management funding to $120.4 million and watershed improvements funding to $40.1 million (rejected by a recorded vote of 174 ayes to 250 noes, Roll No. 293). **Pages H5547–59, H5563**

Withdrawn:

The Stearns amendment was offered but subsequently withdrawn that sought to allocate National Endowment for the Arts grants to the States on the basis of population; **Pages H5502–03**

Points of Order Sustained Against:

Language on page 37 line 23 through page 38 line 13; **Page H5468**

Language on page 76 line 16 through line 22; **Page H5494**

Language on page 80 line 11 through line 23; **Page H5495**

H. Res. 243, the rule that provided for consideration of the bill was agreed to on July 13.

Amendments Ordered Printed: Amendments ordered printed pursuant to the rule appear on pages H5573–74.

Quorum Calls—Votes: One yea and nay vote and twelve recorded votes developed during the proceedings of the House today and appear on pages H5482–83, H5483, H5503–04, H5504–05, H5559–60, H5560–61, H5561, H5561–62, H5562–63, H5563, H5566, H5567, and H5568. There were no quorum calls.

Adjournment: The House met at 10:00 a.m. and adjourned at 12:24 p.m. on July 15.

Committee Meetings

FOREIGN OPERATIONS, EXPORT FINANCING AND RELATED PROGRAMS APPROPRIATIONS

Committee on Appropriations: Subcommittee on Foreign Operations, Export Financing and Related Programs approved for full Committee action the Foreign Operations, Export Financing and Related Programs appropriations for fiscal year 2000.

DISTRICT OF COLUMBIA APPROPRIATIONS

Committee on Appropriations: Subcommittee on the District of Columbia approved for full Committee action the District of Columbia appropriations for fiscal year 2000.

DEPARTMENT OF ENERGY REORGANIZATION

Committee on Armed Services: Held a hearing on Department of Energy reorganization. Testimony was heard from Victor H. Reis, Assistant Secretary, Defense Programs, Department of Energy.

AGING CRISIS

Committee on Banking and Financial Services: Subcommittee on Housing and Community Opportunity held a hearing on the Aging Crisis and H.R. 202, Preserving Affordable Housing for Senior Citizens into the 21st Century Act. Testimony was heard from public witnesses.

HOW HEALTHY ARE THE GOVERNMENT'S MEDICARE FRAUD FIGHTERS?

Committee on Commerce: Subcommittee on Oversight and Investigations held a hearing on How Healthy Are the Government's Medicare Fraud Fighters? Testimony was heard from the following officials of the Department of Health and Human Services: George Grob, Deputy Inspector General, Evaluations and Inspection; Jack Hartwig, Deputy Inspector General, Investigation; Marjorie Kanoph, M.D., Deputy Director, Medicare Contractor Management, Center for Beneficiary Services and Penny Thompson, Director, Program Integrity Group, both with the Health Care Financing Administration; the following officials of the GAO: Leslie G. Aronovitz, CPA, Manager, Chicago Field Office; and Robert H. Hast, Acting Assistant Comptroller General, Office of Special Investigations; and public witnesses.

COMPREHENSIVE RETIREMENT SECURITY AND PENSION REFORM ACT

Committee on Education and the Workforce: Ordered reported, amended, H.R. 1102, Comprehensive Retirement Security and Pension Reform Act.

UNITED NATIONS—TREATMENT OF ISRAEL

Committee on International Relations: Held a hearing on the Treatment of Israel by the United Nations. Testimony was heard from the following officials of the Department of State: David Welch, Assistant Secretary, International Organization Affairs; and Martin Indyk, Assistant Secretary, Bureau of Near Eastern Affairs; and public witnesses.

TREASURY, POSTAL SERVICE, AND GENERAL GOVERNMENT APPROPRIATIONS

Committee on Rules: Granted, by voice vote, an open rule on H.R. 2490, making appropriations for the Treasury Department, the United States Postal Service, the Executive Office of the President, and certain Independent Agencies, for the fiscal year ending September 30, 2000. providing one hour of general debate to be equally divided between the chairman and ranking minority member of the Committee on Appropriations. The rule waives all points of order against consideration of the bill. The rule waives clause 2 of rule XXI (prohibiting unauthorized or legislative provisions in an appropriations bill) against provisions in the bill. The rule authorizes the chair to accord priority in recognition to Members who have preprinted their amendments in the Congressional Record. The rule permits the Chairman of the Committee of the Whole to postpone votes during consideration of the bill, and to reduce voting time to five minutes on a postponed question if the vote follows a fifteen minute vote. Finally, the rule provides one motion to recommit with or without instructions. Testimony was heard from Representatives Kolbe, Tiahrt, Weldon of Florida, Hoyer, Maloney of New York, Wexler and Hoeffel.

AMERICAN EMBASSY SECURITY ACT

Committee on Rules: Granted, by voice vote, a structured rule on H.R. 2415, American Embassy Security Act of 1999 providing one hour of general debate equally divided and controlled by the chairman and ranking minority member of the Committee on International Relations. The rule provides that before consideration of any other amendment it shall be in order to consider the first amendment printed in part A of the Rules Committee report, if offered by Representative Gilman or his designee, which shall be considered as read, shall be debatable for 10 minutes equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for a division of the question in the House or in the Committee of the Whole. All points of order are waived against that amendment. The rule provides that no further amendment to the bill shall be in order except those printed in the Rules Committee report and the amendments en bloc described in section 2 of the resolution. The rule provides that each amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment except as specified in the report, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. The rule authorizes the chairman of the Committee on International Relations or his designee to offer amendments en bloc consisting of amendments printed in part B of the report of the Committee on Rules or germane modifications of any such amendment which shall be considered as read (except that modifications shall be reported), shall be debatable for 20 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on International Relations or their designees, shall not be subject to amendment, and shall not be subject to a demand for division of the question. The rule allows the chairman of the Committee of the Whole to postpone votes during consideration of the bill and to reduce voting time to five minutes on a postponed question if the vote follows a fifteen minute vote. The rule provides one motion to recommit with or without instructions. The rule provides that, after passage of H.R. 2415, it shall be in order to take from the Speaker's table the bill S. 886 and to consider the Senate bill in the House. The rule waives all points of order against the Senate bill and against its consideration. The rule provides that it shall be in order to move to strike all after the enacting clause of the Senate bill and to insert in lieu thereof the provisions of H.R. 2415 as passed by the House and waives all points of order against that motion. Testimony was heard from Chairman Gilman and Representatives Goodling, Smith of New Jersey, Campbell, Rohrabacher, Sanford, Greenwood, Bilbray, Gibbons. Gejdenson, McKinney, Delahunt, Traficant, Engel, Waters, Maloney of New York, Jackson of Illinois, Kucinich, Tierney, Capuano, Capps and Weiner.

NETWORKING AND INFORMATION TECHNOLOGY RESEARCH AND DEVELOPMENT ACT

Committee on Science: Subcommittee on Basic Research held a hearing on the Networking and Information Technology Research and Development Act. Testimony was heard from Neal Lane, Director, Office of Science and Technology Policy; and public witnesses.

FINANCIAL FREEDOM ACT

Committee on Ways and Means: Ordered reported, amended, H.R. 2488, Financial Freedom Act of 1999.

ENCRYPTION

Permanent Select Committee on Intelligence: Held a hearing on Encryption. Testimony was heard from the following officials of the Department of Justice: Janet Reno, Attorney General; and Louis J. Freeh, Director, FBI; John J. Hamre, Deputy Secretary, Department of Defense; and Thomas Constantine, former Director, DEA, Department of Justice.

COMMITTEE MEETINGS FOR THURSDAY, JULY 15, 1999

(Committee meetings are open unless otherwise indicated)

Senate

Committee on Banking, Housing, and Urban Affairs: Subcommittee on International Trade and Finance, with the Subcommittee on Economic Policy, to hold joint hearings on the official dollarization in Latin America, 9 a.m., SD–538.

Subcommittee on Economic Policy, with the Subcommittee on International Trade and Finance, to hold joint hearings on the official dollarization in Latin America, 9 a.m., SD–538.

Committee on Commerce, Science, and Transportation: business meeting to consider proposed legislation authorizing expenditures by the committee; to be followed by hearings on proposed legislation authorizing funds for the National Transportation Safety Board, 9:30 a.m., SR–253.

Committee on Energy and Natural Resources: to resume hearings on S. 161, to provide for a transition to market-based rates for power sold by the Federal Power Marketing Administrations and the Tennessee Valley Authority; S. 282, to provide that no electric utility shall be required to enter into a new contract or obligation to purchase or to sell electricity or capacity under section 210 of the Public Utility Regulatory Policies Act of 1978; S. 516, to benefit consumers by promoting competition in the electric power industry; and S. 1047, to provide for a more competitive electric power industry, 9:30 a.m., SH–216.

Committee on Indian Affairs: business meeting to mark up proposed legislation authorizing expenditures by the committee, 3:30 p.m., SR–485.

Committee on the Judiciary: business meeting to mark up proposed legislation authorizing expenditures by the committee, Time to be announced, Room to be announced.

Committee on Rules and Administration: business meeting to mark up proposed legislation authorizing expenditures by the committee, 9:30 a.m., SR–301.

Committee on Small Business: business meeting to mark up S. 1156, to amend provisions of law enacted by the Small Business Regulatory Enforcement Fairness Act of 1996 to ensure full analysis of potential impacts on small entities of rules proposed by certain agencies; S. 1346, to ensure the independence and nonpartisan operation of the Office of Advocacy of the Small Business Administration; and H.R. 1568, to provide technical, financial, and procurement assistance to veteran owned small businesses, 9 a.m., SR–428A.

Special Committee on the Year 2000 Technology Problem: to hold hearings on state and local preparedness for year 2000, 9 a.m., SD–192.

House

Committee on Agriculture, Subcommittee on Department Operations, Oversight, Nutrition, and Forestry, hearing on the following: H.R. 2389, County Schools Funding Revitalization Act of 1999; and a legislative alternative submitted to Congress by the U.S. Forest Service, 10 a.m., 1300 Longworth.

Committee on Appropriations, Subcommittee on Energy and Water Development, to mark up appropriations for fiscal year 2000, 9 a.m., 2362 Rayburn.

Committee on Commerce, Subcommittee on Energy and Power, to continue hearings on Electricity Competition, 9:30 a.m., 2123 Rayburn.

Subcommittee on Health and Environment, hearing on H.R. 2470, Medical Information Protection and Research Enhancement Act of 1999, 10 a.m., 2322 Rayburn.

Committee on Education and the Workforce, Subcommittee on Early Childhood, Youth, and Families, hearing on Elementary and Secondary Education Act-Educating Diverse Populations, 1:30 p.m., 2175 Rayburn.

Committee on Government Reform, Subcommittee on Government Management, Information, and Technology, hearing on H.R. 88, to amend the Treasury and General Government Appropriations Act, 1999, to repeal the requirement regarding data produced under Federal grants and agreements awarded to institutions of higher education, hospitals, and other nonprofit organizations, 9:30 a.m., 2154 Rayburn.

Subcommittee on National Economic Growth, Natural Resources and Regulatory Affairs, hearing on Credit for Early Action: Win-Win or Kyoto Through the Front Door, 2:30 p.m., 2154 Rayburn.

Committee on the Judiciary, Subcommittee on Courts and Intellectual Property, to mark up the following bills: H.R. 1752, Federal Courts Improvement Act; and H.R. 2112, Multidistrict, Multiparty, Multiforum Jurisdiction Act of 1999, 10 a.m., 2226 Rayburn.

Subcommittee on Crime, oversight hearing on the Shoot Down of the ''Brothers to the Rescue'' Planes, 10 a.m., 2141 Rayburn.

Committee on Resources, Subcommittee on Fisheries Conservation, Wildlife and Oceans, oversight hearing on Yellowfin Tuna, 10 a.m., 1334 Longworth.

Subcommittee on National Parks and Public Lands, to mark up the following bills: H.R. 940, Lackawanna Valley Heritage Act of 1999; H.R. 1165, Black Canyon National Park and Gunnison Gorge National Conservation Area Act of 1999; H.R. 1619, Quinebaug and Shetucket Rivers Valley National Heritage Corridor Reauthorization Act of 1999; H.R. 2435, to expand the boundaries of the Gettysburg National Military Park to include the Wills House; and H.R. 2438, Gettysburg Preservation Act, 10 a.m., 1324 Longworth.

Committee on Rules, to consider H.R. 434, African Growth and Opportunity Act, time to be announced, H–313 Capitol.

Subcommittee on Rules and Organization of the House, hearing on Cooperation, Comity, and Confrontation: Congressional Oversight of the Executive Branch, 10 a.m., H–313 Capitol.

Committee on Veterans' Affairs, to mark up H.R. 2116, Veterans' Millennium Health Care Act, 1 p.m., 334 Cannon.

Subcommittee on Health, hearing on VA's experience in implementing patient enrollment under P.L. 104–262, 9:30 a.m., 334 Cannon.

Permanent Select Committee on Intelligence, executive, to mark up H.R. 850, Security and Freedom through Encryption (SAFE) Act, 2 p.m., H–405 Capitol.

Next Meeting of the SENATE

9:30 a.m., Thursday, July 15

Senate Chamber

Program for Thursday: After the recognition of two Senators for speeches and the transaction of any morning business (not to extend beyond 10 a.m.), Senate will continue consideration of S. 1344, Patients' Bill of Rights Act, with a vote on final passage to occur thereon.

Next Meeting of the HOUSE OF REPRESENTATIVES

10 a.m., Thursday, July 15

House Chamber

Program for Thursday: Consideration of 1691, Religious Liberty Protection Act (structured rule, one hour of general debate);

Consideration of H.R. 2490, Treasury, Postal, and General Government Appropriations Act, 2000 (open rule, one hour of general debate); and

Consideration of H.R. 2415, American Embassy Security Act of 1999 (structured rule, one hour of general debate).

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