S. 2397. A bill to amend title 10, United States Code, to deny Federal educational assistance funds to local educational agencies that deny the Department of Defense access to secondary school students or directory information about secondary school students for military recruiting purposes, and for other purposes; to the Committee on Armed Services.

By Mr. FITZGERALD (for himself, Mr. SCHUMER, Mr. DURBIN, Mr. SANTORUM, Mr. SPECTER, Ms. MIKULSKI, Mr. SARBANES, and Mr. KERREY):

S. 2398. A bill to amend the Public Health Service Act to revise and extend the programs relating to organ procurement and transplantation; to the Committee on Health, Education, Labor, and Pensions.

By Mr. DURBIN (for himself and Mr. LEVIN):

S. 2399. A bill to amend title XVIII of the Social Security Act to revise the coverage of immunosuppressive drugs under the Medicare program; to the Committee on Finance.

By Mr. ALLARD:

S. 2400. A bill to direct the Secretary of the Interior to convey certain water distribution facilities to the Northern Colorado Water Conservancy District; to the Committee on Energy and Natural Resources.

By Mr. GREGG (for himself and Mr. KOHL):

S. 2401. A bill to provide jurisdictional standards for imposition of State and local business activity, sales, and use tax obligations on interstate commerce, and for other purposes; to the Committee on Finance.

By Mr. CLELAND (for himself, Mr. LEVIN, and Mr. BINGAMAN):

S. 2402. A bill to amend title 38, United States Code, to enhance and improve educational assistance under the Montgomery GI Bill in order to enhance recruitment and retention of members of the Armed Forces, and for other purposes; to the Committee on Veterans' Affairs.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Ms. COLLINS (for herself, Mr. MOYNIHAN, Mr. GREGG, Mr. KYL, Mr. LEAHY, and Mrs. HUTCHISON):

S. Res. 285. A resolution expressing the sense of the Senate that there should be parity among the countries that are parties to the North American Free Trade Agreement with respect to the personal exemption allowance for merchandise purchased abroad by returning residents, and for other purposes; to the Committee on Finance.

By Mr. CLELAND:

S. Con. Res. 103. A concurrent resolution honoring the members of the Armed Forces and Federal civilian employees who served the Nation during the Vietnam era and the families of those individuals who lost their lives or remain unaccounted for or were injured during that era in Southeast Asia or elsewhere in the world in defense of United States national security interests; to the Committee on the Judiciary.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. GRAHAM:

S. 2383. A bill to amend the Immigration and Nationality Act to provide temporary protected status to certain unaccompanied alien children, to provide for the adjustment of status of aliens unlawfully present in the United States who are under 18 years of age, and for other purposes; to the Committee on the Judiciary.

ALIEN CHILDREN PROTECTION ACT OF 2000

Mr. GRAHAM. Mr. President, for many weeks, we have been dealing with the tragedy of Elian Gonzalez. If this tragedy teaches us anything, it is that the U.S. immigration laws have not been constructed in a manner that accounts for the special needs of our Nation's most precious resource—I also say our world's most precious resource—our children.

Yesterday, CNN-USA Today released a Gallup Poll on the Elian Gonzalez tragedy. That poll said by a 2-to-1 margin Americans believe Elian Gonzalez should live with his father in Cuba rather than with relatives in the United States. But that same poll, also by a 2-to-1 margin, found that Americans disapprove of the way the Government has handled this case. That disapproval of the way in which the Government has handled this case could be a disapproval of hundreds of cases if they had the same notoriety as Elian.

I come this afternoon to introduce legislation that will require the Federal Government to dramatically improve its treatment of the thousands of unaccompanied children who arrive in the United States each year.

Many of us are parents. I personally have been blessed with four beautiful daughters and 10 wonderful grandchildren. We all know the special joy a child brings to our lives. We know that bond across generations that relationship between a parent or a grandparent and a child brings. We all want to pour all of the history, all of our personal experience into safeguarding and into paving the way in the best interests of our children.

The Bible tells us to take this responsibility seriously. In the book of Proverbs, it imparts this wisdom:

Train up a child in the way he should go, and when he is old he will not depart from it.

We all have that responsibility to train up a child.

As that passage from Proverbs suggests, we have a responsibility to protect and nurture all of our children. Their future—our planet's future—depends on it.

Unfortunately, U.S. law prevents us from carrying out that responsibility with respect to some of this planet's most vulnerable children.

Each year, there are about 5,000 unaccompanied children who are detained by the U.S. Immigration and Naturalization Service. Some children come to this country seeking asylum, others hope to be reunified with families, and others seek nothing but a better life. While many of these children ultimately are deported or voluntarily returned home, some have legitimate claims which merit our attention.

Regardless of the outcome of their cases, in most instances, these children must endure the rigors of an immigration system that is anything but child friendly. Unfortunately, many children in INS custody end up spending time in jail-like settings while their cases are pending. They have no one to guide them through complex immigration law and procedure.

Moreover, immigration laws are technical and inflexible and do not permit compassion or frequently even common wisdom to enter into the equation when determining the fate of a child.

I will give some examples. Six Chinese children were detained by the INS last year in Oregon. Though charged with no crime, they were sent to a juvenile detention facility for 8 months where they were exposed to violent youthful offenders who had committed crimes such as murder and drug trafficking. One of the group, a 15-year-old girl, was forced to remain at the jail for several weeks after she had been granted asylum, even though she had relatives living in New York.

Such innocent children should not have to endure exposure to hardened juveniles and criminals as part of their experience with the U.S. immigration process.

Equally compelling is the story of a Kosovar Albanian boy who was suffering from severe depression. He was held in a juvenile correctional facility for over 6 months during his immigration proceedings. The INS provided psychiatric care but by a professional who spoke only English. After a mental episode, the boy was placed in the maximum security section of the jail rather than being provided with appropriate care. The INS even balked at placing the boy in foster care after he was granted asylum, thus further delaying his stay in an inappropriate facility.

The Federal Government's insensitivity to child immigrants is also illustrated by a recent case of two children from the Caribbean. Their mother is a legal, permanent resident in the United States, but she had left her minor children behind with the belief they would soon follow. The mother promptly applied for visas for her children. Yet the children were required to wait in their home country for months and, in some cases, even years before they could even get an interview at the local U.S. Embassy to pave the way for reunification with their mother.

These are just three examples of children who were improperly treated as a result of our current immigration laws. Many of these cases are the result of INS's inherent conflict of interest: Children are detained and frequently deported by the same agency that is responsible for caring for them and protecting their legal rights. This system does not work well enough, and it needs improvement. Children are entitled to receive care from child welfare authorities who will act in their best interest and who are trained to protect children's rights.

Indeed, there is an irony. The Federal Government requires States to place

children in facilities that are separate and apart from adult correctional facilities. The INS should at least abide by the same standard with respect to alien children.

To address these problems, my legislation takes four actions: First, it requires that INS place children in its custody in a facility appropriate for children; in other words, no jails. These facilities are required to provide for the health, welfare, and educational needs of children.

Two, provide children in INS custody with a guardian ad litem to champion that child's best interest. Notably, this guardian would not be associated with the INS in order to eliminate any conflict of interest.

Three, give the Attorney General the flexibility and the authority in extraordinary cases to evaluate a child's case on the basis of what is in the best interest of the child.

Four, to direct the General Accounting Office to conduct a study and report back to Congress regarding whether and to what extent U.S. diplomatic officials are fulfilling their obligation to reunify on a priority basis children in foreign countries whose parents are legally present in the United States.

With these changes in the law, children will no longer be forced to struggle through the immigration process alone under the adverse conditions to which they are currently exposed. The INS will have the flexibility to treat children in its custody with greater compassion and common sense.

I hope the recent attention which has and will continue to surround the Elian Gonzalez tragedy will encourage us to shield all our children from the vagaries of U.S. immigration law. Our future generations deserve to be protected, not persecuted or prosecuted. They deserve to be inspired, not incarcerated. They deserve to have decisions about their future made consistent with what is in their best interest, not confused by conflicts of interest.

I conclude with hope that this Congress will give attention to an issue which affects not one child but thousands of children who are in the custody of the United States and whose treatment reflects our fundamental American values of justice and concern for their rights.

Mr. President, I ask unanimous consent that the bill and three newspaper articles and editorials on the subject of ''INS Treats Children Shamefully'' be printed in the RECORD.

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

S. 2383

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 ''Alien Children Protection Act of 2000''.

SEC. 2. USE OF APPROPRIATE FACILITIES FOR THE DETENTION OF ALIEN CHILDREN.

(a) IN GENERAL.—Except as provided in subsection (b), in the case of any alien under 18 years of age who is awaiting final adjudication of the alien's immigration status and who does not have a parent, guardian, or relative in the United States into whose custody the alien may be released, the Attorney General shall place such alien in a facility appropriate for children not later than 72 hours after the Attorney General has taken custody of the alien.

(b) EXCEPTION.—The provisions of subsection (a) do not apply to any alien under 18 years of age who the Attorney General finds has engaged in delinquent behavior, is an escape risk, or has a security need greater than that provided in a facility appropriate for children.

(c) DEFINITION.—In this section, the term ''facility appropriate for children'' means a facility, such as foster care or group homes, operated by a private nonprofit organization, or by a local governmental entity, with experience and expertise in providing for the legal, psychological, educational, physical, social, nutritional, and health requirements of children. The term ''facility appropriate for children'' does not include any facility used primarily to house adults or delinquent minors.

SEC. 3. ADJUSTMENT TO PERMANENT RESIDENT STATUS.

Section 245 of the Immigration and Nationality Act (8 U.S.C. 1255) is amended by adding at the end the following:

''(l)(1) The Attorney General may, in the Attorney General's discretion, adjust the status of an alien under 18 years of age who has no lawful immigration status in the United States to that of an alien lawfully admitted for permanent residence if—

''(A)(i) the alien (or a parent or legal guardian acting on the alien's behalf) has applied for the status; and

''(ii) the alien has resided in the United States for a period of 5 consecutive years; or

''(B)(i) no parent or legal guardian requests the alien's return to the country of the parent's or guardian's domicile, or with respect to whom the Attorney General finds that returning the child to his or her country of origin would subject the child to mental or physical abuse; and

''(ii) the Attorney General determines that it is in the best interests of the alien to remain in the United States notwithstanding the fact that the alien is not eligible for asylum protection under section 208 or protection under section 101(a)(27)(J).

''(2) The Attorney General shall make a determination under paragraph (1)(B)(ii) based on input from a person or entity that is not employed by or a part of the Service and that is qualified to evaluate children and opine as to what is in their best interest in a given situation.

''(3) Upon the approval of adjustment of status of an alien under paragraph (1), the Attorney General shall record the alien's lawful admission for permanent residence as of the date of such approval, and the Secretary of State shall reduce by one the number of visas authorized to be issued under sections 201(d) and 203(b)(4) for the fiscal year then current.

''(4) Not more than 500 aliens may be granted permanent resident status under this subsection in any fiscal year.''.

SEC. 4. ASSIGNMENT OF GUARDIANS AD LITEM TO ALIEN CHILDREN.

(a) ASSIGNMENT.—Whenever a covered alien is a party to an immigration proceeding, the Attorney General shall assign such covered alien a child welfare professional or other individual who has received training in child welfare matters and who is recognized by the Attorney General as being qualified to serve as a guardian ad litem (in this section referred to as the ''guardian''). The guardian shall not be an employee of the Immigration and Naturalization Service.

(b) RESPONSIBILITIES.—The guardian shall ensure that—

(1) the covered alien's best interests are promoted while the covered alien participates in, or is subject to, the immigration proceeding; and

(2) the covered alien understands the proceeding.

(c) REQUIREMENTS ON THE ATTORNEY GENERAL.—The Attorney General shall serve notice of all matters affecting a covered alien's immigration status (including all papers filed in an immigration proceeding) on the covered alien's guardian.

(d) DEFINITION.—In this section, the term ''covered alien'' means an alien—

(1) who is under 18 years of age;

(2) who has no lawful immigration status in the United States and is not within the physical custody of a parent or legal guardian; and

(3) whom no parent or legal guardian requests the person's return to the country of the parent's or guardian's domicile or with respect to whom the Attorney General finds that returning the child to his or her country of origin would subject the child to physical or mental abuse.

SEC. 5. SENSE OF CONGRESS.

Congress commends the Immigration and Naturalization Service for its issuance of its ''Guidelines for Children's Asylum Claims'', dated December 1998, and encourages and supports the Service's implementation of such guidelines in an effort to facilitate the handling of children's asylum claims.

SEC. 6 GENERAL ACCOUNTING OFFICE REPORT.

The General Accounting Office shall prepare a report to Congress regarding whether and to what extent U.S. Embassy and consular officials are fulfilling their obligation to reunify, on a priority basis, children in foreign countries whose parent or parents are legally present in the United States.

[From the St. Petersburg Times, Mar. 8, 2000]

INS TREATS CHILDREN SHAMEFULLY

Reaching the U.S. mainland usually is no easy feat for illegal immigrants fleeing their homelands. Whether crossing the ocean by boat or trudging miles across desert, immigrants nearly always face a journey that is dangerous and traumatic. For the children of these immigrants, who often have no say in their parents' decision to flee to the United States, that trauma too often is compounded once they arrive—by an American immigration system that treats kids like criminals.

The Immigration and Naturalization Service says children detained by the agency must be moved to a safe, kid-friendly environment within 72 hours of their initial detention, unless they are suspected criminals or considered a flight risk. Advocates for these children say that rule rarely is enforced. Instead, immigrant children typically are separated from their loved ones and locked in juvenile detention facilities, often before the INS has a chance to determine the family's status.

Because of a worsening space crunch at INS facilities, nearly 1,000 of the 4,000 children detained by the INS within the past year have been remanded to secure, jail-like facilities where many have remained for months. The children typically wear prison uniforms, and many are forced to mingle with the teenage convicts also housed in the facilities. Unlike the convicts, immigrant children get no legal representation, and no adult guardians are appointed to protect their interests.

This shameful treatment of children is a symptom of the broader problems plaguing U.S. immigration policy. It is a system that

allows legal U.S. residents to be detained indefinitely on the basis of secret evidence. It is a system that no longer gives judges discretion in deportation cases. And it is a system that even the INS's own chief has described as slow, inefficient and poorly managed.

The INS is expected to issue new rules that will require jails housing non-criminal INS detainees to meet specific standards of care. Immigrant advocates hope the new rules will give detainees the right to make phone calls, meet with lawyers and prevent guards from subjecting them to arbitrary strip searches.

Even if those rules pass, they should be only the first of many reforms initiated by the INS and Congress to ensure that all detainees—especially children—are treated more humanely by the U.S. government.

[From the Seattle Post-Intelligencer, Mar. 21, 2000]

IMMIGRATION LAW BUSTS UP FAMILIES

(By Llewelyn G. Pritchard)

Llewelyn G. Pritchard is a Seattle attorney at Helsell Fetterman. He is chairman of the American Bar Association Advisory Committee to the Immigration Pro Bono Development and Bar Activation Project. He is a former member of the boards of the Washington State Bar Association and the American Bar Association.

Lately we have been bombarded with media stories about immigrant families being ripped apart due to draconian measures undertaken by the U.S. Immigration and Naturalization Service.

There is the Atlanta story about the German mother of two who, having applied for citizenship, faces deportation instead because years ago she admitted to pulling another girl's hair over the affections of a boy.

There is the Falls Church, Va., mom who called police after repeatedly being beaten by her husband. She was arrested for biting him after he sat on her. She faces deportation and separation from her children, all of whom were born in the United States.

But we don't have to look beyond he boundaries of Washington to hear terrible tales.

There is the case of Emma Hay. This Puyallup mother of four—all U.S. citizens—is being deported. Her crime was to answer the telephone for a visiting relative who said he didn't speak English well enough to talk to the caller.

By simply saying her relative ''couldn't help the caller today, but could help tomorrow,'' Hay was caught in a drug sting and charged with ''using a communications facility to facilitate the distribution of cocaine.'' Although she claimed she wasn't aware of her cousin's activities, she pleaded guilty and was convicted on federal drug charges. She got no jail time, and was placed on probation for three years, which she successfully completed.

After living in our state for more than 20 years and running a restaurant, Hay now faces deportation. While the original incident earned her a probationary sentence because she agreed to plead guilty, it has now become a deportable offense.

Hay was grabbed by the INS upon returning from a vacation, all because the tough 1996 Illegal Immigration Reform and Immigrant Responsibility Act has tipped the legal scales against non-citizens * * *. This draconian law reclassifies past infractions and makes them deportable offenses even in cases where no prison time has been served or where there is evidence of rehabilitation.

This law also widely expanded the definition of aggravated felony. Non-citizens convicted of ''aggravated felonies'' are now not only deportable, but are also ineligible for a waiver from deportation or even judicial review.

Woe to the immigrant who applies to become a citizen only to be trapped in the INS web, as in the case of the German mother in Atlanta, or who seeks to re-enter the country as Hay did.

So now Hay sits in a Louisiana jail, thousands of miles away from her lawyer and her children, awaiting deportation. Her 20-year-old daughter has quit school to support the family.

What's the benefit of justice to her, her family or our country? There is none under this new act.

The INS has the fastest growing prison population in the United States. There are more than 17,000 immigrants detained, with predictions of 23,000 by year's end. Most detainees do not have legal representation, even though the INS adopted standards in 1998 allowing lawyer access in federal INS facilities.

The majority, or 60 percent, are warehoused in state and local jails, at great cost to our overburdened prison budget. Those folks are far away from immigration lawyers and have no guarantee of legal access. Even those in federal INS facilities are in remote areas and access is often difficult.

We should be outraged. This can't be happening in America. Newcomers live in all our communities, work at our sides, attend our churches and our schools. They are our neighbors and our friends.

But there is some good news.

The 60,000 member American Bar Association Section of Litigation, which will meet in Seattle in early April, announced that it will adopt our ABA immigration project as one of its pro bono efforts, pairing up with lawyers with detainees around the country.

Their efforts will help some of the most defenseless in our country. I applaud and welcome them in this worthy fight.

We must make certain that the basic premise and promise of our country is not forgotten: ''Justice for all.''

[From the Miami Herald, Jan. 9, 2000]

THE LITTLEST REFUGEES MERIT BETTER TREATMENT FROM INS

Immigration and Naturalization Service Commissioner Doris Meissner projects uncommon compassion. ''Both U.S. and international law recognize the unique relationship between parent and child,'' she said in announcing her decision to return 6-year-old Elian Gonzalez to his father in Cuba. ''Family reunification has long been a cornerstone of both American Immigration law and INS practice.''

Unfortunately her agency doesn't always practice what she preaches. Case in point: Two children, ages 8 and 10, were repatriated to Haiti while their mother, desperate with worry not knowing what had happened to them, was brought to Miami for medical care.

Yvena Rhinvil and her children were among some 400 passengers on the boat from Haiti that ran aground off Key Biscayne on New Years Eve. They were trying to enter the United States illegally. Both the Coast Guard and INS now say that they didn't know about the children. Had it known, INS says it would have tried to keep the kids with their mother.

But Ms. Rhinvil says she spoke of her kids both to an interpreter before being taken off the ship and once again on land. What mother wouldn't?

KIDS DON'T COME FIRST

If indeed the INS didn't know, it should have known before it sent the children back. Nobody asked, which is inexcusable. Fortunately an aunt watched Ms. Rhinvil's children. But who knows if there were other unaccompanied youths aboard that boat?

The problem is that the INS is not equipped either by mission or staffing to look out for the welfare of children. First and foremost it is an enforcement agency, charged with protecting our borders. Both policy and practice reflect it.

Another case: A 15-year-old Chinese girl remained in a Portland, Ore., juvenile jail more than six weeks after being granted asylum and after an uncle in New York had agreed to take her. She and five other teens fled China in April, only to spend eight months in a criminal facility.

Unfortunately, locking up minors such as these teens is not an exception. That's because INS practices regarding children vary widely by their nationality and INS district. Even though international law and common decency dictate that refugee children be detained only as a last measure and only for a short time, detention in criminal juvenile facilities happens regularly in some districts. Without caretakers and most often without legal advisers, what hope can detained children have of knowing or demanding their legal rights?

LITTLE PROTECTION

For the most part, the Florida INS District treats minors better than most. Unaccompanied children without U.S. relatives are often placed with Catholic Charities facilities such as Boystown. Children who arrive with parents are typically placed in a hotel until the family is deported or released from detention.

Ideally all minors could be released to caring relatives, and the INS frequently does this. Yet without the intervention of child-welfare authorities, there is little protection from abuse. The INS mandates such intervention only when the child is from China or India because of the track record of child servant-slaves. Yet Haitian children, too, have been known to be sold into servitude.

Capricious and inconsistent treatment of children simply is unacceptable when last year alone the INS had some 5,300 minors in its custody.

By Mrs. FEINSTEIN (for herself, Mrs. HUTCHISON, Mr. BAUCUS, Mr. MURKOWSKI, Mr. CLELAND, Mr. DURBIN, Ms. LANDRIEU, Mr. SMITH of Oregon, Mr. LAUTENBERG, Mr. JOHNSON, Mr. KENNEDY, Mr. EDWARDS, Mr. CAMPBELL, Mr. ABRAHAM, Mr. KERRY, Mr. FEINGOLD, Mr. SANTORUM, Mr. LEAHY, Mr. INHOFE, Mr. WELLSTONE, Mr. BINGAMAN, Mr. MOYNIHAN, Mr. HATCH, Ms. SNOWE, Mr. HAGEL, Mr. BIDEN, Mr. MACK, Mr. GRASSLEY, Mr. ASHCROFT, Mr. BRYAN, Mrs. MURRAY, Mrs. BOXER, Ms. MIKULSKI, Mr. REID, Mr. BREAUX, Mr. DODD, Mr. LIEBERMAN, Mr. KERREY, Mr. DASCHLE, Mr. JEFFORDS, and Mr. ROTH):

S. 2386. A bill to extend the Stamp out Breast Cancer Act; to the Committee on Governmental Affairs.

BREAST CANCER RESEARCH STAMP REAUTHORIZATION ACT OF 2000

Mrs. FEINSTEIN. Mr. President, I rise to introduce the bill entitled the Breast Cancer Research Stamps Reauthorization Act of 2000. I am pleased that Senator KAY BAILEY HUTCHISON has joined me as the lead cosponsor.

The Breast Cancer Research stamp is the first stamp in our nation's history

dedicated to raising funds for a special cause. Since the stamp's issuance in the summer of 1998, the U.S. Postal Service has sold 164 million Breast Cancer Research stamps—raising over $12 million for breast cancer research. In addition, the stamp has focused public awareness on the devastating disease and has stood out as a beacon of hope and strength around which breast-cancer survivors can rally.

Unfortunately, without congressional action, the Breast Cancer Research stamp will expire on July 28, 2000. The Breast Cancer Research Stamp Reauthorization Act of 2000 would permit the sale of the Breast Cancer Research stamp for 2 additional years. The stamp would continue to cost 40 cents and sell as a first class stamp. The extra money collected will be directed to breast cancer research at the National Institutes of Health and the Department of Defense.

A Breast Cancer Research stamp remains just as necessary today as 2 years ago. Breast cancer is the most commonly diagnosed cancer among women in every major ethnic group in the United States. More than 2 million women are living with breast cancer in America, 1 million of whom have yet to be diagnosed.

Breast cancer continues to be the number one cancer killer of women between the ages of 15 and 54. This year alone, 182,800 women will be diagnosed with breast cancer, and 40,800 women will die from the disease. The disease claims another woman's life every 15 minutes in the United States.

Thanks to breakthroughs in cancer research, more and more people are becoming cancer survivors rather than cancer victims. According to the American Association for Cancer Research, 8 million people are alive today as a result of cancer research. The bottom line is that every dollar we continue to raise will save lives.

I am pleased to report that this reauthorization bill has over 39 original cosponsors and broad support within the health community.

Let me just repeat a couple of the glowing comments from the many groups in support of this bill. It shows the truly astounding impact of this stamp.

The Susan G. Komen Foundation writes:

> The Breast Cancer Research stamp has not only raised millions of dollars by providing a convenient and innovative mechanism for public participation in the [battle against breast cancer], but it has also focused public awareness on this devastating disease.

Betsy Mullen of Women's Information Network—Against Breast Cancer adds:

> This bill, if passed will provide an innovative, simple and now proven way for individuals to make a substantial contribution to fund federal cancer research and to continue to be a part of what has become an effective public-private partnership.

The American Association of Health Plan attests:

> We've heard from our physicians about women who have scheduled examinations or mammograms after purchasing the stamp or receiving a card or letter posted with it.

Oliver Goldsmith, chairman of the Southern California Permanente Medical Group, writes:

> The Breast Cancer Research stamp captures the essence of innovation, volunteerism and partnership that are such an integral aspect of our country's history and spirit. This vital legislation will give all of us the opportunity to continue to work together to eradicate breast cancer. The American people can realistically continue to raise millions of dollars a year to fund cutting edge research to end this rampant disease that claims the lives of all too many breast cancer victims in this country and around the world.

Other supporters of the Breast Cancer Stamp Reauthorization Act of 2000 include the American Cancer Society, the American Medical Association, the Y-Me National Breast Cancer Organization, Leadership America, the National Association of Women's Health, the American Cancer League, the American College of Surgeons, Friends of Cancer Research, the California Nurses Association, the Association of Reproductive Health Care Professionals, and many others.

I urge my colleagues to join me in enacting this important legislation.

By Mr. LEAHY (for himself, Mr. JEFFORDS, Mr. KENNEDY, Mr. KERRY, Mr. DURBIN, and Mr. WELLSTONE):

S. 2387. A bill to improve global health by increasing assistance to developing nations with high levels of infectious disease and premature deaths, by improving children's and women's health and nutrition, by reducing unintended pregnancies, and by combating the spread of infectious diseases, particularly HIV/AIDS, and for other purposes; to the Committee on Foreign Relations.

GLOBAL HEALTH ACT OF 2000

Mr. LEAHY. Mr. President, today the Foreign Operations Subcommittee held its third hearing on global health since 1997. Our first hearing was the first of its kind in the Congress, when we highlighted how disease outbreaks and impoverished public health systems half a world away directly threaten Americans. Since then, the interest in these issues in the Congress, the Administration, the media and the public has skyrocketed.

Today, there are about a dozen pieces of legislation pending which deal with some aspect of global health, the President has proposed major increases in funding and policy initiatives to encourage the pharmaceutical companies to invest in new vaccines against HIV/AIDS, malaria, TB, and other major killers, and the World Health Organization is setting the pace for us all to tackle these challenges with new energy and new resources.

This sea change is a reflection of the magnitude of the challenges and opportunities, as well as a recognition of the essential role the United States must play in global health.

There is no need to recite at length what has spurred this interest, but I do want to cite a couple of illustrative facts:

In America, each year we spend over $4,000 per person on health care.

In the countries where 2 billion of the world's people live in desperate poverty, only $3 to $5 per person per year is spent on health care.

It would cost just $15 per person per year to address most of the urgent health needs of those 2 billion people.

With that $15 per person, we could prevent or cure the many millions of deaths caused by tuberculosis, malaria, pneumonia, diarrheal diseases, measles, HIV/AIDS, and pregnancy related diseases.

That is the challenge we face. The benefits to the world, and to the United States, should be obvious. In an increasingly interdependent world, reducing the threats posed by infectious diseases and poor reproductive health, and the social and economic consequences of poverty and disease, is absolutely key to our own future security and prosperity.

The Congress has become increasingly seized with these issues. However, while I strongly support most of the bills that have been introduced—and I am a cosponsor of Senator KERRY's ''Vaccines for the New Millennium Act,'' they have tended to focus narrowly on the eradication of specific diseases and the development of new vaccines.

These are admirable and important goals, but I have always believed that global health consists of a broader set of issues that must be addressed together. Our primary challenge is to provide the resources to enable developing countries to build the capacity—both human and infrastructure, to support effective public health systems. That was the motivation for my infectious disease initiative three years ago, which since then has provided an additional $175 million to support programs in surveillance, anti-microbial resistance, TB, and malaria.

Today, in an effort to build on that initiative, I am introducing new legislation to authorize an additional $1 billion to support five key components of global health. The ''Global Health Act of 2000,'' targets HIV/AIDS; other deadly infectious diseases such as TB, malaria, and measles; children's health; women's health; and family planning.

Together, these five groups of issues account for over 80 percent of the disproportionate burden of disease and death borne by the 2 billion people living in the world's poorest countries. This legislation, an identical version of which Congressman JOSEPH CROWLEY has introduced in the House, has the strong support of the Global Health Council, the world's largest consortium of private and public companies and organizations, agencies and governments, involved in public health.

We have the technology to do this. The key missing ingredient is political will, and resources.

We can, and we must, recognize that we need to think in terms of far larger amounts of money if we are serious about global health. Every dollar of the additional $1 billion called for in my legislation, which is approximately double the amount we currently spend on these activities, is justified and urgently needed. And the payoff would be enormous, both in terms of lives saved and in future health care cost savings.

Senator MCCONNELL, the chairman of the Foreign Operations Subcommittee, has been a strong supporter of global health, and I will be working in the Appropriations Committee to obtain the funds we need to achieve these goals.

By Mr. ROTH;

S. 2389. A bill to provide additional assistance for fire and emergency services, and for other purposes; to the Committee on Environment and Public Works.

21ST CENTURY FIRE AND EMERGENCY SERVICES ACT OF 2000

● Mr. ROTH. Mr. President, firefighters and EMS personnel are truly our nation's first responders. When the tragic images of natural or manmade disasters flash across our TV screens, there is one image that stands alone. The American firefighter is always there to rescue the family from a burning building, always there in the wake of a natural disaster, and is always there should a terrorist strike in our nation's heartland. These scenes are played out around our country on a daily basis. And while we see these images on TV as just a part of our society today, what is not realized is the cost our first responders bear.

The 1.2 million men and women that serve in our nation's 32,000 fire departments do so with little fanfare, and often with little or no pay. Our nation's first responders ask very little of us, but, thankfully, they are always there when we need them.

That is why I have introduced the 21st Century Fire and Emergency Services Act which is a companion to the House-passed legislation. This legislation is an important step forward for the fire and EMS community.

Every year I hear from fire departments in Delaware who are looking to acquire state-of-the-art equipment to enhance their performance on a fire scene, or attempting to secure funding to train personnel in arson detection. I also hear from fire personnel seeking funds to create all-important fire prevention programs at local elementary schools. These are just a few examples. The point is that for all too many departments, after the general operating expenses are calculated, there is no funding for this equipment or special program. Funds raised through chicken dinners, bingo and bake sales can only go so far.

Back home, the Delaware Volunteer Firemen's Association is sending out the call for help. My legislation establishes two grant programs at the Federal Emergency Management Agency. The first is an $80 million competitive grant program for volunteer and paid fire and emergency services departments. With these 50/50 matching grants, I believe this legislation will give departments throughout our country an opportunity to have the thermal imaging camera or the health and wellness program needed to help them do their jobs even better.

Second, this bill establishes a $10 million burn research grant program through FEMA. Under this program, safety organizations, hospitals, and governmental and nongovernmental entities that are responsible for burn research, prevention, or treatment are eligible for competitive grants to continue their important work.

Finally, this bill recognizes the contributions of volunteer firefighters by providing $10 million to fully fund the USDA's Volunteer Fire Assistance Program. This program allows the nearly 28,000 rural fire departments nationwide to apply for cost-share grants for training, equipping and organizing their personnel. These rural fire departments represent the first line of defense for rural areas coping with fires and other emergencies.

Personally, I am excited about the technology that is available to first responders today, and I am committed to working to ensure that every department in Delaware and throughout the country has the tools it needs to make us all safer in our homes and communities. Let's not wait for the next disaster to hear the call.

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. 2389

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 ''21st Century Fire and Emergency Services Act of 2000''.

SEC. 2. DEFINITIONS.

In this Act:

(1) AGENCY.—The term ''Agency'' means the Federal Emergency Management Agency.

(2) BURN PROGRAM.—The term ''burn program'' means the Burn Services Grant Program established by section 3(a).

(3) DIRECTOR.—The term ''Director'' means the Director of the Agency.

(4) FIRE PROGRAM.—The term ''fire program'' means the ''Fire Services Grant Program'' established under section 4(a).

SEC. 3. BURN SERVICES GRANT PROGRAM.

(a) ESTABLISHMENT.—There is established within the Agency a grant program to be known as the ''Burn Services Grant Program''.

(b) COMPETITIVE GRANTS.—The Director may make a grant under the burn program, on a competitive basis, to—

(1) a safety organization that has experience in conducting burn safety programs, for the purpose of assisting the organization in conducting or augmenting a burn prevention program;

(2) a hospital that serves as a regional burn center, for the purpose of conducting acute burn care research; or

(3) a governmental or nongovernmental entity, for the purpose of providing after-burn treatment and counseling to individuals that are burn victims.

(c) PROGRAM OFFICE.—The Director shall establish within the Agency an office to—

(1) establish criteria for use by the Director in awarding grants under the burn program; and

(2) administer grants awarded under the burn program.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $10,000,000, to remain available until expended.

SEC. 4. FIRE SERVICES GRANT PROGRAM.

(a) ESTABLISHMENT.—The Director shall establish within the Agency a grant program known as the ''Fire Services Grant Program'' to award grants to volunteer, paid, and combined volunteer-paid departments that provide fire and emergency medical services.

(b) USE OF FUNDS.—A grant awarded under the fire program may be used to—

(1) acquire—

(A) personal protective equipment required for firefighting personnel by the Occupational Safety and Health Administration; and

(B) other personal protective equipment for firefighting personnel;

(2) acquire additional firefighting equipment, including equipment for communication and monitoring;

(3) establish wellness and fitness programs for firefighting personnel to reduce the number of injuries and deaths related to health and conditioning problems;

(4) promote professional development of fire code enforcement personnel;

(5) integrate computer technology to improve records management and training capabilities;

(6) train firefighting personnel in—

(A) firefighting;

(B) emergency response; and

(C) arson prevention and detection;

(7) enforce fire codes;

(8) fund fire prevention programs and public education programs on—

(A) arson prevention and detection; and

(B) juvenile fire setter intervention; and

(9) modify fire stations, fire training facilities, and other facilities to protect the health and safety of firefighting personnel.

(c) APPLICATIONS.—An applicant for a grant awarded under the fire program shall submit to the Director an application that includes—

(1) a demonstration of the financial need of the applicant;

(2) evidence of a commitment by the applicant to provide matching funds from non-Federal sources for the project that is the subject of the application in an amount that is at least equal to the amount of funds requested in the application;

(3) a cost-benefit analysis linking the funds requested to improvements in public safety; and

(4) a commitment by the applicant to provide information to the National Fire Incident Reporting System for the period for which the grant is received.

(d) AUDITS.—The Director shall conduct audits of grant recipients to ensure that grant funds are used for the purposes for which the grant is awarded.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $80,000,000, to remain available until expended.

SEC. 5. COOPERATIVE FORESTRY ASSISTANCE.

The Secretary of Agriculture shall use the funds, facilities, and authorities of the Commodity Credit Corporation to carry out paragraphs (1) through (3) of section 10(b) of the Cooperative Forestry Assistance Act of 1978 (16 U.S.C. 2106(b)), not to exceed $10,000,000, to remain available until expended.●

By Mr. DEWINE (for himself, Mr. WARNER, Mr. HUTCHINSON, Mr. SESSIONS, Mr. HELMS, and Mr. ABRAHAM):

S. 2390. A bill to establish a grant program that provides incentives for States to enact mandatory minimum sentences for certain firearms offenses, and for other purposes; to the Committee on the Judiciary.

PROJECT EXILE: THE SAFE STREETS AND NEIGHBORHOODS ACT OF 2000

● Mr. DEWINE. Mr. President, I come to the floor today because I am troubled. Guns are falling into the wrong hands. It's killing our children. It's killing our friends and our neighbors. It's creating mayhem in communities across America. That's why I'm introducing Project Exile: The Safe Streets and Neighborhoods Act of 2000.

It's no secret that gun control measures are very controversial and are subject to a great deal of debate—as they should be. But, in the heat of that debate, we must not lose sight of the real issue—gun violence. There is nothing controversial about protecting our children, our families and our communities by keeping guns out of the wrong hands—the hands of armed criminals—not law-abiding citizens, Mr. President, but criminals.

The Safe Streets and Neighborhoods Act offers a simple, commonsense approach to fighting gun violence. My bill would provide $100 million in grants over 5 years to those states agreeing to impose mandatory minimum 5-year jail sentences on criminals who use or possess an illegal gun. As an alternative, a state can also qualify for the grants by turning armed criminals over for federal prosecution under existing firearms laws. Therefore, a state has the option of having armed felons prosecuted in state or federal courts. Qualifying states can use their grants for any purpose that would strengthen the ability of their criminal or juvenile justice systems to deal with violent criminals.

Back in 1991, the Federal Government implemented a program to aim antigun violence efforts at the root of the problem—at criminals. This program—known as project Triggerlock—directed every U.S. attorney to coordinate with federal, state, and local investigators to bring federal weapons charges against armed criminals. Sentences for these prosecutions wee generally more severe than they would have been under state laws. The program was hugely successful. In fact, simply by making gun prosecutions a federal priority, starting in 1991, Project Triggerlock took away over 2,000 guns from violent felons in just 18 months.

Tragically, Mr. President, despite the success of Project Triggerlock, the current administration has not aggressively prosecuted all armed criminals. Between 1992 and 1998, for example, the number of gun cases filed for prosecution dropped from 7,048 to about 3,807—that's a 46-percent decrease. As a result, the number of federal criminal convictions for firearms offenses have fallen dramatically.

Even worse, some federal firearms laws are almost never enforced by this administration. While Brady law background checks have stopped nearly 300,000 prohibited purchasers of firearms from buying guns, less than one-tenth of one percent have been prosecuted. Similarly, federal criminal prosecutions for possession of a firearm on school grounds numbered just eight in 1998, despite the fact that 6,000 individuals were caught carrying guns to school. There's something wrong with this picture, Mr. President, something terribly wrong.

I believe most Americans would agree that we should take guns out of the hands of armed criminals. I believe that most Americans would agree that criminals who possess a firearm or use a firearm during the commission of a violent crime or a serious drug trafficking offense should face severe penalties. And, Mr. President, I also believe that most Americans would favor legislation that offers a single, noncontroversial, commensense approach to fighting gun violence.

So, today, I, along with my colleagues, introduce Project Exile: The Safe Streets and Neighbors Act, which builds on the previous success of programs like Project Triggerlock and offers the kind of practical solution we need to thwart gun crimes.

This approach works, Mr. President. For example, in 1997, Virginia revived Project Triggerlock under the name ''Project Exile.'' Specifically, the city of Richmond and the U.S. attorney implemented a program based on one simple principle: any criminal caught with a gun serves a minimum mandatory sentence of 5 years in federal prison. Period. End of story. As a result, gun-toting criminals are being prosecuted six times faster, and serving sentences up to four times longer than they otherwise would under state law. Moreover, the homicide rate in Richmond already has dropped 40 percent.

It is clear that programs like Project Triggerlock and Virginia's Project Exile work, while at the same time being very simple. But still, federal gun prosecutions have declined considerably during this administration because it has not emphasized these programs. Why? I have repeatedly questioned Attorney General Reno and her deputies about this decline, and their standard response is that the Department of Justice is focusing on so-called ''high-level'' offenders, instead of ''low-level'' offenders who commit a crime with a gun. With all due respect, I consider that response to be bureaucratic nonsense. One thing I learned as Greene County Prosecutor in my home state of Ohio is that any criminal who commits a crime with a gun is a high-level offender. And, I'm willing to bet that any citizen who has ever been a victim of a gun-crime would agree.

Furthermore, the idea that there are a lot of so-called ''low-level'' offenders, who commit only one crime with a gun, is just plain wrong. The average armed criminal commits 160 crimes a year; that is an average of three crimes per week. These people are, by themselves, walking crime waves.

Along the same lines, Attorney General Reno recently said that she would aggressively prosecute armed criminals, but only if they commit a violent crime. Again, that type of law enforcement policy just does not make sense. Current law prohibits felons from possessing guns—we should enforce the law. We should aggressively prosecute armed criminals before they use those guns to injure and kill people.

We need to take all of these armed criminals off the streets. That is how we will prevent crime and save lives. Why wait for armed criminals to commit more heinous crimes before we prosecute them to the full extent of the law? Why wait when we can do something that will make a difference now, before another Ohioan—or any American—becomes a victim of gun violence.

Every state should have the opportunity to implement Project Exile in their high-crime communities. The bill that we are introducing today will make this proven, commonsense approach to reducing gun violence available to every state. Programs like Project Triggerlock and Project Exile will take guns out of the hands of violent criminals. They will make our neighborhoods safer. They will save lives.

We can take concrete steps toward making our streets and neighborhoods safer from armed criminals by passing the ''Safe Streets and Neighborhoods Act.'' I urge my colleagues on both sides of the aisle to support and pass this legislation. It's time to protect our children and our families. It's time to get guns out of the wrong hands. It's time we take back our neighborhoods and our communities from the criminals and take action to stop gun crimes.●

By Mr. ROTH:

S. 2391. A bill to suspend temporarily the duty on (S)-6-chloro-3,4-dihydrol - 4 - cyclopropyethynyl-4-trifluoromethyl-2(1H)-quinazolinone; to the Committee on Finance.

S. 2392. A bill to suspend temporarily the duty on (S)-6-chloro-3,4-dihydro-4E-cyclopropyethynyl - 4 - trifluoro–methyl-2(1H)-quinazolinone; to the Committee on Finance.

LEGISLATION TO TEMPORARILY REDUCE TARIFFS ON HIV-COMBATING DRUGS

Mr. ROTH. Mr. President, I rise today to introduce two bills, each of

which would temporarily suspend the tariff collected on imports of two HIV-combating drugs, thus lowering their price for HIV-infected consumers in the United States.

The two drugs are DPC 961 and DPC 083. They have been selected from hundreds of candidates to have superior attributes relative to currently marketed similar drugs. As such, their combined potency, excellent resistance profile, lower protein binding, and longer plasma half life increases the probability that these drugs will successfully treat both HIV patients who have not previously had a similar treatment as well as those HIV patients who have already developed resistance to currently available agents. According to publicly available information, there is no other HIV treatment in clinical trials that is expected to be able to treat most patients with resistance to currently available agents. DPC 961 and DPC 083 are also expected to have the advantage of once daily therapy.

In addition, it is my expectation that the revenue impact of these measures will be determined by the Congressional Budget Office to be de minimus. There is no manufacturer of these drugs in the United States. It is my hope that these measures will win the unanimous support of my colleagues.

By Mr. DURBIN (for himself and Mr. FEINGOLD):

S. 2393. A bill to prohibit the use of racial and other discriminatory profiling in connection with searches and detentions of individuals by the United States Customs Service personnel, and for other purposes; to the Committee on Finance.

THE REASONABLE SEARCH STANDARDS ACT

• Mr. DURBIN. Mr. President, I rise today to introduce the Reasonable Search Standards Act. This act prohibits racial or other discriminatory profiling by Customs Service personnel. Representative JOHN LEWIS from Georgia has introduced similar legislation in the House.

Two years ago, I requested a GAO study of the U.S. Customs Service's procedures for conducting inspections of airport passengers. The need for this study grew out of an investigation report by Renee Ferguson of WMAQ–TV in Chicago and several complaints from African-American women in my home state of Illinois who were strip-searched at O'Hare Airport for suspicion of carrying drugs. No drugs were found and the women felt that they had been singled out for these highly intrusive searches because of their race. These women, approximately 100 of them, have filed a class action suit in Chicago.

The purpose of the GAO study was to review Customs' policies and procedures for conducting personal searches of airport passengers and to determine the internal controls in place to ensure that airline passengers are not inappropriately targeted or subjected to personal searches.

Approximately 140 million passengers entered the United States on international flights during fiscal years 1997 and 1998. Because there is no data available on the gender, race and citizenship of this traveling population, GAO was not able to determine whether specific groups of passengers are disproportionately selected to be searched.

However, once passengers are selected for searches, GAO was able to evaluate the likelihood that people with various race and gender characteristics would be subjected to searches that are more personally intrusive, such as strip-searches and x-rays, rather than simply being frisked or patted down.

The GAO study revealed some very troubling patterns in the searches conducted by U.S. Customs Service inspectors.

GAO found disturbing disparities in the likelihood that passengers from certain populations groups, having been selected for some form of search, would be subjected to the more intrusive searches including strip-searches or x-ray searches. Moreover, that increased likelihood of being intrusively searched did not always correspond to an increased likelihood of actual carrying contraband.

Because of the intrusive nature of strip-searches and x-ray searches, it is important that the Customs Service avoid any discriminatory bias in forcing passengers to undergo these searches.

GAO found that African-American women were much more likely to be strip-searched than most other passengers. This disproportionate treatment was not justified by the rate at which these women were found to be carrying contraband. Certain other groups also experienced a greater likelihood of being strip-searched relative to their likelihood of being found carrying contraband.

Specifically, African-American women were nearly 3 times as likely as African-American men to be strip-searched, even though they were only half as likely to be found carrying contraband. Hispanic-American and Asian-American women were also nearly 3 times as likely as Hispanic-American and Asian-American men to be strip-searched, even though they were 20 percent less likely to be found carrying contraband.

In addition, African-American women were 73 percent more likely than White-American women to be strip-searched in 1998 and nearly 3 times as likely to be strip-searched in 1997, despite only a 42 percent higher likelihood of being found carrying contraband. Moreover, among non-citizens, White men and women were more likely to be strip-searched than Black and Hispanic men and women, despite lower rates of being found carrying contraband.

As with strip-searches, x-rays are personally intrusive and it is of particular concern that the Customs Service avoid any discriminatory bias in requiring x-ray searches of passengers suspected of carrying contraband.

GAO found that African-Americans and Hispanic-Americans were much more likely to be x-rayed than other passengers. This disproportionate treatment was not justified by the rate at which these passengers were found to be carrying contraband.

Specifically, GAO found that African-American women were nearly 9 times as likely as White-American women to be x-rayed even though they were half as likely to be carrying contraband. African-American men were nearly 9 times as likely as White-American men to be x-rayed, even though they were no more likely than White-American men to be carrying contraband. Moreover, Hispanic-American women and men were nearly 4 times as likely as White-American women and men to be x-rayed, even though they were only a little more than half as likely to be carrying contraband. And among non-citizens, Black women and men were more than 4 times as likely as White women and men to be x-rayed, even though Black women were only half as likely and Black men were no more likely to be found carrying contraband.

For these reasons, I am introducing the Reasonable Search Standards Act. This bill is a direct response to the concerns raised by the GAO report. The bill prohibits Customs Service personnel from selecting passengers for searches based in whole or in part on the passenger's actual or perceived race, religion, gender, national origin, or sexual orientation.

To ensure that a sound reason exists for selecting someone to be searched, the bill requires Customs Service personnel to document the reasons for searching a passenger before the passenger is searched. The only exception to this requirement is when the Customs official suspects that the passenger is carrying a weapon.

The bill also requires all Customs Service personnel to undergo periodic training on the procedures for searching passengers, with a particular emphasis on the prohibition on profiling. The training shall include a review of the reasons given for searches, the results of the searches and the effectiveness of the criteria used by Customs to select passengers for searches.

Finally, the bill calls for an annual study and report on detentions and searches of individuals by Customs Service personnel. The report shall include the number of searches conducted by Customs Service personnel, the race and gender of travelers subjected to the searches, the type of searches conducted—including pat down searches and intrusive non-routine searches—and the results of these searches.

With this proposed legislation, I call on the Congress of the United States to act, to make a commitment giving all persons entering and leaving our borders, regardless of gender, race, color,

religion, or ethnic background, the right to be treated fairly.

Lyndon B. Johnson once said, ''I am a free man, an American, a United States Senator, and a Democrat, in that order.'' I am also all of these, in that order.

As a man, I am saddened that, in this new millennium, women and minorities are disproportionately selected for intrusive searches at our nation's borders.

As an American, I am deeply troubled by the thought that any citizen, or non-citizen, might be detained and stripped or x-rayed because of their gender or the color of their skin.

As a United States Senator, I am proposing legislation to prohibit racial or other inappropriate profiling and establish statutory procedures to track and prevent disproportionate search rates. This approval reflects our nation's basic posture of common sense and common justice.

I implore my colleagues to examine this issue from the viewpoint of the nation and its entire people. In the immortal words of John F. Kennedy, ''The rights of every man are diminished when the rights of one man are threatened.''●

(By Mr. MOYNIHAN (for himself, Mr. KENNEDY, Mr. SCHUMER, Mr. HELMS, Mr. KERREY, Mrs. BOXER, Mr. INOUYE, Mr. SANTORUM, Mr. TORRICELLI, Mr. JOHNSON, Mrs. FEINSTEIN, Mr. SMITH of Oregon, Mr. KERRY, Mr. DEWINE, Mr. EDWARDS, Mr. CLELAND, Mr. LIEBERMAN, Mr. LEVIN, Mr. SARBANES, Mr. WELLSTONE, Mr. REED, Mrs. MURRAY, Ms. MIKULSKI, and Mr. SPECTER):

S. 2394. A bill to amend title XVIII of the Social Security Act to stabilize indirect graduate medical education payments; to the Committee on Finance.

THE TEACHING HOSPITAL PRESERVATION ACT OF 2000

● Mr. MOYNIHAN. Mr. President, today I am introducing a bill—The Teaching Hospital Preservation Act of 2000—that would provide much needed financial support for America's 144 accredited medical and osteopathic schools and 1,250 graduate medical education (GME) teaching institutions. Teaching hospitals are national treasures; these institutions are the very best in the world. Yet, today they find themselves in a precarious financial situation as market forces reshape the health care delivery system in the United States.

Markets do not provide for public goods such as teaching hospitals. Everyone benefits from public goods but no one has any incentive to pay. It follows, therefore that for the most part teaching hospitals have to be paid for by the public either indirectly through tax exemption or directly through expenditure.

The legislation I am introducing is similar to S. 1023—The Graduate Medical Education Payment Restoration Act of 1999—a bill I introduced during the first session. Congressman RANGEL is introducing an identical bill in the House today.

My particular interest in this subject began in 1994, when the Finance Committee took up the President's Health Security Act. I was Chairman of the Committee at the time. In January of that year, I asked Dr. Paul Marks, M.D., President of Memorial Sloan-Kettering Cancer Center in New York City, if he would arrange a ''seminar'' for me on health care issues. He agreed, and gathered a number of medical school deans together one morning in New York.

Early on in the meeting, one of the seminarians remarked that the University of Minnesota might have to close its medical school. In an instant I realized I had heard something new. Minnesota is a place where they open medical schools, not close them. How, then, could this be? The answer was that Minnesota, being Minnesota, was a leading state in the growth of competitive health care markets, in which managed care organizations try to deliver services at lower costs. In this environment, HMOs and the like do not send patients to teaching hospitals, absent which you cannot have a medical school.

We are, my friends, in the midst of a great era of discovery in medical science—an era which might end prematurely if we are not careful with our finances. It is certainly not a time to close medical schools. This great era of medical discovery is occurring right here in the United States, not in Europe like past ages of scientific discovery. And it is centered in New York City. Progress over the past 60 years has been remarkable: images of the inside of the human body based on the magnetic resonance of bodily tissues; laser surgery; micro surgery for reattaching limbs; and organ transplantation, among other wonders. Physicians are now working on a gene therapy that might eventually replace bypass surgery. I can hardly imagine what might be next.

The growth of managed for-profit care, which does not fund public goods, combined with reductions in Medicare support for GME, is having a deleterious effect on the financial position of teaching hospitals. The Medicare program is the nation's largest explicit financier of GME, with annual payments of about $5.4 billion in 1999. However, because of payment reductions set forth by the Balanced Budget Act (BBA) of 1997, Medicare support is eroding as well—down from $6.3 billion in 1997. According to the Medicare Payment Advisory Commission, between 1997 and 1998, the margins for major teaching hospital have been slashed by more than half, and are at their lowest point of the century. And this is an average; individual hospitals have fared far worse.

With declining margins and many hospitals operating in the red, the mission of these fine institutions is in jeopardy. The teaching hospitals that we know and depend on today—including those in my state of New York—may not be able to continue their work, or even to survive. If this is to happen, we could face what Walter Reich has called ''the dumbing down of American medicine.''

Last year, we forestalled some cuts enacted in the BBA by passing the Balanced Budget Refinement Act (BBRA) of 1999, however, this legislation provided only short-term relief and does not go for enough. To ensure that this precious public resource is maintained and the United States continues to lead the world in quality health care, my bill, the Teaching Hospital Preservation Act of 2000 would maintain critically required funding.

The Teaching Hospital Preservation Act of 2000, with a total of 23 cosponsors, would freeze the scheduled reductions to the indirect portion of GME funding. Under the BBA, the indirect payment adjustor was scheduled to be reduced from 7.7 percent to 5.5 percent by FY 2001. Last year, the BBRA slowed the cuts by holding the indirect payment adjuster at 6.5 percent in FY 2000, 6.25 percent in FY 2001 and 5.5 percent in FY 2002 and thereafter. BBRA restored about $500 million—over 5 years—in funding for teaching hospitals. The bill I introduce today would maintain the indirect payment adjuster at 6.5 percent. In total, this bill restores about another $2 billion over 5 years in GME funding for teaching hospitals.

This bill would protect our nation's teaching hospitals and ensure that the United States will continue to be in the forefront of developing new cures, new medical technology, and training of the worlds finest medical professionals. Without this bill, the state of our nation's teaching hospitals and the delivery of health care will remain in jeopardy.

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. 2394

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 ''Teaching Hospital Preservation Act of 2000''.

SEC. 2. REVISION OF REDUCTION OF INDIRECT GRADUATE MEDICAL EDUCATION PAYMENTS.

Section 1886(d)(5)(B)(ii) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)(ii)) (as amended by section 111(a) of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (113 Stat. 1501A–329), as enacted into law by section 1000(a)(6) of Public Law 106–113) is amended—

(1) in subclause (IV), by adding ''and'' at the end; and

(2) by striking subclauses (V) and (VI) and inserting the following:

''(V) on or after October 1, 2000, 'c' is equal to 1.6.''.●

• Mr. KENNEDY. Mr. President, the Teaching Hospital Preservation Act that we are introducing today will restore much-needed support for the nation's teaching hospitals by freezing the Medicare Indirect Medical Education adjustment at 6.5 percent. The so-called IME payments under Medicare go to teaching hospitals to help defray their added costs of caring for the sickest patients, training physicians, and providing an environment in which clinical research can flourish. Under current law, the IME payments will be reduced from their current level of 6.5 percent to 6.25 percent for fiscal year 2001 and 5.5 percent for fiscal year 2002 and future years. If these reductions take place, they will have a devastating impact on the nation's teaching hospitals.

Enactment of this relief is essential to complete the task we began last year in the Balanced Budget Restoration Act of 1999. Across the country, teaching hospitals continue to suffer severe financial losses. According to the Association of American Medical Colleges, even with enactment of last year's measure, the typical teaching hospital will still lose more that $40 million in Medicare payments between 1998 and 2002. At the most recent meeting of the Medicare Payment Advisory Committee, it was reported that the margins of major teaching hospitals dropped from 5.1 percent in 1997 to 2.3 percent in 1998. Notwithstanding major efforts by the leadership of this institutions to reduce their costs, there is every reason to believe this ominous trend is continuing.

In Boston, teaching hospitals lost $22 million just in the first quarter of the current fiscal year, and Boston is far from alone. The financial problems of the nation's pre-eminent teaching hospitals around the country are well-known. Cutbacks in care for patients, research, and teaching have already been implemented by many of these respected institutions, and are being considered by many others. These teaching hospitals are the backbone of our health care system, and Congress should not stand silent in the face of these distressing developments.

Teaching hospitals are facing substantially higher costs for drugs, labor, medical devices and new technologies. The tight labor market is pushing wages higher and higher. Despite these heavy financial pressures. Medicare is scheduled to impose serious cutbacks in its reimbursements to teaching hospitals. The result of this shortfall may well be disastrous for these indispensable institutions.

A significant part of the problem was caused by the excessive and unintended Medicare reductions required by the Balanced Budget Act of 1997. Last year's Balanced Budget Restoration Act delayed reductions in the IME adjustment. That relief was an important first step, but it was only a first step. The legislation we are introducing today will ensure that Medicare support for teaching hospitals remains at its current level.

The pre-eminence of American academic medicine is at stake. The nation's teaching hospitals provide the highest quality health care to the sickest patients. They ensure the highest quality physicians training, and an unparalleled research capability. In addition, teaching hospitals are the safety net for 44 percent of the uninsured, despite comprising only 6 percent of all hospitals. They perform a vast array of services to their communities, from neighborhood health programs to drug treatment programs to well baby clinics. All of these programs are in jeopardy if the currently scheduled cutbacks take place. We cannot afford to let teaching hospitals fail. I urge my colleagues to join us in enacting this important bill this year.•

By Mr. BENNETT:

S. 2396. A bill to authorize the Secretary of the Interior to enter into contracts with the Weber Basin Water Conservancy District, Utah, to use Weber Basin Project facilities for the impounding, storage, and carriage of nonproject water for domestic, municipal, industrial, and other beneficial purposes; to the Committee on Energy and Natural Resources.

LEGISLATION REGARDING THE WEBER BASIN WATER CONSERVANCY DISTRICT

Mr. BENNETT. Mr. President, I am pleased to take a step in addressing the long-term water needs of Summit County, Utah. The bill I am introducing today, to make a necessary technical correction, authorizes the Secretary of the Interior to enter into contracts with the Weber Basin Water Conservancy District. This legislation would permit non-federal water intended for domestic, municipal, industrial, and other uses to utilize federal facilities of the original Weber Basin Project for various purposes such as storage and transportation.

In this case, the Smith Morehouse Dam and Reservoir was constructed by the Weber Basin Water Conservancy District in the early 1980's using local funding resources in order to create a supply of non-federal project water. However, it has been determined that there is currently a need to deliver approximately 5,000 acre feet of this non-federal Smith Morehouse water in conjunction with approximately 5,000 acre feet of federal Weber Basin project water to the Snyderville Basin area of Summit County, Utah and to Park City, Utah.

In 1996, the Weber Basin Water Conservancy District entered into aMemorandum of Understanding and Agreement to deliver this water approximately 14 miles from Weber Basin Weber River sources within a certain time frame and dependent upon the execution of an Interlocal Agreement with Park City and Summit County. The Warren Act requires that legislation be enacted to enable the District to move ahead with this agreement with Summit County and Park City to deliver the water utilizing Weber Basin Project facilities built by the Bureau of Reclamation.

There is an immediate need for the delivery of water to this area. The Utah State Engineer halted the approval of new groundwater developments in the area last year. At the same time, Summit County is experiencing tremendous growth; in fact it is one of the highest growth areas in the state. Within the areas to be served, taxed by the Weber Basin District, there is a definite public need for an adequate, reliable, and cost effective water delivery project in order to meet the future demands of this area.

Since there is precedent allowing the wheeling of non-federal water through federal facilities, my colleagues should realize that this is a non-controversial piece of legislation. Therefore, I hope that Congress will move quickly to pass this legislation next session and I look forward to working closely with my colleagues on the Committee on Energy and Natural Resources to move it quickly.

By Mr. FITZGERALD (for himself, Mr. SCHUMER, Mr. DURBIN, Mr. SANTORUM, Mr. SPECTER, Ms. MIKULSKI, Mr. SARBANES, and Mr. KERREY):

S. 2398. A bill to amend the Public Health Service Act to revise and extend the programs relating to organ procurement and transplantation; to the Committee on Health, Education, Labor, and Pensions.

ORGAN TRANSPLANTATION FAIRNESS ACT OF 2000

Mr. FITZGERALD. Thank you, Mr. President.

Mr. President, I rise today to introduce the Organ Transplantation Fairness Act of 2000.

I thank my original cosponsors on this bill: Senators SCHUMER, DURBIN, SANTORUM, SPECTER, MIKULSKI, SARBANES, and KERREY.

Our Nation's organ procurement and transplant system is in serious need of change.

We could be saving more lives through organ transplants in this country than we are at the present time.

The purpose of our bill and the goals of our bill are threefold.

First, we want to increase the amount of organs that are being donated all across the country.

There are many more people who need to receive organs to remain alive. They need organ transplants, and there are not a sufficient number of people donating those organs. This bill attempts to address that issue.

Second, we want to bring greater fairness to how we allocate scarce organs after they are donated.

Right now those organs are not allocated in the best possible way. And because of problems in our allocation system, people are dying unnecessarily. We could be saving more lives.

The third goal of the bill is to seek to implement many of the recommendations of the Institute of Medicine in

their 1999 report entitled ''Organ Procurement and Transplantation.''

In attempting to improve the system of organ procurement transplants in this country, we have picked out many of the Institute of Medicine's recommendations, and we tried to enact them into law. Our system is saving many more lives than it used to.

Organ transplantation is fairly new to this country. If you go back 20 years or so, there were very few organs being transplanted. But now many more people are benefiting and going on to live healthy lives thanks to people who have donated organs, and thanks to successful transplants. But as many lives as our system has saved, we are not saving as many lives as we could.

I have a chart to demonstrate this. As of today, there are over 68,000 American patients waiting for a life-saving organ transplant.

In 1998, the most recent statistics available, over 4,800 people died while on that organ transplant waiting list.

That means about 13 people a day are dying in this country while waiting to get an organ that can be transplanted into their bodies.

I said earlier that we are not saving as many lives as we could save.

Let me demonstrate why that is the case, and why we know we are not saving enough lives.

According to the Department of Health and Human Services, in 1998, some 71 percent of livers were transplanted to patients in the least urgent medical status categories. But at the same time that we were transplanting those livers into patients in the least urgent medical status categories, in the same year, 1,300 patients died while waiting for a liver.

How can it be that we are transplanting livers into patients who aren't in the most critically ill categories, while at the same time people in the most critical condition were dying for lack of a liver transplant?

The reason for that is we have a system in our country that is based on where you live. Whether you live or die because of an organ transplant may depend not on how sick you are but on where you live in this country.

Let's examine this a little bit more closely.

There is a private not-for-profit corporation in this country that has been given the authority to be in charge of our Nation's organ transplant and procurement network. They have set up a series of regions. They divided the whole country into regions. There are organs that are available within those regions. But if you live outside one of the regions where an organ is available, you are not liable to get one of the organs when it comes up.

As a Senator from Illinois, I think the simplest thing for me to do in illustrating this problem is to use Illinois as an example. Most of Illinois is in organ procurement organization district 29. You can have a patient who lives in northern Illinois, just a few miles from the border of Wisconsin, and this patient could need a liver transplant. He or she could be in status 1 medical condition, which means he or she is in the most critical category and in need of a liver transplant immediately. A liver may become available just over the border in region 37, the Wisconsin network. But that liver can't be sent to the person in Illinois because that person in Illinois is in region 29—not 37.

If a liver becomes available from a donor in Wisconsin, they will first look to see if they have a very critically ill person who needs a liver transplant in region 37. If they don't find such a person, then they will go to somebody who is in a less urgent situation who doesn't need the liver as quickly as that other person in Illinois. Thus, somebody who may be in status 2, or even what they call status 3 medical condition, which isn't as critical as status 1, could get the liver transplant up in Wisconsin. But that person a few miles south of the border who needs the liver immediately, because he or she happens to live in Illinois, cannot get it. If an organ doesn't become available in that region in which he or she lives, that person may not survive.

There is a saying in the real estate industry by the real estate brokers and agents. When you go to them, they always tell you that everything and the value of your home depends on ''location, location, location.'' I bet not many Americans realize that in some cases if you are in need of a liver transplant or a heart transplant, your chances of survival are going to depend on your location, your location, your location.

The purpose of our bill is to try to open this system up, and instead of directing the organs to the people depending on where they live, instead of determining whether people are going to live or die simply based on accidents of geography, we try to bring sense to this whole system. We try to get organs to people in the most critical need of those organs as soon as possible. We would hope to get those to the sickest people as soon as possible—the sickest people who have the chance of going on and having a successful transplant.

There comes a point when your organs are so damaged and you are so sick that it could be that a transplant would no longer help you. Certainly, we have to be careful to make sure that we get the organs to those who are the sickest but who still have a good chance of surviving an organ transplant.

In addition, attempting to get the organs to the sickest patients first, making that our Nation's public policy, we would like to encourage a broader sharing of organs.

The Institute of Medicine's report suggested that each of these areas should contain at least 9 million people. That is the minimum level for optimal sharing to get the organs out and save the most lives. We want to make sure we broaden these networks.

It isn't possible in all cases for all organs to be shared nationally. With the heart, for example, a heart cannot last much more than 4 hours after it has been given by a donor. It has to be transplanted quickly. Other organs, such as kidneys, my understanding is we can preserve them for over 24 hours, or even longer, and in that circumstance it would be possible to have more nationwide sharing to get those organs allocated to the people who need them the most.

Another important provision of our legislation is to take a strong stand for the proposition that the private not-for-profit corporation that now runs the whole Nation's organ procurement and transplant network should have some public accountability. Members may have heard that a bill passed by the House of Representatives provides no public accountability for this private corporation that has life or death control over at least 68,000 Americans. There is no accountability in that bill. They wouldn't be accountable to elected officials. They could not be regulated by the Department of Health and Human Services. If people had a complaint with how that organization was being run, there would be little or no recourse. I guess you could knock on their doors at their corporate headquarters in Richmond, VA, and ask them to listen to you, but they wouldn't have to. They are private not-for-profit corporations with no responsibility to make sure the best public policy goals of this country are achieved.

I don't think that is right. I think we want this corporation to be publicly accountable to make sure that it is meeting the objectives of the laws that are on the books and serving the public interest.

In addition, the Organ Transplantation Fairness Act of 2000 would create a national organ transplant advisory board. It implements the recommendations of the Institute of Medicine in this regard by creating an advisory board that reviews the organ procurement and transplantation network policies and advises the Secretary of our Department of Health and Human Services.

We also put in place a process, based on sound medical criteria, for the certification and recertification of what they call OPOs—organ procurement organizations. It requires the OPOs that fail to meet performance criteria to file a corrected plan, and they will have 3 years to implement such a plan. We have to have a way of making sure the organ procurement organizations in this country are doing a good, professional job. There has to be some accountability of those organizations.

One of the most important issues, of course, is encouraging more organ donations. Earlier this morning I had the opportunity to meet in my office with several individuals who had actually been the recipients of donated organs. Those transplants they had had saved

their lives. One of them was a constituent of mine. His name was Kent Schlink from Peoria, IL. When Kent was in his late twenties, he had to have a heart transplant to correct a defect he had in his heart dating from his early childhood. He was very sick. He was on the waiting list for quite some time. He ultimately had a heart transplant at St. Francis Hospital in Peoria, IL, that saved his life. His life was saved at a time when he had a 6-month-old child. He has gone on to have another child. To see him talk about the joy to be with his young kids drives home what a gift people who donate organs make—a gift of life.

We also had the opportunity to meet in my office with Britney Green, a young girl whom I believe is 13 years old. She had a liver transplant when she was 3 years old. She is currently on a waiting list for a new heart. She has had a very tough road to hoe, but she is a bright and cheerful young lady. She is very supportive and hopes we can improve the system in this country.

Finally, I wish to mention one other young man who impressed me. His name is Danny Canal. Danny is 14 years old, and he is an incredibly bright, wonderful young man. He is a transplant recipient who actually had a four-organ transplant, if you can believe that. Not only did he have four organs transplanted, he actually had two sets of those organs before the third set began functioning properly. This wonderful young kid who has been saved by these organ transplants probably wouldn't have had to have so many organs transplanted into him, because he originally only needed a transplant of a small intestine. Unfortunately, it took so long, he was on the waiting list for the transplant of that intestine so long that his other organs started to fail, to the point where he had to have his pancreas and other organs replaced. Then there were problems and it took three times before they got that right. He is a wonderful young man. It was a very moving experience to hear his story.

We need to encourage more people to donate organs so there can be more Danny Covals and Kent Schlinks and Britney Greens whose lives can be saved in this country. Our bill does a lot to address that. We seek to establish a grant program to assist organ procurement organizations and other not-for-profit organizations in developing and expanding programs aimed at increasing organ donation rates.

We create a congressional donor medal to honor living organ donors and organ donor families, and give credit to the tremendous gift they are giving by giving an organ. We establish a system of support for State programs to increase organ donation, and we provide some financial support to pay for nonmedical travel expenses of living donors.

We have long had a transplant policy in this country that it was against public policy, against the law to pay people for donating organs. That creates many medical and ethical issues. I agree with that prohibition against paying people for donating organs. Everybody who does it is doing it just for the internal reward of helping somebody else. They are not doing it for any financial gain. However, I think it is appropriate that we could at least help defray some of the nonmedical travel expenses of the living donors. Most health insurance policies do, in fact, now in this country cover the medical expenses associated with donating the organ.

The bill also bans lobbying by the organ procurement and transplant network administrator. That is the private not-for-profit corporation in Richmond, VA. We prohibit that firm which administers the program under contract with the Department of Health and Human Services from using fees that it collects from transplant patients to lobby Members of Congress. That firm is collecting, I believe, $375 from every person who is on an organ donor waiting list in the country. We want to make sure those fees are helping to match organs with patients so that more people can be saved. We do not think they need to be using those funds to lobby Members of Congress.

Finally, one of the things the bill does is it actually comes in and abolishes State laws that are on the books in several States that are referred to as organ hoarding laws. Several States now, I regret to say, have enacted laws saying organs donated within their State borders cannot be given to people outside of their States. One of those States is the State of Wisconsin, that borders on my State of Illinois.

I love Wisconsin. I think it is one of the most beautiful States in our country. Every summer my family and I go up and we vacation in northern Wisconsin. We enjoy their fishing and beautiful forests and the wildlife there. But I disagree with the law they have on the books that says if somebody in Wisconsin donates an organ, it cannot save a life in Illinois. I know Walter Payton, if he could have had an organ donated from a Green Bay Packer fan, would have gladly accepted it.

We do not need to be engaging in the Balkanization of our country. We do not need to have these kinds of barriers erected between States. We are, in the end, one nation, one giant state. This Balkanization has no place in our country. A report from the Institute of Medicine and other reports have indicated the statutes on the books in these several States greatly diminish the effectiveness and equity of a national organ transplant policy. We need to make sure that is no longer allowed.

The other thing I point out is many of the people from Wisconsin may come down and get listed on a transplant list at a hospital in Chicago. Then the effect of that law, passed by the Wisconsin legislature, would be to deny their own resident of the State of Wisconsin the ability to get the transplant at maybe a very renowned hospital in Chicago, or even one they go to in New York or another big State. That is inappropriate. It is not good public policy. Our bill would very firmly say that those laws would no longer be allowed in the States, and I think we would be on our way toward developing a much better national policy.

With that, Mr. President, I ask unanimous consent that the text of my bill be printed in the RECORD.

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

S. 2398

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 ''Organ Transplantation Fairness Act of 2000''.

SEC. 2. FINDINGS.

(a) IN GENERAL.—Congress makes the following findings:

(1) It is in the public interest to maintain and continually improve a national network to ensure the fair and effective distribution of organs among patients on the national waiting list irrespective of their place of residence or the location of the transplant program with which they are listed, and to ensure quality and facilitate collaboration among network members and individual medical practitioners participating in the network activities.

(2) The Organ Procurement and Transplantation Network (referred to in this section as the ''Network'') was created in 1984 by the National Organ Transplant Act (Public Law 98–507) in order to facilitate an equitable allocation of organs among all patients on a national basis.

(3) The Federal Government should continue to provide Federal oversight of the Network and is responsible for protecting the public's health care interest and ensuring that the policies of the Network meet the goals established by this Act.

(4) The responsibility for developing, establishing, and maintaining medical criteria and standards for organ procurement and transplantation should be a function of the Network, and the Secretary of Health and Human Services should provide oversight to ensure compliance with this Act and other applicable laws.

(5) The network should be operated by a private organization under contract with the Department of Health and Human Services.

(6) The Federal Government is responsible for ensuring that the efforts of the Network serve patients and donor families in the procurement and distribution of organs.

(7) The Federal Government should take immediate action to improve organ donation rates and increase the number of organs available for transplantation.

(8) There is a significant disparity between the number of organ donors and the number of individuals waiting for organ transplants, and it is in the public's best interest to have a system of organ allocation that ensures that transplant candidates with similar severity of illness have similar likelihood of transplantation irrespective of their place of residence or the location of the transplant program with which they are listed.

(b) SENSE OF CONGRESS REGARDING ORGAN DONATION.—It is the sense of Congress that—

(1) the factors that impact organ donation rates are complex and require a multifaceted approach to increase organ donation rates;

(2) the Federal Government should lead the national effort to increase organ donation

and develop programs with the transplant community to research and implement a best practices approach to increasing organ donation; and

(3) a generous contribution has been made by each individual who has donated an organ to save a life.

SEC. 3. ORGAN PROCUREMENT ORGANIZATIONS.

Section 371 of the Public Health Service Act (42 U.S.C. 273) is amended to read as follows:

''SEC. 371. ORGAN PROCUREMENT ORGANIZATIONS.

''(a) AUTHORITY OF THE SECRETARY.—The Secretary may make grants to, and enter into contracts with, qualified organ procurement organizations described in subsection (b), and other nonprofit private entities, for the purpose of carrying out special projects designed to increase the number of organ donors.

''(b) QUALIFIED ORGANIZATIONS.—

''(1) REQUIREMENTS.—A qualified organ procurement organization for which grants may be made under subsection (a) is an organization that, as determined by the Secretary, will carry out the functions described in paragraph (2), and that—

''(A) is a nonprofit entity;

''(B) has accounting and other fiscal procedures (as specified by the Secretary) necessary to ensure the fiscal stability of the organization;

''(C) has an agreement with the Secretary to be reimbursed under title XVIII of the Social Security Act for the procurement of kidneys;

''(D) notwithstanding any other provision of law, has met the other requirements of this subsection and has been certified or recertified by the Secretary as meeting the performance standards to be a qualified organ procurement organization through a process that—

''(i) granted certification or recertification within the previous 4 years with such certification in effect as of October 1, 2000, and remaining in effect through the earlier of—

''(I) January 1, 2002; or

''(II) the completion of recertification under the requirements of clause (ii); or

''(ii) is set forth in regulations prescribed by the Secretary not later than January 1, 2002, that—

''(I) require recertifications of qualified organ procurement organizations not more frequently than once every 4 years;

''(II) rely on outcome and process performance measures that are based on available, practical empirical evidence of organ donor potential or other related factors in each service area of qualified organ procurement organizations;

''(III) use multiple outcome measures as part of the certification process;

''(IV) provide for the filing and approval of a corrective action plan by a qualified organ procurement organization if the Secretary notifies the organ procurement organization that it has failed to meet the performance measures after the first 2 years of the 4 year certification period, which corrective action plan shall apply for the 3 years following approval of such plan;

''(V) provide for a qualified organ procurement organization to appeal a decertification to the Secretary on substantive and procedural grounds;

''(E) has procedures to obtain payment for nonrenal organs provided to transplant centers;

''(F) has a defined service area that is of sufficient size to assure maximum effectiveness in the procurement of organs;

''(G) has a director and other such staff, including the organ donation coordinators and organ procurement specialists necessary to effectively obtain organs from donors in its service area; and

''(H) has a board of directors or an advisory board that—

''(i) is composed of—

''(I) members who represent hospital administrators, intensive care or emergency room personnel, tissue banks, and voluntary health organizations in its service area;

''(II) members who represent the public residing in such area;

''(III) a physician with knowledge, experience, or skill in the field of histocompatibility or an individual with a doctorate degree in biological science with knowledge, experience, or skill in the field of histocompatibility;

''(IV) a physician with knowledge or skill in the field of neurology; and

''(V) from each transplant center in its service area, a member who is a surgeon who has practicing privileges in such center and who performs organ transplant surgery;

''(ii) has the authority to recommend policies for the procurement of organs and the other functions described in paragraph (2); and

''(iii) has no authority over any other activity of the organization.

''(2) FUNCTIONS.—An organ procurement organization shall—

''(A) have effective agreements, to identify potential organ donors, with all of the hospitals and other health care entities in its service area that have facilities for organ donation;

''(B) conduct and participate in systematic efforts, including professional education, to acquire all usable organs from potential donors;

''(C) arrange for the acquisition and preservation of donated organs and provide quality standards for the acquisition of organs which are consistent with the standards adopted by the Organ Procurement and Transplantation Network under section 372(b)(2)(F), including arranging for testing with respect to preventing the acquisition of organs that are infected with the etiologic agent for acquired immune deficiency syndrome;

''(D) arrange for the appropriate tissue typing of donated organs;

''(E) assist the Organ Procurement and Transplantation Network in the equitable distribution of organs among patients on a national basis;

''(F) provide or arrange for the transportation of donated organs to transplant centers;

''(G) have arrangements to coordinate its activities with transplant centers in its service area;

''(H) participate in the Organ Procurement and Transplantation Network established under section 372;

''(I) have arrangements to cooperate with tissue banks for the retrieval, processing, preservation, storage, and distribution of tissues as may be appropriate to assure that all usable tissues are obtained from potential donors;

''(J) evaluate annually the effectiveness of the organization in acquiring potentially available organs; and

''(K) assist hospitals in establishing and implementing protocols for assuring that all deaths and imminent deaths are reported to the appropriate organ procurement organization.''.

SEC. 4. ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK.

Section 372 of the Public Health Service Act (42 U.S.C. 274) is amended to read as follows:

''SEC. 372. ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK.

''(a) IN GENERAL.—The Secretary shall by regulation provide for the establishment and operation of an Organ Procurement and Transplantation Network that meets the requirements of subsection (b).

''(b) REQUIREMENTS.—

''(1) IN GENERAL.—The Organ Procurement and Transplantation Network shall carry out the functions described in paragraph (2) and shall—

''(A) be operated by a private entity under contract with the Department of Health and Human Services; and

''(B) have a board of directors—

''(i) not more than 50 percent of which members are transplant surgeons or transplant physicians;

''(ii) at least 25 percent of which members are transplant candidates, transplant recipients, organ donors, and family members; and

''(iii) that includes representatives of organ procurement organizations, voluntary health associations, and the general public; and

''(iv) that shall establish an executive committee and other committees, whose chairpersons shall be selected to ensure continuity of the board.

''(2) FUNCTIONS.—The Organ Procurement and Transplantation Network shall—

''(A) establish and maintain one or more lists derived from a national list of individuals who need organ transplants;

''(B) establish a national system, through the use of computers and in accordance with established medical criteria, to match organs and individuals included on such lists;

''(C) establish membership criteria for hospitals, for performing organ transplants, and for individual members;

''(D) maintain a 24-hour telephone service to facilitate matching organs with individuals included in such lists;

''(E) allocate organs so that transplant candidates with similar severity of illness have similar likelihood of receiving a transplant irrespective of their place of residence or the location of the transplant program with which they are listed;

''(F) adopt and use standards of quality for the acquisition and transportation of donated organs, including standards for preventing the acquisition of organs that are infected with the etiologic agent for acquired immune deficiency syndrome;

''(G) prepare and distribute, on a national basis, samples of blood sera from individuals who are included on such lists in order to facilitate matching the compatibility of such individuals with organ donors;

''(H) coordinate, as appropriate, the transportation of organs from organ procurement organizations to transplant centers;

''(I) provide information to physicians and other health professionals and the general public regarding organ donation;

''(J) collect, analyze, and publish data concerning organ donation and transplants;

''(K) provide data to the Secretary in order to permit the Secretary to carry out the Secretary's responsibilities under this part, and to the Scientific Registry maintained pursuant to section 373;

''(L) respond in a timely fashion and to the extent permitted, to requests for data from researchers and investigators;

''(M) carry out studies and demonstration projects for the purpose of improving procedures for organ procurement and allocation;

''(N) work actively to increase the supply of donated organs;

''(O) submit to the Secretary an annual report containing information on the comparative costs and patient outcomes at each transplant center affiliated with the Organ Procurement and Transplantation Network; and

''(P) submit to the Secretary an annual report containing such financial information,

as determined by the Secretary, to be necessary to evaluate the cost of operating the Organ Procurement and Transplantation Network.

''(3) AVAILABILITY OF PATIENT LISTING FEES AND PARTICIPATION FEES.—

''(A) IN GENERAL.—Any fees described in subparagraph (B) that are collected by the Organ Procurement and Transplantation Network—

''(i) shall be available to the Organ Procurement and Transplantation Network, without fiscal year limitation, for use in carrying out the functions of the Organ Procurement Transplantation Network under this section; and

''(ii) shall not be used for any activity (including lobbying or other political activity) that is not authorized under this section.

''(B) COVERED FEES.—Subparagraph (A) applies with respect to the following:

''(i) Listing fees.

''(ii) Fees imposed as a condition of being a participant in the Organ Procurement and Transplantation Network.

''(C) CONSTRUCTION.—No provision of this paragraph may be construed to prohibit the Organ Procurement and Transplantation Network from—

''(i) collecting fees other than the fees described in subparagraph (B); or

''(ii) using fees covered by clause (i) for an activity covered by subparagraph (A)(ii) or other activity.

''(c) ORGAN ALLOCATION.—

''(1) DEVELOPMENT OF POLICIES.—The Organ Procurement and Transplantation Network shall develop organ-specific policies (including combinations of organs, such as for kidney-pancreas transplants), subject to the review of and approval by the Secretary, for the equitable allocation of cadaveric organs to individuals on the national waiting list.

''(2) LISTING CRITERIA.—Standardized minimum listing criteria for including individuals on the national list shall be established and, to the extent possible, shall—

''(A) contain explicit thresholds for the listing of a patient;

''(B) avoid futile transplants or the wasting of organs;

''(C) be expressed through objective and measurable medical criteria; and

''(D) be reviewed periodically and revised as appropriate.

''(3) REQUIREMENTS RELATING TO TRANSPLANT CANDIDATES.—Where appropriate for the specific organ, transplant candidates shall—

''(A) be grouped by status categories from most to least medically urgent with—

''(i) sufficient categories to avoid grouping together individuals with substantially different medical urgency;

''(ii) explicit thresholds for differentiating among patients; and

''(iii) explicit standards for the movement of individuals among the status categories;

''(B) be expressed through objective and measurable medical criteria; and

''(C) be reviewed periodically and revised as appropriate.

''(4) REQUIREMENTS FOR ALLOCATION POLICIES AND PROCEDURES.—Organ allocation policies and procedures shall be established in accordance with sound medical judgment and shall—

''(A) be designed and implemented to allocate organs among transplant candidates—

''(i) in order of decreasing medical urgency status;

''(ii) over the largest geographic area practicable in a manner consistent with organ viability so that neither place of residence nor place of listing shall be a major determinant; and

''(iii) so as to maintain organ viability and avoid organ wastage; and

''(B) be reviewed periodically and revised as appropriate.

''(5) POLICIES WHERE MEDICAL URGENCY IS NOT AN APPROPRIATE MEASUREMENT.—Where medical urgency is not an appropriate measurement for organ allocation, policies and procedures shall be established in accordance with sound medical judgment.

''(d) AUTHORITY OF THE SECRETARY.—The policies and rules established by the Organ Procurement and Transplantation Network that are to be enforceable shall be subject to review and approval by the Secretary. The Secretary shall—

''(1) in consultation with the Organ Procurement and Transplantation Network, develop mechanisms to promote and review compliance with the requirements of this section;

''(2) establish and approve all fees, dues, or similar costs charged to support the operation of the Organ Procurement and Transplantation Network;

''(3) establish procedures for receiving from interested persons critical comments relating to the manner in which the Organ Procurement and Transplantation Network is carrying out the duties of the Network under subsection (b); and

''(4) take such action, as determined by the Secretary, to enforce the requirements of this section as well as the requirements under title XVIII of the Social Security Act.

''(5) if the Organ Procurement and Transplantation Network fails to submit a policy on a matter which the Secretary determines should be enforced under this section or section 1138 of the Social Security Act, or the Organ Procurement and Transplantation Network submits a policy that the Secretary determines is inconsistent with the goals of this Act, submit to the board of directors or advisory board of the Organ Procurement and Transplantation Network the Secretary's version of such policy.

''(e) NATIONAL TRANSPLANT ADVISORY BOARD.—

''(1) ESTABLISHMENT.—The Secretary shall, by regulation, provide for the establishment of a National Organ Transplant Advisory Board (referred to in this subsection as the 'Board').

''(2) MEMBERSHIP.—The Board shall carry out the functions described in paragraph (3) and shall be comprised of individuals that—

''(A) include a broad spectrum of representatives of the medical and scientific community, including transplant surgeons, transplant physicians, epidemiologists, and health service researchers, as well as representatives from organ procurement organizations and the community of transplant patients, family members and donor families;

''(B) are selected by the Secretary;

''(C) serve terms of not less than 3 years.

''(3) FUNCTIONS.—The Board shall assist the Secretary in ensuring that the Organ Procurement and Transplantation Network is grounded on the best available medical science and is effective and equitable as possible and shall—

''(A) at the request of the Secretary, review the policies and rules of the Organ Procurement and Transplantation Network;

''(B) advise and propose to the Secretary policies, rules, and regulations affecting organ procurement and transplantation;

''(C) at the request of the Secretary, review and consider policies and regulations affecting organ transplantation developed by the Secretary;

''(D) advise the Secretary with respect to comments received by the Secretary under subsection (d)(3);

''(E) meet at the request of the Secretary, but not less than 2 times each year; and

''(F) elect a Chairperson and Vice-chairperson as well as any other officers as determined appropriate by the Board.

''(4) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there are authorized to be appropriated $1,000,000 for each of the fiscal years 2000 through 2005.''.

SEC. 5. SCIENTIFIC REGISTRY.

Section 373 of the Public Health Service Act (42 U.S.C. 274a) is amended to read as follows:

''SEC. 373. SCIENTIFIC REGISTRY.

''The Secretary shall, by grant or contract, develop and maintain a scientific registry of the recipients of organ transplants. The registry shall include such information concerning patients and transplant procedures as the Secretary determines to be necessary to an ongoing evaluation to the scientific and clinical status of organ transplantation. The registry shall also include such information concerning both donors and patients in transplants involving living donors. The Secretary shall prepare for inclusion in the report under section 376 an analysis of information derived from the registry.''.

SEC. 6. ADMINISTRATION.

Section 375 of the Public Health Service Act (42 U.S.C. 274c) is amended to read as follows:

''SEC. 375. ADMINISTRATION.

''The Secretary shall designate and maintain an identifiable administrative unit in the Public Health Service to—

''(1) administer this part and coordinate with organ procurement activities under title XVIII of the Social Security Act;

''(2) administer and coordinate programs, as determined by the Secretary, to increase organ donation rates;

''(3) provide technical assistance to organ procurement organizations, the Organ Procurement and Transplantation Network established under section 372, and other entities in the health care system involved in organ donations, procurements, and transplants; and

''(4) provide information—

''(A) to patients, their families, and their physicians about transplantation; and

''(B) to patients and their families about resources available nationally and in each State, and the comparative costs and patient outcomes at each transplant center affiliated with the Organ Procurement and Transplantation Network, in order to assist the patients and families with the costs associated with transplantation.''.

SEC. 7. ADDITIONAL AMENDMENTS.

Part H of title III of the Public Health Service Act (42 U.S.C. 273 et seq.) is amended—

(1) in section 374 (42 U.S.C. 274b)—

(A) in subsection (b)(1), by striking ''and may not exceed $100,000'' and inserting ''and other organizations for the purpose of increasing the supply of transplantable organs''; and

(B) in subsection (b)(2), by striking the second sentence;

(2) in section 376 (42 U.S.C. 274d), by striking ''Committee on Energy and Commerce'' and inserting ''Committee on Commerce''; and

(3) by striking section 377 (42 U.S.C. 274f).

SEC. 8. PAYMENT OF TRAVEL AND SUBSISTENCE EXPENSES INCURRED TOWARD LIVING ORGAN DONATION.

Part H of title III of the Public Health Service Act (42 U.S.C. 273 et seq.) is amended by inserting after section 376 the following section:

''SEC. 376A. TRAVEL AND SUBSISTENCE PAYMENTS FOR LIVING ORGAN DONATION.

''(a) IN GENERAL.—The Secretary may make awards of grants or contracts to

States, transplant centers, qualified organ procurement organizations under section 371, or other public or private entities for the purpose of—

''(1) providing for the payment of travel and subsistence expenses incurred by individuals toward making living donations of their organs (referred to in this section as 'donating individuals'); and

''(2) in addition, providing for the payment of such incidental nonmedical expenses that are so incurred as the Secretary determines by regulation to be appropriate.

''(b) ELIGIBILITY.—

''(1) IN GENERAL.—Payments under subsection (a) may be made for the qualifying expenses of a donating individual only if—

''(A) the State in which the donating individual resides is a different State than the State in which the intended recipient of the organ resides; and

''(B) the annual income of the intended recipient of the organ does not exceed $35,000 (as adjusted for fiscal year 2002 and subsequent fiscal years to offset the effects of inflation occurring after the beginning fiscal year 2001).

''(2) CERTAIN CIRCUMSTANCES.—Subject to paragraph (1), the Secretary may in carrying out subsection (a) provide as follows:

''(A) The Secretary may consider the term 'donating individuals' as including individuals who in good faith incur qualifying expenses toward the intended donation of an organ but with respect to whom, for such reason as the Secretary determines to be appropriate, no donation of the organ occurs.

(B) The Secretary may consider the term 'qualifying expenses' as including the expenses of having one or more family members of donating individuals accompany the donating individuals for purposes of subsection (a) (subject to making payment for only such types of expenses as are paid for donating individuals).

''(c) LIMITATION ON AMOUNT OF PAYMENT.—

''(1) IN GENERAL.—With respect to the geographic area to which a donating individual travels for purposes of section (a), if such area is other than the covered vicinity for the intended recipient of the organ, the amount of qualifying expenses for which payments under such subsection are made may not exceed the amount of such expenses for which payment would have been made if such area had been the covered vicinity for the intended recipient, taking into account the costs of travel and regional differences in the cost of living.

''(2) COVERED VICINITY.—For purposes of this section, the term 'covered vicinity' with respect to an intended recipient of an organ from a donating individual, means the vicinity of the nearest transplant center to the residence of the intended recipient that regularly performs transplants of that type of organ.

''(d) RELATIONSHIP TO PAYMENTS UNDER OTHER PROGRAMS.—An award may be made under subsection (a) only if the applicant agrees that the award will not be expended to pay the qualifying expenses of a donating individual to the extent that payment has been made, or can reasonably be expected to be made, with respect to such expenses—

''(1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

''(2) by an entity that provides health services on a prepaid basis.

''(e) DEFINITIONS.—In this section:

''(1) COVERED VICINITY.—The term 'covered vicinity' has the meaning given such term in subsection (c)(2).

''(2) DONATING INDIVIDUAL.—The term 'donating individual' has the meaning indicated for such term in subsection (a)(1), subject to subsection (b)(2)(A).

''(3) QUALIFYING EXPENSES.—The term 'qualifying expenses' means the expenses authorized for purposes of subsection (a), subject to subsection (b)(2)(B).

''(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $5,000,000 for each of fiscal years 2000 through 2005.''.

SEC. 9. PROGRAMS AND DEMONSTRATION PROJECTS TO INCREASE ORGAN DONATION.

Part H of title III of the Public Health Service Act (42 U.S.C. 273 et seq.) is amended by inserting after section 377 the following:

''SEC. 377A. INITIATIVES TO INCREASE ORGAN DONATION.

''(a) PUBLIC AWARENESS.—The Secretary shall (directly or through grants or contracts) carry out a program to educate the public with respect to organ donation.

''(b) STUDIES AND DEMONSTRATIONS.—The Secretary may make grants to public and nonprofit entities for the purpose of carrying out studies and demonstration projects with respect to increasing rates of organ donation. The Secretary shall—

''(1) give priority to those studies and demonstration projects that are founded upon a best practices approach to increasing organ donation consent rates;

''(2) give priority to those geographic areas with lower organ donation consent rates, especially among minorities;

''(3) provide assistance to qualified organ procurement organizations described under section 371 to implement programs and projects, that as determined by Secretary through studies and demonstration projects, have proven to be effective in increasing organ donation rates; and

''(4) provide assistance to the study and consideration of presumed consent as an opportunity to increase organ donation rates.

''(c) GRANTS TO STATES.—The Secretary may make grants to states for the purpose of carrying out public education and outreach programs designed to increase the number of organ donors within the State. To be eligible, each State shall—

''(1) submit an application to the Secretary, in such form as prescribed by the Secretary; and

''(2) establish yearly benchmarks for improvement in organ donation rates in the State.

''(d) CONGRESSIONAL MEDAL.—

''(1) DESIGN.—The Secretary shall design a bronze medal with suitable emblems, devices, and inscriptions, to be determined by the Secretary, to commemorate organ donors and their families.

''(2) ELIGIBILITY.—Any organ donor, or the family of any organ donor, shall be eligible for a medal under this subsection.

''(3) REQUIREMENTS.—The Secretary shall direct the Organ Procurement and Transplantation Network, established under section 372, to—

''(A) establish an application procedure requiring the relevant organ procurement organizations, described in section 371, through which an individual or their family made an organ donation, to submit documentation supporting the eligibility of that individual or their family to receive a medal; and

''(B) determine through the documentation provided, and, if necessary, independent investigation, whether the individual or family is eligible to receive a medal.

''(4) DELIVERY.—The Secretary shall make suitable arrangements as necessary with the Secretary of the Treasury to strike and deliver the medals described in paragraph (3).

''(5) PRESENTATION.—The Secretary shall provide for the presentation to the relevant organ procurement organizations all medals struck pursuant to this section to individuals or families that, in accordance with paragraph (3), the Organ Procurement and Transplantation Network has determined eligible to receive medals.

''(6) LIMITATION.—

''(A) IN GENERAL.—Except as provided in subparagraph (B), only 1 medal may be presented to a family under paragraph (5). Such medal shall be presented to the donating family member, or in the case of a deceased donor, the family member who signed the consent form authorizing, or who otherwise authorized, the donation of the organ involved.

''(B) ADDITIONAL MEDALS.—In the case of a family in which more than 1 member is an organ donor, an additional medal may be presented to each such organ donor or their family.

''(7) DUPLICATES.—The Secretary or the Organ Procurement and Transplantation Network may provide duplicates of a medal—

''(A) to any recipient of a medal under paragraph (4) under such regulation as the Secretary may issue; and

''(B) the cost of which shall be sufficient to cover the costs of such duplicates.

''(8) NATIONAL MEDALS.—The medals struck pursuant to this subsection are national medals for purposes of section 5111 of title 31, United States Code.

''(9) APPLICABILITY OF PROVISIONS.—No provision of law governing procurement or public contracts shall be applicable to the procurement of goods or services necessary for carrying out the provisions of this subsection.

''(10) FUNDING.—

''(A) AGREEMENTS.—The Secretary of the Treasury may enter into an agreement with the Organ Procurement and Transplantation Network to collect funds to offset expenditures relating to the issuance of medals authorized under this subsection.

''(B) PAYMENT AND LIMITATION.—

''(i) PAYMENT.—Except as provided in clause (ii), all funds received by the Organ Procurement and Transplantation Network under this paragraph shall be promptly paid to the Secretary of the Treasury.

''(ii) LIMITATION.—Not more than 5 percent of any funds received under this paragraph may be used to pay administrative costs incurred by the Organ Procurement and Transplantation Network as a result of an agreement established under this subsection.

''(C) DEPOSITS AND EXPENDITURES.—Notwithstanding any other provision of law—

''(i) all amounts received by the Secretary of the Treasury under paragraph (10)(A)(i) shall be deposited in the Numismatic Public Enterprise Fund, as described in section 5134 of title 31, United States Code; and

''(ii) the Secretary of the Treasury shall charge such fund with all expenditures relating to the issuance of medals authorized under this subsection.

''(D) START-UP COSTS.—A one-time amount of not to exceed $55,000 shall be provided by the Secretary to the Organ Procurement and Transplantation Network to cover initial start-up costs to be paid back in full within 3 years of the date of enactment of this section from funds received under this subsection.

''(11) DEFINITION.—For the purposes of this section, the term 'organ' means the human kidney, liver, heart, lung, pancreas, and any other human organ (other than corneas and eyes) specified by regulation by the Secretary.

''(12) EFFECTIVE DATE.—This subsection shall be effective for the 5-year period beginning on the date of the enactment of this section.

''(e) ANNUAL REPORT TO CONGRESS.—The Secretary shall submit to the Congress an annual report on the activities carried out under this section, including provisions describing the extent to which the activities have affected the rate of organ donation.

''(f) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—For the purpose of carrying out this section, there are authorized to be appropriated $10,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 through 2005. Such authorization of appropriations is in addition to any other authorizations of appropriations that are available for such purpose.

''(2) PUBLIC AWARENESS.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary may not obligate more than $2,000,000 for carrying out subsection (a).''.

SEC. 10. AUTHORIZATION OF APPROPRIATIONS.

Section 378 of the Public Health Service Act (42 U.S.C. 274g) is amended to read as follows:

''SEC. 378. AUTHORIZATION OF APPROPRIATIONS FOR ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK.

''For the purpose of providing for the Organ Procurement and Transplantation Network under section 372, and for the Scientific Registry under section 373, there are authorized to be appropriated $4,000,000 for fiscal year 2000, and such sums as may be necessary for each of fiscal years 2001 through 2005.''.

SEC. 11. PREEMPTION.

Part H of title III of the Public Health Service Act (42 U.S.C. 273 et seq.) is amended by inserting after section 378 the following:

''SEC. 378A. PREEMPTION.

''No State or political subdivision of a State shall establish or continue in effect any law, rule, regulation, or other requirement that would restrict in any way the ability of any transplant hospital, organ procurement organization, or other entity to comply with the organ allocation policies of the Network under this part.''.

SEC. 12. EFFECTIVE DATE.

The amendments made by this Act shall take effect on October 1, 2000, or upon the date of enactment of this Act, whichever occurs later.

By Mr. DURBIN (for himself and Mr. LEVIN):

S. 2399. A bill to amend title XVIII of the Social Security Act to revise the coverage of immunosuppressive drugs under the Medicare program; to the Committee on Finance.

COMPREHENSIVE IMMUNOSUPPRESSIVE DRUG COVERAGE FOR TRANSPLANT PATIENTS ACT OF 2000

• Mr. DURBIN. Mr. President, I rise to make a few remarks concerning this bill I am introducing today, which will help many Medicare beneficiaries who have had organ transplants.

Every year, over 4,000 people die waiting for an organ transplant. Currently, over 62,000 Americans are waiting for a donor organ. It is this scarcity that has fueled the current controversy over organ allocation.

Given that organs are extremely scarce, Federal law should not compromise the success of organ transplantation. Yet that is exactly what current Medicare policy does, because Medicare denies certain transplant patients coverage for the drugs needed to prevent rejection.

Medicare does this in three different ways. Firstly, Medicare has time limits on coverage of immunosuppressive drugs. Permanent Medicare law only provides immunosuppressive drug coverage for 3 years with expanded coverage totaling 3 years and 8 months between 2000 and 2004. However, 61 percent of patients receiving a kidney transplant after someone has died still have the graft intact 5 years after transplantation. 76.6 percent of patients receiving a kidney from a live donor still have their transplant intact after 5 years post transplantation. For livers, the graft survival rate after 5 years is 62 percent. For hearts, the 5 year graft survival rate is 67.7 percent. So many Medicare beneficiaries lose coverage of the essential drugs that are needed to maintain their transplant.

Secondly, Medicare does not pay for anti-rejection drugs for Medicare beneficiaries, who received their transplants prior to becoming a Medicare beneficiary. So for instance, if a person received a transplant at age 64 through their health insurance plan, when they retire and rely on Medicare for their health care they will no longer have immunosuppressive drug coverage.

Thirdly, Medicare only pays for anti-rejection drugs for transplants performed in a Medicare approved transplant facility. However, many beneficiaries are completely unaware of this fact and how it can jeopardize their future coverage of immunosuppressive drugs. To receive an organ transplant, a person must be very ill and many are far too ill at the time of transplantation to be researching the intricate nuances of Medicare coverage policy.

The bill that I am introducing today, the ''Comprehensive Immunosuppressive Drug Coverage for Transplant Patients of 2000 Act'' would remove these short-sighted limitations. The bill sets up a new, easy to follow policy: All Medicare beneficiaries who have had a transplant and need immunosuppressive drugs to prevent rejection of their transplant, would be covered as long as such anti-rejection drugs were needed.

I am introducing this bill on behalf of some of the constituents that I have met who are unfortunately very adversely affected by the current gaps in Medicare coverage.

Richard Hevrdejs was a Chicago attorney in private practice until 1993. Unfortunately, he suffered a debilitating heart attack that year, which left him unable to work and on disability. In 1997, suffering from congestive heart failure, he was placed on a Heart-Mate machine at the University of Illinois Medical Center (UIC). In April of 1998, he received a heart transplant at UIC but because UIC was not at the time a Medicare approved facility for heart transplants, Medicare will not cover his immunosuppressive drugs. Richard was near death when he had his transplant and was in no condition to research the intricacies of Medicare coverage policies. His drug costs are now around $25,000 per year. He gets some assistance from the drug company medical assistance plans and he has a Medigap policy that provides a little assistance. But for the most part, he is forced to watch all his savings dwindle because of Medicare's coverage gaps.

Anita Milton is from Morris, Illinois. In 1995, she became so disabled that she was no longer able to work and was forced onto disability. The following year, her lungs gave up and she had to have a bilateral lung transplant. Because Medicare s not available for 2 years after a person becomes eligible for disability, Anita was not on Medicare when she had the transplant. Today, the huge bills for the transplant remain at collection agencies. Because Anita was not on Medicare when she received her transplant, she does not receive Medicare coverage for the antirejection drugs that she needs. She receives $940 in disability payments per month. She is now on Medicaid but due to the spend down requirements in Illinois, she must spend $689 on drug costs to get Medicaid converge for her drugs. In effect, she gets coverage every month. Anita cannot afford her anti-rejection drugs and she tried to scale back on them. This caused her to nearly reject the transplant. Consequently, she has lost a third of her lung capacity permanently. As Anita said at a Town Hall meeting in Chicago in January ''these Medicare and Medicaid rules make no sense.''

I am introducing this bill on the same day that another bill the ''Organ Transplant Act of 2000'', which I am an original cosponsor is also being introduced. The ''Organ Transplant Fairness Act'' also seeks to change another aspect of Federal law to improve the Nation's organ allocation system. The two bills are good companions. It makes little sense to improve the organ allocation system to maximize the success of organ transplantation and increase the number of lives saved, if we do not at the same time reduce the ways that Medicare jeopardizes transplants by denying transplant patients the anti-rejection drugs they need to maintain their transplant.

Mr. President, I ask unanimous consent that a copy of the bill the ''Comprehensive Immunosuppresive Drug Coverage for Transplant Patients of 2000'' be printed in the RECORD.

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

S. 2399

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Comprehensive Immunosuppressive Drug Coverage for Transplant Patients Act of 2000''.

SEC. 2. REVISION OF COVERAGE OF IMMUNOSUPPRESSIVE DRUGS UNDER THE MEDICARE PROGRAM.

(a) REVISION.—

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

(as amended by section 227(a) of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (113 Stat. 1501A–354), as enacted into law by section 1000(a)(6) of Public Law 106–113) is amended by striking '', to an individual who receives'' and all that follows before the semicolon at the end and inserting ''to an individual who has received an organ transplant''.

(2) CONFORMING AMENDMENTS.—

(A) Section 1832 of the Social Security Act (42 U.S.C. 1395k) (as amended by section 227(b) of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (113 Stat. 1501A–354), as enacted into law by section 1000(a)(6) of Public Law 106–113) is amended—

(i) by striking subsection (b); and

(ii) by redesignating subsection (c) as subsection (b).

(B) Subsections (c) and (d) of section 227 of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (113 Stat. 1501A–355), as enacted into law by section 1000(a)(6) of Public Law 106–113, are repealed.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to drugs furnished on or after the date of enactment of this Act.

(b) EXTENSION OF CERTAIN SECONDARY PAYER REQUIREMENTS.—Section 1862(b)(1)(C) of the Social Security Act (42 U.S.C. 1395y(b)(1)(C)) is amended by adding at the end the following: ''With regard to immunosuppressive drugs furnished on or after the date of enactment of the Comprehensive Immunosuppressive Drug Coverage for Transplant Patients Act of 2000, this subparagraph shall be applied without regard to any time limitation.''.●

By Mr. GREGG (for himself and Mr. KOHL):

S. 2401. A bill to provide jurisdictional standards for imposition of State and local business activity, sales, and use tax obligations on interstate commerce, and for other purposes; to the Committee on Finance.

THE NEW ECONOMY TAX SIMPLIFICATION ACT

● Mr. GREGG. Mr. President, I rise today with Senator KOHL to introduce the New Economy Tax Simplification Act or NETSA. Electronic commerce is reshaping our society. In many ways, the strong economic conditions we currently enjoy are a result of the convenience, lower costs, and global connections provided by the internet. The question for us as a nation is how to manage this new enterprise so that it continues to benefit our nation's economy, particularly in regard to the taxation of e-commerce.

So far, the government's hands-off approach is working. Our nation's unemployment and inflation rates are at record lows and higher paying jobs are being created at a tremendous rate. Many financial experts attribute the record low inflation rates to the Internet. A University of Texas study found that the Internet economy grew an astounding 68% rate in the past 12 months.

Another sign of the good times is the surplus revenue flowing into federal and state treasuries all over the nation. The federal government's budget is balanced for the first time in a generation and the 50 states ended 1998 with a collective surplus of $11 billion. States are seeing revenue increases of more than 5 percent a year through the 1990's. This hardly seems like a compelling rationale for levying taxes on the Internet. Yet a heated debate is raging between those who want to keep the internet free of taxes and state and local governments who seek to impose widespread taxes on internet sales.

The Advisory Commission on Electronic Commerce (ACEC), set up by Congress last year to develop recommendations on Internet taxes, recently concluded its final meeting but failed to reach the required supermajority to make any formal recommendations. Notably, it did agree by a simple majority vote to extend the current moratorium on Internet taxes for five years.

The Commission is set to deliver it's report to Congress tomorrow. It will recommend that we extend the internet tax moratorium for another five years and I fully support this. The Commission will also ask Congress to establish nexus safeguards—to make clear when a State or municipality has the power to levy taxes. Our legislation establishes these important nexus safeguards.

Currently, online sales are governed by the very same tax rules that govern mail order sales. The existing rules of the road are based upon two prior Supreme Court decisions—National Bellas Hess case in 1967, and the Quill case in 1992. Both decisions established the power of state tax authority to be limited by nexus—or the scope of a company's connection to the taxing state.

Local sales taxes are incredibly complex. There are 7,600 different tax jurisdictions across the country—within these systems about 600–700 rate changes occur per year. There are 46 different sets of rules (45 states and the District of Columbia have state sales tax). If forced to comply with these rules, companies would be filing 425 tax returns each month or 5,100 a year.

The Gregg/Kohl bill, the New Economy Tax Simplification Act (NETSA), codifies these mail order tax rules as outlined in the Quill decision, updating this decision for the 21st century.

Sales/use tax nexus rules are court-based, and income tax nexus rules are based upon a 1950s federal statute that applies only to tangible goods. The Gregg/Kohl plan would codify nexus standards across the board. This legislation would update and strengthen the nexus standards for the 21st Century economy—ensuring that intangible sales, web pages and servers do not cause nexus. It maintains current constitutional principles and keeps state powers within their jurisdictions, and does not try to pre-empt a state's tax authority within its own borders.

I ask unanimous consent that the full 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. 2401

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 ''The New Economy Tax Simplification Act (NETSA)''.

SEC. 2. JURISDICTIONAL STANDARDS FOR THE IMPOSITION OF STATE AND LOCAL BUSINESS ACTIVITY, SALES, AND USE TAX OBLIGATIONS ON INTERSTATE COMMERCE.

Title I of the Act entitled ''An Act relating to the power of the States to impose net income taxes on income derived from interstate commerce, and authorizing studies by congressional committees of matters pertaining thereto'', approved on September 14, 1959 (15 U.S.C. 381 et seq.), is amended to read as follows:

''TITLE I—JURISDICTIONAL STANDARDS

''SEC. 101. IMPOSITION OF STATE AND LOCAL BUSINESS ACTIVITY, SALES, AND USE TAX OBLIGATIONS ON INTERSTATE COMMERCE.

''(a) IN GENERAL.—No State shall have power to impose, for any taxable year ending after the date of enactment of this title, a business activity tax or a duty to collect and remit a sales or use tax on the income derived within such State by any person from interstate commerce, unless such person has a substantial physical presence in such State. A substantial physical presence is not established if the only business activities within such State by or on behalf of such person during such taxable year are any or all of the following:

''(1) The solicitation of orders or contracts by such person or such person's representative in such State for sales of tangible or intangible personal property or services, which orders or contracts are approved or rejected outside the State, and, if approved, are fulfilled by shipment or delivery of such property from a point outside the State or the performance of such services outside the State.

''(2) The solicitation of orders or contracts by such person or such person's representative in such State in the name of or for the benefit of a prospective customer of such person, if orders or contracts by such customer to such person to enable such customer to fill orders or contracts resulting from such solicitation are orders or contracts described in paragraph (1).

''(3) The presence or use of intangible personal property in such State, including patents, copyrights, trademarks, logos, securities, contracts, money, deposits, loans, electronic or digital signals, and web pages, whether or not subject to licenses, franchises, or other agreements.

''(4) The use of the Internet to create or maintain a World Wide Web site accessible by persons in such State.

''(5) The use of an Internet service provider, on-line service provider, internetwork communication service provider, or other Internet access service provider, or World Wide Web hosting services to maintain or take and process orders via a web page or site on a computer that is physically located in such State.

''(6) The use of any service provider for transmission of communications, whether by cable, satellite, radio, telecommunications, or other similar system.

''(7) The affiliation with a person located in the State, unless—

''(A) the person located in the State is the person's agent under the terms and conditions of subsection (d); and

''(B) the activity of the agent in the State constitutes substantial physical presence under this subsection.

''(8) The use of an unaffiliated representative or independent contractor in such State for the purpose of performing warranty or repair services with respect to tangible or intangible personal property sold by a person located outside the State.

''(b) DOMESTIC CORPORATIONS; PERSONS DOMICILED IN OR RESIDENTS OF A STATE.—The provisions of subsection (a) shall not apply to the imposition of a business activity tax or a duty to collect and remit a sales or use tax by any State with respect to—

''(1) any corporation which is incorporated under the laws of such State; or

''(2) any individual who, under the laws of such State, is domiciled in, or a resident of, such State.

''(c) SALES OR SOLICITATION OF ORDERS OR CONTRACTS FOR SALES BY INDEPENDENT CONTRACTORS.—For purposes of subsection (a), a person shall not be considered to have engaged in business activities within a State during any taxable year merely by reason of sales of tangible or intangible personal property or services in such State, or the solicitation of orders or contracts for such sales in such State, on behalf of such person by one or more independent contractors, or by reason of the maintenance of an office in such State by one or more independent contractors whose activities on behalf of such person in such State consist solely of making such sales, or soliciting orders or contracts for such sales.

''(d) ATTRIBUTION OF ACTIVITIES AND PRESENCE.—For purposes of this section, the substantial physical presence of any person shall not be attributed to any other person absent the establishment of an agency relationship between such persons that—

''(1) results from the consent by both persons that one person act on behalf and subject to the control of the other; and

''(2) relates to the activities of the person within the State.

''(e) DEFINITIONS.—For purposes of this title—

''(1) BUSINESS ACTIVITY TAX.—The term 'business activity tax' means a tax imposed on, or measured by, net income, a business license tax, a business and occupation tax, a franchise tax, a single business tax or a capital stock tax, or any similar tax or fee imposed by a State.

''(2) INDEPENDENT CONTRACTOR.—The term 'independent contractor' means a commission agent, broker, or other independent contractor who is engaged in selling, or soliciting orders or contracts for the sale of, tangible or intangible personal property or services for more than one principal and who holds himself or herself out as such in the regular course of his or her business activities.

''(3) INTERNET.—The term 'Internet' means collectively the myriad of computer and telecommunications facilities, including equipment and operating software, which comprise the interconnected world-wide network of networks that employ the Transmission Control Protocol/Internet Protocol, or any predecessor or successor protocols to such Protocol.

''(4) INTERNET ACCESS.—The term 'Internet access' means a service that enables users to access content, information, electronic mail, or other services offered over the Internet, and may also include access to proprietary content, information, and other services as a part of a package of services offered to users.

''(5) REPRESENTATIVE.—The term 'representative' does not include an independent contractor.

''(6) SALES TAX.—The term 'sales tax' means a tax that is—

''(A) imposed on or incident to the sale of tangible or intangible personal property or services as may be defined or specified under the laws imposing such tax; and

''(B) measured by the amount of the sales price, cost, charge, or other value of or for such property or services.

''(7) SOLICITATION OF ORDERS OR CONTRACTS.—The term 'solicitation of orders or contracts' includes activities normally ancillary to such solicitation.

''(8) STATE.—The term 'State' means any of the several States, the District of Columbia, or any territory or possession of the United States, or any political subdivision thereof.

''(9) USE TAX.—The term 'use tax' means a tax that is—

''(A) imposed on the purchase, storage, consumption, distribution, or other use of tangible or intangible personal property or services as may be defined or specified under the laws imposing such tax; and

''(B) measured by the purchase price of such property or services.

''(10) WORLD WIDE WEB.—The term 'World Wide Web' means a computer server-based file archive accessible, over the Internet, using a hypertext transfer protocol, file transfer protocol, or other similar protocols.

''(f) APPLICATION OF SECTION.—This section shall not be construed to limit, in any way, constitutional restrictions otherwise existing on State taxing authority.

''SEC. 102. ASSESSMENT OF BUSINESS ACTIVITY TAXES.

''(a) LIMITATIONS.—No State shall have power to assess after the date of enactment of this title any business activity tax which was imposed by such State or political subdivision for any taxable year ending on or before such date, on the income derived for activities within such State that affect interstate commerce, if the imposition of such tax for a taxable year ending after such date is prohibited by section 101.

''(b) COLLECTIONS.—The provisions of subsection (a) shall not be construed—

''(1) to invalidate the collection on or before the date of enactment of this title of any business activity tax imposed for a taxable year ending on or before such date; or

''(2) to prohibit the collection after such date of any business activity tax which was assessed on or before such date for a taxable year ending on or before such date.

''SEC. 103. TERMINATION OF SUBSTANTIAL PHYSICAL PRESENCE.

''If a State has imposed a business activity tax or a duty to collect and remit a sales or use tax on a person as described in section 101, and the person so obligated no longer has a substantial physical presence in that State, the obligation to pay a business activity tax or to collect and remit a sales or use tax on behalf of that State applies only for the period in which the person has a substantial physical presence.

''SEC. 104. SEPARABILITY.

''If any provision of this title or the application of such provision to any person or circumstance is held invalid, the remainder of this title or the application of such provision to persons or circumstances other than those to which it is held invalid, shall not be affected thereby.''.●

Mr. KOHL. Mr. President, today Senator GREGG and I are introducing legislation, the New Economy Tax Simplification Act, to ask government to step out of the way of the growing Internet economy and take a middle ground approach to taxation of Internet commerce. Our legislation does not stop any one State from forcing Internet companies within its borders to collect the sales taxes collected by any other business within its borders. But it does stop every one of the over 7000 local taxing jurisdictions from imposing every one of their unique rules, regulations, and rates on every business that sells over the Internet or through the mail.

We are not here today to ask for special treatment for companies that sell on the Internet. We simply want to make sure that businesses that are tackling the market with 21st century technology are not bled to death by the Byzantine local tax system.

All companies—regardless of whether they now sell over the Internet or not—benefit from the economic boom and consumer convenience provided by computer commerce. If you don't sell over the Internet now; you probably buy there. If you don't work for a company whose economic fortune is tied to Internet sales or information, your spouse, child, or neighbor probably does. If you haven't invested in one of these successful Internet businesses, they have probably invested in you: in the charities in your community, in the jobs that are growing our economy everywhere; in the State programs financed by the taxes these companies rightly pay to the States in which they have a physical presence.

Our bill provides a clear set of standards for businesses operating across state lines through mail-order sales or the Internet. And—very significantly—it also protects the rights of state and local officials to determine tax policy within their own jurisdictions.

Some have called for a complete ban on sales taxes on Internet goods. Still others have claimed that companies should collect sales taxes on all of their products without regard to the point of sale or the state or residence of the consumer.

We strike a balance between these two extremes. Just as my Wisconsin constituents should not have to pay local sales taxes for schools and sewers in Texas, Nebraska, or New York; it also makes sense that a Wisconsin business should not be forced to collect taxes to support fire and police protection in the other states. Businesses should collect the sales taxes that support the government services they receive.

But the main reason I am here today is to protect against a Federal red tape nightmare that would prevent the very growth that we all wish to promote. There are over 7,000 tax jurisdictions in this country, all with their own tax rates, exemptions, audit requirements and appeals procedures. Requiring compliance with all those jurisdictions would mean learning and complying with 46 sets of rules. Under this scenario, companies would have to file more than 425 tax returns every month. That amounts to approximately 5100 tax returns every year.

Internet and mail order companies, as well as traditional main street stores who are developing or using Internet services, serve consumers who like the convenience of phone or Internet shopping or who are unable to leave their homes to shop. They offer

greater convenience and greater choice. And they offer small specialty businesses the chance to grow into successful big businesses.

Our bill will allow these vital markets to continue to flourish—free from a tangle of tax red tape. It will also allow state and local officials to continue to collect taxes as they see fit within their own jurisdictions. We believe it strikes the proper balance, and we look forward to convincing our colleagues that it is worthy of their support.

By Mr. CLELAND:

S. 2402. A bill to amend title 38, United States Code, to enhance and improve educational assistance under the Montgomery GI bill in order to enhance recruitment and retention of members of the Armed Forces, and for other purposes; to the Committee on Veterans' Affairs.

HELPING OUR PROFESSIONALS EDUCATIONALLY (HOPE) ACT OF 2000

Mr. CLELAND. Mr. President, I come before you today to introduce legislation that addresses the educational needs of our men and women in uniform and their families. I call this measure the HOPE Act of 2000: HOPE, Helping Our Professionals Educationally—that is, our military professionals.

The great Stephen Ambrose, the marvelous historian of World War II, the author of ''D-Day'' and other books, has said the GI bill is the single best piece of legislation ever passed by the Federal Government.

Last year, Time magazine named the American GI as the Person of the Century—how appropriate. That alone is a powerful statement about the high value of our military personnel. They are recognized around the world for their dedication and commitment to fight for our country and for peace in the world. This past century has been the most violent one in modern memory. The American GI has fought in the trenches during the first World War, the beaches at Normandy, in the hills of Korea, in the jungles of Vietnam, in the deserts of the Persian Gulf, and most recently in the valleys of the Balkans.

During that period, the face of our military and the people who fight our wars has changed dramatically. The traditional image of the single, mostly male, drafted, and ''disposable'' soldier is now gone. Today we are fielding the force for the 21st century. This new force is a volunteer force, filled with men and women who are highly skilled, married, and definitely not disposable. Gone are the days when quality of life for a GI meant a beer in the barracks and a 3-day pass. Now, we know we have to recruit a soldier but retain a family.

We have won the cold war. This victory has further changed the world and our military. The new world order has given way to a new world disorder. United States is responding to crises around the globe—whether it be strategic bombing or humanitarian assistance—and our military is often seen as our most effective response and our best ambassadors. In order to meet these challenges, we are retooling our forces to be lighter, leaner, and meaner. This is a positive move. Along with this lighter force, our military professionals must be highly educated and highly trained.

Our Nation is currently experiencing the longest continuous peacetime economic growth in our history. This economic expansion has been a boon for our country. However, there has been a downside to this growing economy insofar as our Armed Forces are concerned. With the enticement of quick prosperity in the civilian sector it is more difficult than ever to recruit and retain our highly skilled forces.

In fiscal year 1999, the Army missed it recruiting goals by 6291 recruits, while the Air Force missed its goal by 1,732 recruits. Pilot retention problems persist for all services; for fiscal year 1999 the Air Force ended up 1,200 pilots short and the Navy ended 500 pilots short. We have other problems. The Army is having problems retaining captains, while the Navy faces manning challenges for surface warfare officers and special warfare officers. It is estimated that $6 million is spent to train a pilot. We as a nation cannot afford to continually train our people, only to lose them to the private sector. It is unarguably far better to retain than retrain.

There is hope that we are now beginning to address these challenges. Last year was a momentous one for our military personnel. The Senate passed legislation that significantly enhances the quality of life for our military personnel. I am the Ranking Democrat on the Armed Service, Committee. The Senate, with my vote and support, passed legislation that significantly enhances the quality of life for our military personnel from retirement reform to pay raises. This Congress is on record supporting our men and women in uniform. However, more must be done.

In talking with our military personnel on my visits to the military bases in Georgia and around the world, we know that money alone is not enough. One of the things I would like to do is focus on education as a wonderful addition to the positive incentives we offer people to come into the military and stay in the military. Education, as a matter of fact, is the No. 1 reason service members come into the military. Unfortunately it is also the No. 1 reason why its members are leaving. We have to restructure our educational program in the military. We have to have a new GI bill. We have to provide hope to our military people, hope that the military can become the greatest university they will ever encounter.

Last year the Senate began to address this issue by supporting improved education benefits for military members and their families but we encountered some concerns in the House. Since last year, we have gone back and studied this issue further. In reviewing the current Montgomery GI bill—named after the wonderful Representative from Mississippi, Congressman Sonny Montgomery—we found several disincentives and conflicts among the education benefits offered by the services. These conflicts make the GI bill, which is actually an earned benefit, less attractive than it could be.

My legislation will improve and enhance the current educational benefits and create the GI bill for the 21st century.

One of the most important provisions of my legislation would give the Service Secretaries the ability to authorize a service member to transfer his or her basic MGIB benefits, educationally, to family members. Many service members tell us that they really want to stay in the service, but do not feel that they can stay and provide an education for their families. This proposed change will give them an opportunity to stay in the service and still provide an education for their spouses and children. It will give the Service Secretaries a very powerful retention tool by allowing them to authorize transfer of basic GI bill benefits, that are earned through the service of the service man or woman, anytime after 6 years of service.

To encourage members to stay longer, the transferred benefits could not be used until completion of at least 10 years of service. I believe that the services can use this much like a reenlistment bonus to retain valuable service members. It can be creatively combined with reenlistment bonuses to create a very powerful and cost effective incentive for highly skilled military personnel to stay in the Service. In talking with service members upon their departure from the military, we have found that family considerations play a crucial role in the decision of a member to continue their military career.

I found in discussions with military families and service members that at the 8- to 10- to 12-year mark when young service members are beginning to make a choice about whether to stay in the military, that choice is driven not so much by their own choice to serve the country—obviously they want to serve the country and stay in the military—that choice is more and more driven by family needs, whether their spouse is employed or whether their spouse would like to gain an extra degree or whether they need to create a college fund for their kids.

Reality dictates that we must address the needs of the family in order to retain our soldiers, sailors, airmen, and marines.

My legislation would also give the Secretaries the authority to authorize the Veterans' Educational Assistance Program, known as VEAP. Those

VEAP participants and those active duty personnel who did not enroll in Montgomery GI bill to participate in the current GI bill program. The VEAP participants would contribute $1,200, and those who did not enroll in the Montgomery GI bill would contribute $1,500. The services would pay any additional costs of the benefits of this measure.

Another enhancement made by my proposal to the current GI bill extends the period in which the members of Reserve Components can utilize the program. I was shocked to find out that currently, Reserve members lose their education benefits when they leave the service or after 10 years of service. Amazing, they have no benefits when they leave service. My legislation will permit them to use the benefits up to 5 years after their separation from the military. This will encourage them to stay in the Reserves for a full career.

It is obvious we are calling upon our reservists and our guards men and women more and more to fulfill our commitments around the globe. This will, I think, fulfill this Nation's commitment, certainly to our reservists, for an improvement in their educational opportunities.

Other provisions of this legislation would allow the Service Secretaries to pay 100 percent tuition assistance or enable service members to use the GI bill to cover any unpaid tuition and expenses when the services do not pay 100 percent of tuition.

This will allow a service member an additional incentive to use the GI bill in service. Education begets education.

I believe this is a necessary next step for improving education benefits for our military members and their families. We have to offer them credible choices. If we offer them such options and treat the members and their families properly, we will show them our respect for their service and dedication, which they expect. Maybe then we can turn around our current sad retention statistics. This GI bill is an important retention tool for the services.

We must continue to focus our resources on retaining our personnel based on their actual life needs, particularly their need for an educational opportunity. This bill gives them hope.

ADDITIONAL COSPONSORS

S. 682

At the request of Mr. HELMS, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 682, a bill to implement the Hague Convention on Protection of Children and Co-operation in Respect of Intercounty Adoption, and for other purposes.

S. 729

At the request of Mr. CRAIG, the name of the Senator from North Carolina (Mr. HELMS) was added as a cosponsor of S. 729, a bill to ensure that Congress and the public have the right to participate in the declaration of national monuments on federal land.

S. 1016

At the request of Mr. DEWINE, the name of the Senator from Nevada (Mr. REID) was added as a cosponsor of S. 1016, a bill to provide collective bargaining for rights for public safety officers employed by States or their political subdivisions.

S. 1116

At the request of Mr. NICKLES, the name of the Senator from Louisiana (Mr. BREAUX) was added as a cosponsor of S. 1116, a bill to amend the Internal Revenue Code of 1986 to exclude income from the transportation of oil and gas by pipeline from subpart F income.

S. 1507

At the request of Mr. CAMPBELL, the name of the Senator from Alaska (Mr. MURKOWSKI) was added as a cosponsor of S. 1507, a bill to authorize the integration and consolidation of alcohol and substance programs and services provided by Indian tribal governments, and for other purposes.

S. 1638

At the request of Mr. ASHCROFT, the name of the Senator from Nevada (Mr. BRYAN) was added as a cosponsor of S. 1638, a bill to amend the Omnibus Crime Control and Safe Streets Act of 1968 to extend the retroactive eligibility dates for financial assistance for higher education for spouses and dependent children of Federal, State, and local law enforcement officers who are killed in the line of duty.

S. 1642

At the request of Mr. COCHRAN, the name of the Senator from Arkansas (Mrs. LINCOLN) was added as a cosponsor of S. 1642, a bill to amend part F of title X of the Elementary and Secondary Education Act of 1965 to improve and refocus civic education, and for other purposes.

S. 1729

At the request of Mr. CAMPBELL, the names of the Senator from Wisconsin (Mr. KOHL), the Senator from Wisconsin (Mr. FEINGOLD), and the Senator from North Dakota (Mr. DORGAN) were added as cosponsors of S. 1729, a bill to amend the National Trails System Act to clarify Federal authority relating to land acquisition from willing sellers for the majority of the trails, and for other purposes.

S. 1738

At the request of Mr. JOHNSON, the name of the Senator from New Mexico (Mr. BINGAMAN) was added as a cosponsor of S. 1738, a bill to amend the Packers and Stockyards Act, 1921, to make it unlawful for a packer to own, feed, or control livestock intended for slaughter.

S. 1755

At the request of Mr. DORGAN, the name of the Senator from Hawaii (Mr. INOUYE) was added as a cosponsor of S. 1755, a bill to amend the Communications Act of 1934 to regulate interstate commerce in the use of mobile telephones.

S. 1855

At the request of Mr. MURKOWSKI, the name of the Senator from Missouri (Mr. BOND) was added as a cosponsor of S. 1855, a bill to establish age limitations for airmen.

S. 1941

At the request of Mr. DODD, the name of the Senator from Nevada (Mr. REID) was added as a cosponsor of S. 1941, a bill to amend the Federal Fire Prevention and Control Act of 1974 to authorize the Director of the Federal Emergency Management Agency to provide assistance to fire departments and fire prevention organizations for the purpose of protecting the public and firefighting personnel against fire and fire-related hazards.

S. 1946

At the request of Mr. INHOFE, the name of the Senator from Georgia (Mr. CLELAND) was added as a cosponsor of S. 1946, a bill to amend the National Environmental Education Act to redesignate that Act as the ''John H. Chafee Environmental Education Act,'' to establish the John H. Chafee Memorial Fellowship Program, to extend the programs under that Act, and for other purposes.

S. 1998

At the request of Mr. MCCAIN, the name of the Senator from Arizona (Mr. KYL) was added as a cosponsor of S. 1998, a bill to establish the Yuma Crossing National Heritage Area.

S. 2018

At the request of Mrs. HUTCHISON, the name of the Senator from Pennsylvania (Mr. SANTORUM) was added as a cosponsor of S. 2018, a bill to amend title XVIII of the Social Security Act to revise the update factor used in making payments to PPS hospitals under the medicare program.

S. 2062

At the request of Mr. DEWINE, the name of the Senator from Kansas (Mr. BROWNBACK) was added as a cosponsor of S. 2062, a bill to amend chapter 4 of title 39, United States Code, to allow postal patrons to contribute to funding for organ and tissue donation awareness through the voluntary purchase of certain specially issued United States postage stamps.

S. 2082

At the request of Mr. DEWINE, the name of the Senator from Vermont (Mr. JEFFORDS) was added as a cosponsor of S. 2082, a bill to establish a program to award grants to improve and maintain sites honoring Presidents of the United States.

S. 2084

At the request of Mr. LUGAR, the names of the Senator from Ohio (Mr. DEWINE) and the Senator from Mississippi (Mr. COCHRAN) were added as cosponsors of S. 2084, a bill to amend the Internal Revenue Code of 1986 to increase the amount of the charitable deduction allowable for contributions of food inventory, and for other purposes.

S. 2255

At the request of Mr. MCCAIN, the name of the Senator from Mississippi