work together with other communities, parents, obviously teachers and schools, treatment centers.

In addition, treatment is so important. So many people are arrested for meth use or for peddling meth. They are addicted. They are put in prison. What happens? After they are out of prison, they are back on meth. There is virtually no treatment or there is very little treatment of incarcerated persons in prison because of meth. There has to be treatment. Treatment is tough. Treatment takes a long time. It takes more than 30 days. It takes more than 60 days. It takes more than 90 days. Treatment usually takes up to 1 to 2 years. Halfway houses, you have to stick with it. You have to stick with it if we are going to solve it.

Look at it this way: If we leave meth users alone in the community, it is going to cost the community, estimates are, $38,000, $39,000, $40,000 a year. That is the cost of that meth-addicted user to communities, whether it is in crimes, stealing to support the habit, all the ways that addicted meth users are destructive to a community. To put that same person in prison, it is going to be very costly; that is, prison without treatment. It is going to cost maybe up to $30,000. Incarceration today costs about $30,000 a person a year. Treatment alone is about $6,000 to $8,000. Treatment in prison is going to be less than letting the person free out on the street in the community. It pays.

Taxpayers, rise up. Recognize your tax dollars are spent much more efficiently with treatment, treatment of addicted meth users in prison, than without the treatment, working with law enforcement officials, coordinating all your efforts.

Again, I emphasize that final point. Methamphetamine is a national problem. It is a State problem, but it is more a community solution, all the peoples of the communities working together, certainly with States and certainly with Uncle Sam, but you have to do it together as a well-knit effort. That is how we will solve this scourge in this country.

I thank the Chair.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Mr. President, I compliment the Senator from Montana for his eloquent remarks on methamphetamine and the destruction it is wreaking not only on Western States such as Montana and Utah but throughout the country. We passed a methamphetamine bill out of the Senate. We have to get it through the House. I ask my dear friend from Montana to help us work with House Members to get that through. If we get that through, it will immediately start taking effect.

What these kids don't realize, and their parents, is once they are hooked on meth, it is almost impossible to get them off. I had a situation where a very strong friend of mine had a son, a good kid, but he was picked up and put in jail once for meth. He promised to be OK. He had quite a bit of time to get OK, came outside, he had perfect intentions, wanted to be everything he possibly could be. Then, all of a sudden, he started making meth in his apartment, got picked up again. The father called me and said: I know he has to go to jail. I hope you can get the help for him.

I called the top people and they said they will try and get him into a Federal rehabilitation center, but it would take at least 3 years just to get him to be able to handle it, not ever get rid of the desire, but just to handle it.

So you parents out there, if you don't realize how important what Senator BAUCUS has been talking about is, then you better start thinking. If your kids get hooked on meth, it is going to be a long, hard road to get them off. Their lives may be gone.

We have to pass that bill. I appreciate the distinguished Senator's remarks for the most part. I thank him for being here. I hope we will all work together to get that bill through Congress so we can solve this terrible scourge.

Mr. BAUCUS. I hope not only for the most part but for the whole part, Mr. President. The Senator from Utah is exactly correct. I must confess, I learned a lot about the scourge this past week when Gen. Barry McCaffrey was in Billings for a whole day and half the next day with his people, meeting with treatment people the whole time, various aspects of the people who deal with this. It is one big problem, as the Senator from Utah said. It is really vicious stuff. Once you are on it, it is worse than cocaine or heroin. It is harder to withdraw. The treatment is longer. I mean, this is wicked stuff.

I might add, one fact I learned is that in our State—and I hope it is not true in Utah—we have a high percentage of users who shoot it with needles, or IV. Therefore, if we don't stamp it out, we are going to face a high incidence of hepatitis C and HIV. Dr. Green, an expert on the subject in Billings, was shocked last week when he came to understand the high rate of users who inject meth instead of taking it orally or smoking it.

All I say is that I hope parents and communities will rally and knock this thing out. It is really bad stuff.

Mr. HATCH. I thank my colleague. It is a real problem, and we have to do something about it. I appreciate his remarks.

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MORNING BUSINESS

Mr. HATCH. Mr. President, I ask unanimous consent that there be a period for the transaction of routine morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

SUPERFUND RECYCLING EQUITY ACT

Mr. DASCHLE. Mr. President, I take this opportunity to correct an inadvertent but significant error in the CONGRESSIONAL RECORD of November 19, 1999, the last day of the first session of this Congress. It concerns a statement submitted for the RECORD by Senator LOTT (145 CONGRESSIONAL RECORD S15048) regarding the Superfund Recycling Equity Act, which was passed as part of the Intellectual Property and Communications Omnibus Reform Act of 1999. The statement erroneously was attributed to both Senator LOTT and me. In fact, the statement did not then and does not now reflect my understanding of the Superfund recycling amendments.

I make this clarification at the earliest opportunity, in order to minimize the possibility of any mistaken reliance on the statement as the consensus view of two original cosponsors, particularly with respect to the availability of relief in pending cases. It is not.

The recycling amendments were passed as part of the end of year appropriations process and did not have the benefit of hearings, debates, or substantive committee consideration during the 106th legislative session. Thus, there is no conference report, and there are no committee reports or hearing transcripts, to guide interpretation of the bill.

However, much, though not all, of the language in the recycling amendments originated in the 103d Congress. At that time, key stakeholders, including EPA, members of the environmental community and the recycling industry, agreed on recycling provisions as part of efforts to pass a comprehensive Superfund reform bill. Although Superfund reform legislation did not reach the floor in the 103d Congress, it was reported by the major Committees of jurisdiction in both the Senate (S. 1834) and the House with bipartisan support. In reporting these bills in the 103d Congress, the Senate Environment and Public Works Committee, the House Energy and Commerce Committee, and the House Public Works and Transportation Committee each produced reports that include discussions of the recycling provisions.

Since the recycling provisions of S. 1834 were identical in most respects to the Superfund Recycling Equity Act of 1999, and the meaning of key provisions of that bill were actively considered and discussed, the Senate Committee Report contains probably the best description of the consensus on the meaning of those provisions.

To the extent the Committee Report does not address a particular provision of the recycling amendments, the Committee may very well have chosen to be silent on the point. With respect to such provisions, the ''plain language'' of the statute must be our guide.

I am proud of our accomplishment in finally passing the Superfund Recycling Equity Act with broad bi-partisan support. This could not have happened without the hard work and cooperation of Senator LOTT. And the significance of this accomplishment is by no means compromised by the absence of agreement on any legislative history. As usual, it will be for the courts to resolve questions of interpretation on a case-by-case basis, applying the bill to a wide range of potential factual situations.

I again thank the distinguished majority leader for his work on this bill.

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HEALTH ACCOMPLISHMENTS FOR THE FIRST SESSION OF THE 106th CONGRESS

Mr. HATCH. Mr. President, I will take just a few minutes at the beginning of the second session of the 106th Congress to comment on several legislative initiatives I authored in the first session, and which I am pleased to say either passed or were substantially incorporated into other bills that were approved and signed into law by the President last year.

One of the most important issues for my state of Utah is the Radiation Exposure Compensation Act (RECA) Amendments of 1999, S. 1515, which I introduced last year. I am delighted that the Senate passed this important legislation in November.

This bill will guarantee that our government provides fair compensation to the thousands of individuals adversely affected by the mining of uranium and from fallout during the testing of nuclear weapons in the early post-war years.

Senator BEN NIGHTHORSE CAMPBELL; the distinguished Senate Minority Leader, Senator TOM DASCHLE; Senator JEFF BINGAMAN; and Senator PETER DOMENICI all joined me in introducing this legislation.

In 1990, the Radiation Exposure Compensation Act (42 U.S.C. 2210) was enacted in law. RECA, which I was proud to sponsor, required the federal government to compensate those who were harmed by the radioactive fallout from atomic testing. Administered through the Department of Justice, RECA has been responsible for compensating approximately 6,000 individuals for their injuries. Since the passage of the 1990 law, I have been continuously monitoring the implementation of the RECA program.

Quite candidly, I have been disturbed over numerous reports from my Utah constituents about the difficulty they have encountered when they have attempted to file claims with the Department of Justice. I introduced S. 1515 in response to their concerns.

This bill honors our nation's commitment to the thousands of individuals who were victims of radiation exposure while supporting our country's national defense. I believe we have an obligation to care for those who were injured, especially since, at the time, they were not adequately warned about the potential health hazards involved with their work.

Another issue which many of my constituents contacted me about over the past year was the Medicare provisions contained in the 1997 Balanced Budget Act (BBA) and the impact of these provisions on health care providers and Medicare beneficiaries.

I am extremely pleased that the House and Senate approved the Medicare, Medicaid, and CHIP Adjustment Act of 1999 and that President Clinton signed the measure into law.

This important bill will help to ensure that Medicare beneficiaries can continue to receive high-quality, accessible health care.

Overall, the bill increases payments for nursing homes, hospitals, home health agencies, managed care plans, and other Medicare providers. It will also increase payments for rehabilitative therapy services, and longer coverage of immunosuppressive drugs.

Over $17 billion in legislative restorations are contained in this package for the next 10 years.

Clearly we now know that there were unintended consequences as a result of the reimbursement provisions contained in the BBA. Many of the changes provided for in the BBA resulted in far more severe reductions in spending that we projected in 1997.

As a result, skilled nursing facilities, home health agencies and hospitals have been particularly hard hit from these changes in the Medicare law.

In 1997, Medicare was in a serious financial condition and was projected to go bankrupt in the year 2001. The changes we made in 1997 saved Medicare from financial insolvency and have resulted in extending the program's solvency until 2015.

Nevertheless, the reductions we enacted in 1997 created a serious situation for many health care providers who simply are not being adequately reimbursed for the level and quality of care they were providing.

This situation is particularly evident in the nursing home industry.

Many skilled nursing facilities, or SNFs, are now facing bankruptcy because the current prospective payment system, which was enacted as part of the BBA, does not adequately compensate for the costs of care to medically complex patients.

As a result, I introduced the Medicare Beneficiary Access to Quality Nursing Home Care Act of 1999, S. 1500, which was designed to provide immediate financial relief to nursing homes who care for medically complex patients.

The Chairman of the Budget Committee, Senator DOMENICI, was the principal cosponsor of this important legislation. And I would like to take this opportunity now to thank him for the extraordinary effort he made in helping to have major provisions of our bill incorporated into the final conference agreement on the BBA refinement bill.

Moreover, I want to thank the other 44 Senators who cosponsored S. 1500 and who lent their support in helping to move this issue to conference.

This is an important victory for Medicare beneficiaries who depend on nursing home care.

As we have seen over the past several years, those beneficiaries with medically complex conditions were having difficulty in gaining access to nursing home facilities, or SNFs, because many SNFs simply did not want to accept these patients due to the low reimbursement levels paid by Medicare.

The current prospective payment system is flawed. It does not accurately account for the costs of these patients with complex conditions.

The Health Care Financing Administration (HCFA) has acknowledged that the system needs to be corrected.

Under the provisions of the BBA Restoration bill we are passing today, reimbursement rates are increased by 20% for 15 payment categories, or the Resource Utilization Groups—RUGs—beginning in April 2000. These increases are temporary until HCFA has fine-tuned the PPS and made adjustments to reflect a more accurate cost for these payment categories.

Moreover, after the temporary increases have expired, all payment categories will be increased by 4% in fiscal year 2001 and 2002.

These provisions will provide immediate increases of $1.4 billion to nursing home facilities to care for these high-cost patients.

In addition, the bill also gives nursing homes the option to elect to be paid at the full federal rate for SNF PPS which will provide an additional $700 million to the nursing community.

I would also add that I am pleased the conference report includes a provision to provide a two-year moratorium on the physical/speech therapy and occupational therapy caps that were enacted as part of the BBA.

As we all well know, these arbitrary caps have resulted in considerable pain and difficulty for thousands of Medicare beneficiaries who have met and exceeded the therapy caps.

I joined my colleague and good friend, Senator GRASSLEY, as a cosponsor of this important legislation and I want to commend him for his leadership in getting this bill incorporated into the final BBA refinement conference report.

There are many other important features of this bill that are included in the conference report agreement and, clearly, these provisions will do a great deal to help restore needed Medicare funding to providers.

The bottomline is all of this is ensuring that Medicare beneficiaries have access to quality health care. We need to keep that promise and I believe we have done that through the passage of this legislation.

Overall, $2.7 billion is restored to SNFs under this legislation.

With respect to other providers, I would briefly add that the bill contains funding for home health agencies as well. The bill will ease the administrative requirements on home health agencies as well as delay the 15 percent reduction in reimbursement rate for one year. This reduction was to have taken effect on October 2000 but will now be delayed for one year until October 1, 2001.