

I urge my colleagues to join me in support of this bill.

Mr. STARK. Mr. Speaker, one of America's most important assets is the diversity of our residents, and this diversity is growing rapidly. Between 1991 and 2000, the population of Asians and Pacific Islanders increased by 46 percent, Latinos by 40 percent, American Indians by 16 percent, and African Americans by 14 percent.

Unfortunately, vestiges of racism—both conscious and unconscious—still exist, permeating our society and our institutions. Last month, I highlighted research findings that demonstrate people of color disproportionately lack access to health care, vital treatments, and preventive screening measures. In addition, a recent New England Journal of Medicine study found that unconscious perceptions and biases can be revealed in differential physician recommendations for minority individuals seeking heart disease treatment. Taken together, these findings underscore the urgency of supporting legislation to improve health care quality for diverse communities.

So far, very little has been done to address these tremendous disparities. For example, people of color are disproportionately affected by certain types of cancers—Vietnamese American women are five times more likely to contract cervical cancer than white women and Africa Americans are 35 percent more likely to die from cancer than whites. Despite these alarming statistics, the Institute of Medicine concluded that federal funding for cancer research among communities of color remains insufficient.

S. 1880, The Health Care Fairness Act is an opportunity to positively improve the health care of all Americans by working toward reducing these disparities. It is a bipartisan effort that contains many important provisions, including an increased commitment to research on health disparities, improved data systems, and enhanced quality of care for health disparity populations, including low-income, medically underserved, racial and ethnic minority, and rural individuals.

This legislation ensures a prominent focus in our nation's premier research agencies—the National Institutes of Health and the Agency for Health Care Policy Research—in improving health outcomes for populations that have a significant disparity in the rate of disease incidence, prevalence, morbidity, mortality, or survival as compared to the general population. It also provides grants to our medical, public health, dental, nursing, and other health professional schools so that curricula to promote improved health care quality can be developed for these populations. Furthermore, it designates opportunities for training so that our current and future medical providers are equipped to join the fight against health disparities due to geography, the lack of medical services, race and ethnicity, and socioeconomic status.

Our country has made phenomenal advancements in science and medicine. It is time to ensure that all of our communities share in these rewards. This is a chance to help ensure our health care system is just, equitable, and equal for all Americans. Support fairness in health care, and vote for S. 1880.

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

The SPEAKER pro tempore (Mr. SUNUNU). The question is on the mo-

tion offered by the gentleman from Georgia (Mr. NORWOOD) that the House suspend the rules and pass the Senate bill, S. 1880.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the Senate bill was passed.

A motion to reconsider was laid on the table.

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FEDERAL PHYSICIANS COMPARABILITY ALLOWANCE AMENDMENTS OF 2000

Mrs. MORELLA. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 207) to amend title 5, United States Code, to provide that physicians comparability allowances be treated as part of basic pay for retirement purposes, as amended.

The Clerk read as follows:

H.R. 207

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 "Federal Physicians Comparability Allowance Amendments of 2000".

SEC. 2. AUTHORITY MADE PERMANENT.

(a) IN GENERAL.—

(1) AMENDMENT TO TITLE 5, UNITED STATES CODE.—The second sentence of section 5948(d) of title 5, United States Code, is repealed.

(2) AMENDMENT TO THE FEDERAL PHYSICIANS COMPARABILITY ALLOWANCE ACT OF 1978.—Section 3 of the Federal Physicians Comparability Allowance Act of 1978 (5 U.S.C. 5948 note) is repealed.

(b) TECHNICAL AND CONFORMING AMENDMENTS.—Section 5948 of title 5, United States Code, is amended—

(1) by repealing paragraph (2) of subsection (j); and

(2) in subsection (j)(1)—

(A) by striking "(j)(1)" and inserting "(j)";

(B) by redesignating subparagraphs (A) through (E) as paragraphs (1) through (5), respectively; and

(C) in paragraph (5) (as so redesignated by this paragraph) by striking "subparagraph (B)" and inserting "paragraph (2)".

SEC. 3. TREATMENT OF ALLOWANCES AS PART OF BASIC PAY FOR RETIREMENT PURPOSES.

(a) DEFINITION OF BASIC PAY.—Section 8331(3) of title 5, United States Code, is amended—

(1) in subparagraph (F) by striking "and" after the semicolon;

(2) in subparagraph (G) by inserting "and" after the semicolon;

(3) by inserting after subparagraph (G) the following:

"(H) any amount received under section 5948 (relating to physicians comparability allowances);"; and

(4) in the matter following subparagraph (H) (as added by paragraph (3)) by striking "through (G)" and inserting "through (H)".

(b) CIVIL SERVICE RETIREMENT SYSTEM.—

(1) COMPUTATION RULES.—Section 8339 of title 5, United States Code, is amended by adding at the end the following:

"(s)(1) For purposes of this subsection, the term 'physicians comparability allowance' refers to an amount described in section 8331(3)(H).

"(2) Except as otherwise provided in this subsection, no part of a physicians comparability allowance shall be treated as basic pay for purposes of any computation under

this section unless, before the date of the separation on which entitlement to annuity is based, the separating individual has completed at least 15 years of service as a Government physician (whether performed before, on, or after the date of enactment of this subsection).

"(3) If the condition under paragraph (2) is met, then, any amounts received by the individual in the form of a physicians comparability allowance shall (for the purposes referred to in paragraph (2)) be treated as basic pay, but only to the extent that such amounts are attributable to service performed on or after the date of enactment of this subsection, and only to the extent of the percentage allowable, which shall be determined as follows:

"If the total amount of service performed, on or after the date of enactment of this subsection, allowable is: as a Government physician is:

| | |
|--|------|
| Less than 2 years | 0 |
| At least 2 but less than 4 years | 25 |
| At least 4 but less than 6 years | 50 |
| At least 6 but less than 8 years | 75 |
| At least 8 years | 100. |

"(4) Notwithstanding any other provision of this subsection, 100 percent of all amounts received as a physicians comparability allowance shall, to the extent attributable to service performed on or after the date of enactment of this subsection, be treated as basic pay (without regard to any of the preceding provisions of this subsection) for purposes of computing—

"(A) an annuity under subsection (g); and

"(B) a survivor annuity under section 8341, if based on the service of an individual who dies before separating from service."

(2) GOVERNMENT PHYSICIAN DEFINED.—Section 8331 of title 5, United States Code, is amended by striking "and" at the end of paragraph (26), by striking the period at the end of paragraph (27) and inserting "; and", and by adding at the end the following:

"(28) 'Government physician' has the meaning given that term under section 5948."

(c) FEDERAL EMPLOYEES' RETIREMENT SYSTEM.—

(1) COMPUTATION RULES.—Section 8415 of title 5, United States Code, is amended by adding at the end the following:

"(i)(1) For purposes of this subsection, the term 'physicians comparability allowance' refers to an amount described in section 8331(3)(H).

"(2) Except as otherwise provided in this subsection, no part of a physicians comparability allowance shall be treated as basic pay for purposes of any computation under this section unless, before the date of the separation on which entitlement to annuity is based, the separating individual has completed at least 15 years of service as a Government physician (whether performed before, on, or after the date of enactment of this subsection).

"(3) If the condition under paragraph (2) is met, then, any amounts received by the individual in the form of a physicians comparability allowance shall (for the purposes referred to in paragraph (2)) be treated as basic pay, but only to the extent that such amounts are attributable to service performed on or after the date of enactment of this subsection, and only to the extent of the percentage allowable, which shall be determined as follows:

“If the total amount of service performed, on or after the date of enactment of this subsection, allowable is: as a Government physician is:

| | |
|--|------|
| Less than 2 years | 0 |
| At least 2 but less than 4 years | 25 |
| At least 4 but less than 6 years | 50 |
| At least 6 but less than 8 years | 75 |
| At least 8 years | 100. |

“(4) Notwithstanding any other provision of this subsection, 100 percent of all amounts received as a physicians comparability allowance shall, to the extent attributable to service performed on or after the date of enactment of this subsection, be treated as basic pay (without regard to any of the preceding provisions of this subsection) for purposes of computing—

“(A) an annuity under section 8452; and
 “(B) a survivor annuity under subchapter IV, if based on the service of an individual who dies before separating from service.”.

(2) GOVERNMENT PHYSICIAN DEFINED.—Section 8401 of title 5, United States Code, is amended by striking “and” at the end of paragraph (32), by striking the period at the end of paragraph (33) and inserting “; and”, and by adding at the end the following:

“(34) the term ‘Government physician’ has the meaning given such term under section 5948.”.

(d) CONFORMING AMENDMENT.—Section 5948(h)(1) of title 5, United States Code, is amended by striking “chapter 81, 83, or 87” and inserting “chapter 81 or 87”.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Maryland (Mrs. MORELLA) and the gentleman from Maryland (Mr. CUMMINGS) each will control 20 minutes.

The Chair recognizes the gentlewoman from Maryland (Mrs. MORELLA).

□ 2145

GENERAL LEAVE

Mrs. MORELLA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 207.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Maryland?

There was no objection.

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

Mr. Speaker, I am pleased that we are considering H.R. 207, as amended. This important bill makes two critical changes that will allow for better pay comparability for Federal physicians. The first change, which was not part of the original H.R. 207, would include a permanent extension of the Physicians Comparability Allowance. This will eliminate the need to reauthorize the language every 3 years.

The bill would also include a physician’s PCA in his or her average pay for purposes of computing retirement. Presently the “high-three” that is used to calculate a title 5 physician’s retirement annuity does not include the additional PCA component of his or her salary. Again, when I say PCA, I mean the Physicians Comparability Allowance.

In title 37, which governs the Uniformed Services and the military,

bonus pay is counted as part of base pay for calculation of retirement benefits. Title 38, which governs the Veterans Affairs, also allows physicians who, in this case, have served at least 15 years to count their bonus compensation as part of basic pay for retirement purposes.

Thus, my bill does not create any unique benefit. It only allows title 5 physicians to receive the same benefit that other Federal physicians receive.

In 1978, Congress first responded to the critical shortage of Federal physicians and the gap in income for civil service physicians, as compared to the Department of Defense and Veterans Affairs physicians. And it responded to it by enacting the Physicians Comparability Act of 1978. This bill provided for a maximum of \$10,000 a year in special pay to civil service physicians. The present maximum is \$30,000.

Since the PCA was originally passed, there have been several extensions in the authority, most recently in 1998. But the uncertainty of PCA reauthorization every 3 years makes it quite difficult for agencies to negotiate contracts with physicians.

Agencies are often forced to delay negotiations with physicians, and delays in negotiations are a disincentive to potential candidates, and they lead to increased administrative burden for the agency.

In the event that the Congress does not reauthorize PCA, the different agencies must create contingency plans for each contract negotiation. The increased administrative burden as well as the recruitment disincentives posed by these uncertainties would be eliminated by making PCA a permanent authority. We cannot allow our best Federal physicians to defect to the private sector. The work they do is just simply too important.

Title 5 Federal physicians eligible for the PCA are working on cures for AIDS, cancer, and heart disease, and they protect the safety of food and drugs. They also provide medical care to Defense and State Department employees and dependents, airline pilots, astronauts, Native Americans and Federal prisoners.

The PCA gives agencies such as NIH, CDC and the FDA the flexibility to attract physicians from diverse backgrounds into mission-critical fields that are not predicated toward single-population groups. The traditional battlefield specialties of title 37 and title 38 physicians do not represent the future medical staff diversity needs.

In considering the pool of potential future applicants, statistics indicate that 40 percent of those entering medical schools are now women. The majority of these female graduates indicate pursuit of fields such as pediatrics, psychiatry, and internal medicine. Thus the PCA is a fair and effective tool for maintaining diversity among Federal physicians.

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

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

Mr. Speaker, it is critical that the Federal Government be able to recruit and retain the best and brightest in the field of medicine. I thus commend the gentlewoman from Maryland (Mrs. MORELLA) for having the foresight to introduce H.R. 207 to address an inequity.

The government cannot pay civil service physicians on the same scale as physicians employed in hospitals, HMOs, and universities. The Physicians Comparability Act enacted by Congress in 1978 provides Federal physicians with additional compensation to offset their lower pay and to ensure that the government can recruit and retain well-qualified physicians.

H.R. 207 would permanently extend authority for the Physicians Comparability Allowance to eliminate the need to reauthorize the legislation every 3 years.

H.R. 207 would also amend title 5 to authorize the PCA to be included as part of basic pay for retirement purposes for all civil service physicians. Under current law, depending on the Federal agency that hired them, only certain physicians receiving comparability pay are allowed to have the amount included in the calculations for retirement pay. H.R. 207 would erase this inequity and ensure that the government treats comparability pay the same for all Federal physicians.

This legislation will not only help retain over 3,000 Federal-employed physicians who were awarded PCAs last year, but will help the Federal Government recruit highly trained physicians to join their ranks.

The government’s ability to attract highly qualified physicians at such agencies as the Food and Drug Administration, the National Institutes of Health, and the Substance Abuse and Mental Health Services Administration, is one of the reasons that the United States has led the world in medical research advances.

I would like to remind my colleagues, however, that we have an obligation as lawmakers to ensure that these medical advances benefit all Americans regardless of race. As such, it gives me great pleasure to know that we have just passed Senate bill, S. 1880, to authorize these very institutions, our Nation’s medical centers, to collaborate in an effort to eliminate racial and ethnic disparities in health.

Our Nation is in a “race for the cure.” The entry into this contest should not be dependent on one’s race, but must be based on one’s humanity. Winning the race for a quality healthy life must be a victory for every citizen no matter the race or ethnicity or the socioeconomic status.

As we move closer to crossing that victory line, we must all work toward a meaningful improvement in the lives of minorities who now suffer disproportionately from the burden of disease and disability.

Further, as the bill before us, H.R. 207, provides, we must also ensure that those physicians that have our lives in their hands are treated fairly and equitably.

This bill is supported by the Federal Physicians Association, the American Medical Association, and the American Academy of Family Physicians, and the National Treasury Employees Union.

Mr. Speaker, I urge all of our Members to join me and give this bill their support.

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

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

Mr. Speaker, in 1997, I commissioned a GAO study to review the PCA and its usefulness, and the report that was submitted confirmed that the Physicians Comparability Allowance is critical. In addition, H.R. 207 has been endorsed, as we have heard, by the American Medical Association, the American Osteopathic Association, the American Academy of Family Physicians, a number of State Medical Societies, as well as a number of our employee unions.

In the last several years, I have heard from thousands of Federal physicians across the country who have stated very clearly that, without the PCA, they would have chosen a different career. The permanent PCA extension, coupled with the inclusion of a physician's PCA in his or her average pay for purposes of computing retirement, demonstrates that Congress is serious about maintaining the quality of care that presently exists within our Federal agencies.

The government cannot pay physicians on the same scale as physicians employed in hospitals, HMOs, and universities. But passage of H.R. 207 shows that the government will make every effort to recruit and retain highly trained and well-qualified physicians. I certainly applaud its passage this evening.

I do want to take this opportunity to thank the gentleman from Florida (Mr. SCARBOROUGH), the chairman of the Subcommittee on Civil Service, his staff director Gary Ewing, as well as the gentleman from Indiana (Chairman BURTON) of the Committee on Government Reform and Oversight and his staff aid Dan Moll for their support in expediting consideration of the resolution.

I also want to thank the gentleman from Maryland (Mr. CUMMINGS), the ranking member of the Subcommittee on Civil Service, the gentleman from California (Mr. WAXMAN), ranking member of the Committee on Government Reform and Oversight, for their support.

In addition, Ted Newland and Harry Wolf of OPM were very helpful in working with us to recraft this legislation to ensure that there were no inequities written into the bill. I also want to point out the instrumental roles that

Dennis Boyd and Richard Granville played in drafting and helping us to pass this legislation. Finally, I have to thank my diligent staff assistance, Jordi Hannum, and Ed Leong of Legislative Counsel for his tireless efforts in advising my staff.

So I ask for unanimous passage of this very important legislation.

Mr. DAVIS of Virginia. Mr. Speaker, I am very happy to be able to rise today in support of my good friend from Maryland, Mrs. MORELLA's bill, that will help improve pay and retirement conditions for physicians employed by the Federal Government.

The bill, H.R. 207, corrects a number of problems with the current pay structure for Title 5 physicians. For one, it would permanently extend the Physicians Comparability Allowance (PCA), eliminating the need to reauthorize this language every three years. Additionally, the bill would include the physician's PCA as part of their base, average pay for the purpose of computing their retirement benefits, thus allowing them to boost their retirement contributions. This is not a new, unique benefit for physicians in the federal government, this is simply extending a formula Title 37 and 38 physicians have had for years.

H.R. 207 is a bill seeking pay equity for all physicians within the federal government. It is important to note that physicians under Title 5 are the same that are working on cures for cancer, AIDS, and heart disease; protecting the safety of our food and prescription drugs; and providing direct medical care to federal employees, and their dependents, in the State and Defense Departments. It is truly unfortunate that the government cannot pay physicians on the same scale as the private sector, but amending the PCA for Title 5 physicians will provide some compensation to offset the loss in income they have willingly accepted to become public servants.

I ask all my colleagues to join the American Medical Association, the American Academy of Family Physicians, and a continually growing list of State medical societies (including my home state of Virginia), in supporting this important legislation. I want to thank the gentlelady from Maryland for her persistence and leadership on this matter, and hope this bill will be supported by this House.

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

The SPEAKER pro tempore (Mr. SUNUNU). The question is on the motion offered by the gentlewoman from Maryland (Mrs. MORELLA) that the House suspend the rules and pass the bill, H.R. 207, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read:

"A bill to amend title 5, United States Code, to make permanent the authority under which comparability allowances may be paid to Government physicians, and to provide that such allowances be treated as part of basic pay for retirement purposes."

A motion to reconsider was laid on the table.

PROVIDING FOR SPECIAL IMMIGRANT STATUS FOR CERTAIN U.S. INTERNATIONAL BROADCASTING EMPLOYEES

Mr. GEKAS. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 3239) to amend the Immigration and Nationality Act to provide special immigrant status for certain United States international broadcasting employees.

The Clerk read as follows:

S. 3239

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

SECTION 1. SPECIAL IMMIGRANT STATUS FOR CERTAIN UNITED STATES INTERNATIONAL BROADCASTING EMPLOYEES.

(a) SPECIAL IMMIGRANT CATEGORY.—Section 101(a)(27) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(27)) is amended—

(1) by striking "or" at the end of subparagraph (K);

(2) by striking the period at the end of subparagraph (L); and

(3) by adding at the end the following new subparagraph:

"(M) subject to the numerical limitations of section 203(b)(4), an immigrant who seeks to enter the United States to work as a broadcaster in the United States for the International Broadcasting Bureau of the Broadcasting Board of Governors, or for a grantee of the Broadcasting Board of Governors, and the immigrant's accompanying spouse and children."

(b) NUMERICAL LIMITATIONS.—

(1) IN GENERAL.—Section 203(b)(4) of the Immigration and Nationality Act (8 U.S.C. 1153(b)(4)) is amended by inserting before the period at the end the following: ", and not more than 100 may be made available in any fiscal year to special immigrants, excluding spouses and children, who are described in section 101(a)(27)(M)".

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply to visas made available in any fiscal year beginning on or after October 1, 2000.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. GEKAS) and the gentlewoman from Texas (Ms. JACKSON-LEE) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania (Mr. GEKAS).

GENERAL LEAVE

Mr. GEKAS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on S. 3239.

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

There was no objection.

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

Mr. Speaker, the bill before us is one that accommodates one of the best mechanisms we have as Americans of promoting liberty, justice and freedom across the world. I refer, of course, to the utilization of the international broadcasting services that we provide to citizens of other lands. Radio Free Europe, Radio Iraq, Radio Marti, Radio Free Asia, all of these are set for the purpose of teaching other peoples how