There is no question that whoever is elected as the next President of the United States must be ready and prepared to go to work on the morning of November 8. That period between November 8 and inauguration is, indeed, a very critical period of time, not only for the new administration, but for the country as a whole.

So I am pleased to join with the gentleman from California (Chairman HORN) today in urging that this bill be adopted. It is noncontroversial. It is bipartisan. We have introduced it today and move that it be adopted by unanimous consent.

Even though we passed the bill on the floor of this House, we have now incorporated changes suggested by our colleagues in the Senate. I urge that we adopt it today.

Mr. Speaker, I withdraw my reservation of objection.

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

There was no objection.

The Clerk read the bill, as follows:

H.R. 4931

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 ''Presidential Transition Act of 2000''.

SEC. 2. AMENDMENTS TO PRESIDENTIAL TRANSITION ACT OF 1963.

Section 3(a) of the Presidential Transition Act of 1963 (3 U.S.C. 102 note) is amended—

(1) in the matter preceding paragraph (1) by striking ''including—'' and inserting ''including the following:'';

(2) in each of paragraphs (1) through (6) by striking the semicolon at the end and inserting a period; and

(3) by adding at the end the following:

''(8)(A)(i) Not withstanding subsection (b), payment of expenses during the transition for briefings, workshops, or other activities to acquaint key prospective Presidential appointees with the types of problems and challenges that most typically confront new political appointees when they make the transition from campaign and other prior activities to assuming the responsibility for governance after inauguration.

''(ii) Activities under this paragraph may include interchange between such appointees and individuals who—

''(I) held similar leadership roles in prior administrations;

''(II) are department or agency experts from the Office of Management and Budget or an Office of Inspector General of a department or agency; or

''(III) are relevant staff from the General Accounting Office.

''(iii) Activities under this paragraph may include training or orientation in records management to comply with section 2203 of title 44, United States Code, including training on the separation of Presidential records and personal records to comply with subsection (b) of that section.

''(iv) Activities under this paragraph may include training or orientation in human resources management and performance-based management.

''(B) Activities under this paragraph shall be conducted primarily for individuals the President-elect intends to nominate as department heads or appoint to key positions in the Executive Office of the President.

''(9)(A) Notwithstanding subsection (b), development of a transition directory by the Administrator of General Services Administration, in consultation with the Archivist of the United States (head of the National Archives and Records Administration) for activities conducted under paragraph (8).

''(B) The transition directory shall be a compilation of Federal publications and materials with supplementary materials developed by the Administrator that provides information on the officers, organization, and statutory and administrative authorities, functions, duties, responsibilities, and mission of each department and agency.

''(10)(A) Notwithstanding subsection (b), consultation by the Administrator with any candidate for President or Vice President to develop a systems architecture plan for the computer and communications systems of the candidate to coordinate a transition to Federal systems, if the candidate is elected.

''(B) Consultations under this paragraph shall be conducted at the discretion of the Administrator.''.

SEC. 3. REPORT ON IMPROVING THE FINANCIAL DISCLOSURE PROCESS FOR PRESIDENTIAL NOMINEES.

(a) IN GENERAL.—Not later than 6 months after the date of enactment of this Act, the Office of Government Ethics shall conduct a study and submit a report on improvements to the financial disclosure process for Presidential nominees required to file reports under section 101(b) of the Ethics in Government Act of 1978 (5 U.S.C. App.) to the Committee on Governmental Affairs of the Senate and the Committee on Government Reform of the House of Representatives.

(b) CONTENT OF REPORT.—

(1) IN GENERAL.—The report under this section shall include recommendations and legislative proposals on—

(A) streamlining, standardizing, and coordinating the financial disclosure process and the requirements of financial disclosure reports under the Ethics in Government Act of 1978 (5 U.S.C. App.) for Presidential nominees;

(B) avoiding duplication of effort and reducing the burden of filing with respect to financial disclosure of information to the White House Office, the Office of Government Ethics, and the Senate; and

(C) any other relevant matter the Office of Government Ethics determines appropriate.

(2) LIMITATION RELATING TO CONFLICTS OF INTEREST.—The recommendations and proposals under this subsection shall not (if implemented) have the effect of lessening substantive compliance with any conflict of interest requirement.

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. MCNULTY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on and to include extraneous material on the special order of the gentleman from California (Mr. FARR) on the subject of the 150th anniversary of the State of California.

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

There was no objection.

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. SHERWOOD). Under the Speaker's announced policy of January 6, 1999, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

RURAL HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from South Dakota (Mr. THUNE) is recognized for 5 minutes.

Mr. THUNE. Mr. Speaker, when I was back in South Dakota over the August recess, I traveled around the State visiting rural hospitals, clinics and nursing homes. I wanted to get a first-hand look at some of the challenges that are being faced by rural health care providers. I also learned about some of the successes that we have been having.

I represent the entire State of South Dakota. That is 66 counties and 77,000 square miles made up primarily of farmland and grassland. When the citizens of South Dakota need access to a health care provider, it is not uncommon for them to drive 100 miles just to make a regular appointment.

Distance really affects how people get health care in South Dakota. If one's elderly mother needs to see the doctor, one may need to take off work and make sure the kids are taken care of while one spends all day traveling back and forth only to spend 20 minutes with a physician. That is when the weather is good. When the weather is bad with the snow and the wind, that trip is just not possible. One's mother would have to make another appointment several days later and wait to get the medical care she needs.

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But in times of tragedy or emergency, rural residents do not have that luxury. Take, for instance, the example of the farmer working in the field. Farm equipment accidents injure and kill rural residents every year. When the accident happens, the victims need medical attention and they need it quickly. If they can get the expert trauma care in their hometown clinic, there is a much better chance of survival. If they cannot get access to the appropriate professionals close by, they would have to drive several hours to get to a large medical center. Chances of a good outcome are much lower.

The health care professionals in my State of South Dakota have been coming up with some innovative ways to deal with the distance problem. They have been using technology to bring patients and doctors together. They call this breakthrough ''telehealth.''

Telehealth is a method of health care delivery that was at, one time, a new concept in health care, a theoretical way to connect people with providers. But telehealth is no longer an experiment. This is a service being used

every day in rural areas across this country.

I saw some of the most amazing things our health care providers are doing with telehealth technology. Lung specialists in Sioux Falls are using electronic stethoscopes to treat patients with pneumonia who live in Flandreau. Flandreau is a town with just over 2,000 people. They cannot get to see a specialist like that unless they travel or the specialist travels to them. That is pretty expensive when they start adding up gasoline and loss of productivity due to time on the road.

They are also using telehealth to provide health care on American Indian reservations. The Pine Ridge Reservation, which sits in the Nation's poorest county per capita, is over 130 miles from the area's main medical center in Rapid City. Many residents of Pine Ridge deal with depression. They would like to see a mental health professional but have to wait 3 months to get an appointment. But using two-way interactive video cameras, they can now have access to these professionals and get timely and appropriate care.

Those are just some of the ways that patients are getting the care that they need. It is clear that telehealth services have become critical for these patients and the providers who care for them. But this kind of care is expensive.

Currently, hospitals are using grants to fund these services. Grants are limited and do not last forever. When the grants dry up, patients will have to go back to the old ways of doing things. What is needed is a more permanent method of paying for these services, and that is where Medicare comes in.

Back in 1997, Congress authorized several telehealth demonstration projects to study the impact of telehealth on health care access, quality, and cost. The projects have shown that telehealth promotes better access and quality and could be used to provide both primary and specialty care at a reasonable cost. Given the success of telehealth, it is now time for Medicare to begin paying for these services.

But Medicare has created reimbursement policies that have had the effect of excluding these services to those patients who would derive the most benefit from them, seniors who are often unable to travel long distances for direct health care.

I thought Medicare was put in place to help our senior citizens get the care they need. But that is not the case with telehealth services. Medicare covered only six percent of all telehealth visits in 1999 clearly when Congress intended that Medicare would pay a little bit more for these critical services.

With these facts in mind, I introduced H.R. 4841, the Medicare Access to Telehealth Services Act of 2000. This bill tries to eliminate some of the reimbursement barriers that prevent hospitals from providing these services and seniors from accessing them. It is no longer the case that where they live needs to determine what kind of care they receive.

Now, I realize that telehealth is just one piece of the health care puzzle. There are many other aspects of the Medicare law that need to be revisited. Rural hospitals, clinics, and nursing homes are reeling from the effects of the Balanced Budget Act.

Last year, Congress provided some initial relief with the Balanced Budget Refinement Act. That was the first step toward helping our rural health providers deliver the kind of care our citizens deserve.

Now we are poised to take another step. As my colleagues know, members of the Committee on Commerce and the Committee on Ways and Means are now considering a legislative package that would further refine the BBA. Part of that refinement needs to include telehealth services. Congress understood the potential of this technology 3 years ago. It is time to reduce those barriers that keep it from being used effectively.

I urge the members of the committee to include the provisions of my legislation in their add-back bill. Congress has made a commitment to modernize Medicare, and reimbursing for telehealth services is one way to do that.

MILLION MOM MARCH AND COMMON SENSE GUN SAFETY

The SPEAKER pro tempore (Mr. SHERWOOD). Under a previous order of the House, the gentleman from New Jersey (Mr. HOLT) is recognized for 5 minutes.

Mr. HOLT. Mr. Speaker, the clock is ticking. The clock is ticking and this Congress has yet to hear the message delivered by the one million mothers on May 14 of this year.

An extraordinary thing happened this past Mother's Day when so many New Jerseyans joined families from all over the United States in the ''Million Mom March'' here in Washington.

Now, all of us know it, Mr. Speaker. Over the last years, our Nation has been shaken deeply by incidents of gun violence. All of us were floored by the tragedy in a Michigan elementary school where a 6-year-old child, a child who had not yet learned to read, had learned how to kill with a handgun.

That was just the latest in a long line of gun-related tragedies. We know the litany. Columbine, West Paducah, Jonesboro, Conyers, and in too many other communities across America. These have been matched by countless other gun tragedies less public but no less tragic for their families and their communities all across the Nation.

In school yards, what would have a generation ago been a fist fight now becomes a blood bath. Since these tragedies, citizens all across my State of New Jersey have called louder than ever for passage of stricter gun safety laws. But despite the outcry, a few politicians in Congress here in Washington have stood in the doorway, have blocked reform, refusing to act on common sense gun safety proposals like those that the gentlewoman from New York (Mrs. MCCARTHY) and I are sponsoring here in the House of Representatives.

On August 26, I was joined by my colleague and good friend, the gentlewoman from New York (Mrs. MCCARTHY), for a public meeting in Plainsboro, New Jersey. The gentlewoman from New York (Mrs. MCCARTHY) and I were joined at that event by 66 families who once again called on this body to act on sensible gun safety legislation.

Mr. Speaker, I would like to read into the RECORD a letter to the gentleman from Illinois (Mr. HASTERT), the Speaker of the House, signed by the gentlewoman from New York (Mrs. MCCARTHY), myself, and 66 families who joined us in Plainsboro, which I will personally deliver to the Speaker this evening.

MR. SPEAKER, as concerned citizens of the State of New Jersey, we are writing to request your immediate assistance in having Congress consider gun safety legislation before Congress adjourns for the year.

As you know, in June of 1999, following the tragic murders at Columbine High School in Littleton, Colorado, Congress considered a package of juvenile justice proposals. When this legislation was considered in the Senate, an amendment by Senator FRANK LAUTENBERG was attached that would close the dangerous gun show loophole, ban the importation of high-capacity ammunition magazines, and mandate the use of child safety locks on firearms.

These three proposals, which have been introduced in the House of Representatives, are mainstream, common sense measures that polls show are supported by a large bipartisan majority of the public. While we in New Jersey do not have gun shows, other States do. That undermines our gun safety laws because they allow criminals to buy dangerous firearms without background checks, waiting periods or identification at these shows. A law mandating child safety locks, if enacted, could save the lives of hundreds of young Americans.

Many of us visited Washington, D.C., as part of the ''Million Mom March'' this Spring.

And, I might add, I made that trip by bus from New Jersey, too.

In the many weeks since that watershed event, attended by thousands of Americans from all parts of the Nation and all walks of life, no effort has been made to bring the Juvenile Justice legislation back before the House. In fact, these measures have remained bottled up with delay tactics and parliamentary maneuvering. Now, as less than 20 days remain in the scheduled legislative session, the need for leadership and action on this issue is greater than ever.

Stemming the tide of gun violence is an issue of deep importance to us and to our Nation. Now is the time for our leaders in Washington to roll up their sleeves, not sit on their hands. We urge you in the strongest possible terms to use your influence as the highest ranking Member of the House of Representatives to bring immediately these legislative proposals back before the Congress so that they can be sent to the President for his signature.