Mr. Speaker, H.R. 325 is a good, commonsense bill which is not just timely but long overdue. I urge my colleagues to give it their support.

Mrs. KELLY. Mr. Speaker, I rise in strong support of H.R. 325, legislation to make optional the Employee Commute Option [ECO] trip reduction program.

The dilemma facing Zierick Manufacturing Corp. is possibly the best reason why we should pass H.R. 325.

Zierick Manufacturing Corp. is a small manufacturer of electronic connectors and assembly equipment located in Mount Kisco in northern Westchester County, NY. With over 120 employees, they are faced with the impossible task of complying with the Employee Commute Options program.

Part of the problem is the limited availability of public transportation. In addition, the train station and the nearest bus stop are over a mile from the factory. If the employee took a cab from the station to the factory, under the regulations developed by New York State to comply with this Federal mandate, the 1-mile cab ride would be counted as if the employee drove the entire distance from home. In other words, the employee could ride a train for 50 miles, but the cab ride from the train station would be the mode of travel counted under the formula used to calculate employee trips.

Ridesharing opportunities are limited in Mount Kisco, and since Zierick employees are spread out over 12 counties in 3 States, carpools are difficult to form. Zierick is a manufacturing facility, so telecommuting is not an option.

Zierick Manufacturing is clearly faced with a set of circumstances which prevent it from complying with the law, and yet the regulations allow for no flexibility in these situations. As a result, the company presently faces fines of $43,800 per year.

Ms. Gretchen Zierick, the company's corporate secretary, has indicated that their plans for future growth will be directly affected by this legislation.

Mr. Harold Vogt, the chairman and CEO of the Westchester County Chamber of Commerce, wrote to me recently and put this issue into perspective:

In the last five years, Westchester County has suffered enough as we've seen 40,000 jobs leave our county. The Employee Trip Reduction/Employee Commute Option Mandate gives businesses just one more reason to look elsewhere when making plans to grow. Similarly, businesses looking to relocate to our county may well think twice about moving here. We cannot afford any more disincentives to reviving Westchester's economy. We need relief from this costly and inefficient mandate.

Mr. Chairman, our support for H.R. 325 will send Zierick Manufacturing in Westchester County and the approximately 28,000 other employers around the country affected by the ECO mandate a clear message that we care about their future, and we care about creating jobs. I urge my colleagues to pass this bill.

Thank you, Mr. Chairman.

Mr. BILIRAKIS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. EWING). Pursuant to the rule, the previous question is ordered.

The question is on the committee amendment in the nature of a substitute.

The committee amendment in the nature of a substitute was agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and (three-fifths having voted in favor thereof) the bill was passed.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. BILIRAKIS. 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. 325.

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

There was no objection.

COMMUNICATION FROM THE CHAIRMAN OF THE DEMOCRATIC CAUCUS

The SPEAKER pro tempore (Mr. EWING) laid before the House the following communication from the Honorable VIC FAZIO, chairman of the Democratic Caucus.

Hon. NEWT GINGRICH,
Speaker of the House, U.S. Capitol.

DEAR MR. SPEAKER: This letter is to inform you that Jimmy Hayes is no longer a Member of the House Democratic Caucus.

Sincerely,

VIC FAZIO,
Chairman.

COMMUNICATION FROM THE SPEAKER OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Honorable NEWT GINGRICH, Speaker of the House of Representatives:

DECEMBER 12, 1995.

Hon. BUD SHUSTER,
Chairman, Committee on Transportation and Infrastructure, Rayburn House Office Building, Washington, DC.

DEAR MR. CHAIRMAN: This is to advise you that Representative James A. Hayes' election to the Committee on Transportation and Infrastructure has been automatically vacated pursuant to clause 6(b) of rule X, effective today.

Sincerely,

NEWT GINGRICH.

COMMUNICATION FROM THE SPEAKER OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Honorable NEWT GINGRICH, Speaker of the House of Representatives:

DECEMBER 12, 1995.

Hon. ROBERT S. WALKER,
Chairman, Committee on Science, Rayburn House Office Building, Washington, DC.

DEAR MR. CHAIRMAN: This is to advise you that Representative James A. Hayes' appointment to the Committee on Science has been automatically vacated pursuant to clause 6(b) of rule X, effective today.

Sincerely,

NEWT GINGRICH.

COMMUNICATION FROM THE HONORABLE HENRY A. WAXMAN, MEMBER OF CONGRESS

The SPEAKER pro tempore laid before the House the following communication from the Honorable HENRY A. WAXMAN, Member of Congress:

DECEMBER 7, 1995.

Hon. NEWT GINGRICH,
The Speaker of the House, Capitol, Washington, DC.

DEAR MR. SPEAKER: This is to formally notify you pursuant to Rule L (50) of the Rules of the House that my office has been served with a subpoena issued by the Los Angeles County Superior Court.

After consultation with the General Counsel, I have determined that compliance with the subpoena is consistent with the privileges and precedents of the House.

Sincerely,

HENRY A. WAXMAN,
Member of Congress.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to the provisions of clause 5 of rule I, the Chair announces that he will postpone further proceedings today on each motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 4 of rule XV.

Such rollcall votes, if postponed, will be taken after debate has concluded on all motions to suspend the rules, but not before 5 p.m. today.

FEDERALLY SUPPORTED HEALTH CENTERS ASSISTANCE ACT OF 1995

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1747) to amend the Public Health Service Act to permanently extend and clarify malpractice coverage for health centers, and for other purposes, as amended.

The Clerk read as follows:

H.R. 1747

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

SECTION 1. SHORT TITLE; REFERENCES.

(a) SHORT TITLE.—This Act may be cited as the ''Federally Supported Health Centers Assistance Act of 1995''.

(b) REFERENCES.—Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act.

SEC. 2. PERMANENT EXTENSION OF PROGRAM.

(a) IN GENERAL.—Section 224(g)(3) (42 U.S.C. 233(g)(3)) is amended by striking the last sentence.

(b) CONFORMING AMENDMENTS.—Section 224(k) (42 U.S.C. 233(k)) is amended—

(1) in paragraph (1)(A)—

(A) by striking ''For each of the fiscal years 1993, 1994, and 1995'' and inserting ''For each fiscal year''; and

(B) by striking ''(except'' and all that follows through ''thereafter)''; and

(2) in paragraph (2), by striking ''for each of the fiscal years 1993, 1994, and 1995'' and inserting ''for each fiscal year''.

SEC. 3. CLARIFICATION OF COVERAGE.

Section 224 (42 U.S.C. 233) is amended—

(1) in subsection (g)(1), by striking ''an entity described in paragraph (4)'' in the first sentence and all that follows through ''contractor'' in the second sentence and inserting the following: ''an entity described in paragraph (4), and any officer, governing board member, or employee of such an entity, and any contractor of such an entity who is a physician or other licensed or certified health care practitioner (subject to paragraph (5)), shall be deemed to be an employee of the Public Health Service for a calendar year that begins during a fiscal year for which a transfer was made under subsection (k)(3) (subject to paragraph (3)). The remedy against the United States for an entity described in paragraph (4) and any officer, governing board member, employee, or contractor''; and

(2) in subsection (k)(3), by inserting ''governing board member,'' after ''officer,''.

SEC. 4. COVERAGE FOR SERVICES FURNISHED TO INDIVIDUALS OTHER THAN CENTER PATIENTS.

Section 224(g)(1) (42 U.S.C. 233(g)) is amended—

(1) by redesignating paragraph (1) as paragraph (1)(A); and

(2) by adding at the end thereof the following:

''(B) The deeming of any entity or officer, governing board member, employee, or contractor of the entity to be an employee of the Public Health Service for purposes of this section shall apply with respect to services provided—

''(i) to all patients of the entity, and

''(ii) subject to subparagraph (C), to individuals who are not patients of the entity.

''(C) Subparagraph (B)(ii) applies to services provided to individuals who are not patients of an entity if the Secretary determines, after reviewing an application submitted under subparagraph (D), that the provision of the services to such individuals—

''(i) benefits patients of the entity and general populations that could be served by the entity through community-wide intervention efforts within the communities served by such entity;

''(ii) facilitates the provision of services to patients of the entity; or

''(iii) are otherwise required under an employment contract (or similar arrangement) between the entity and an officer, governing board member, employee, or contractor of the entity.''.

SEC. 5. APPLICATION PROCESS.

(a) APPLICATION REQUIREMENT.—Section 224(g)(1) (42 U.S.C. 233(g)(1)) (as amended by section 4) is further amended—

(1) in subparagraph (A), by inserting after ''For purposes of this section'' the following: ''and subject to the approval by the Secretary of an application under subparagraph (D)''; and

(2) by adding at the end thereof the following:

''(D) The Secretary may not under subparagraph (A) deem an entity or an officer, governing board member, employee, or contractor of the entity to be an employee of the Public Health Service for purposes of this section, and may not apply such deeming to services described in subparagraph (B)(ii), unless the entity has submitted an application for such deeming to the Secretary in such form and such manner as the Secretary shall prescribe. The application shall contain detailed information, along with supporting documentation, to verify that the entity, and the officer, governing board member, employee, or contractor of the entity, as the case may be, meets the requirements of subparagraphs (B) and (C) of this paragraph and that the entity meets the requirements of paragraphs (1) through (4) of subsection (h).

''E) The Secretary shall make a determination of whether an entity or an officer, governing board member, employee, or contractor of the entity is deemed to be an employee of the Public Health Service for purposes of this section within 30 days after the receipt of an application under subparagraph (D). The determination of the Secretary that an entity or an officer, governing board member, employee, or contractor of the entity is deemed to be an employee of the Public Health Service for purposes of this section shall apply for the period specified by the Secretary under subparagraph (A).

''(F) Once the Secretary makes a determination that an entity or an officer, governing board member, employee, or contractor of an entity is deemed to be an employee of the Public Health Service for purposes of this section, the determination shall be final and binding upon the Secretary and the Attorney General and other parties to any civil action or proceeding. Except as provided in subsection (i), the Secretary and the Attorney General may not determine that the provision of services which are the subject of such a determination are not covered under this section.

''(G) In the case of an entity described in paragraph (4) that has not submitted an application under subparagraph (D):

''(i) The Secretary may not consider the entity in making estimates under subsection (k)(1).

''(ii) This section does not affect any authority of the entity to purchase medical malpractice liability insurance coverage with Federal funds provided to the entity under section 329, 330, 340, or 340A.

''(H) In the case of an entity described in paragraph (4) for which an application under subparagraph (D) is in effect, the entity may, through notifying the Secretary in writing, elect to terminate the applicability of this subsection to the entity. With respect to such election by the entity:

''(i) The election is effective upon the expiration of the 30-day period beginning on the date on which the entity submits such notification.

''(ii) Upon taking effect, the election terminates the applicability of this subsection to the entity and each officer, governing board member, employee, and contractor of the entity.

''(iii) Upon the effective date for the election, clauses (i) and (ii) of subparagraph (G) apply to the entity to the same extent and in the same manner as such clauses apply to an entity that has not submitted an application under subparagraph (D).

''(iv) If after making the election the entity submits an application under subparagraph (D), the election does not preclude the Secretary from approving the application (and thereby restoring the applicability of this subsection to the entity and each officer, governing board member, employee, and contractor of the entity, subject to the provisions of this subsection and the subsequent provisions of this section.''.

(b) APPROVAL PROCESS.—Section 224(h) (42 U.S.C. 233(h)) is amended—

(1) in the matter preceding paragraph (1), by striking ''Notwithstanding'' and all that follows through ''entity—'' and inserting the following: ''The Secretary may not approve an application under subsection (g)(1)(D) unless the Secretary determines that the entity—''; and

(2) by striking ''has fully cooperated'' in paragraph (4) and inserting ''will fully cooperate''.

(c) DELAYED APPLICABILITY FOR CURRENT PARTICIPANTS.—If, on the day before the date of the enactment of this Act, an entity was deemed to be an employee of the Public Health Service for purpose of section 224(g) of the Public Health Service Act, the condition under paragraph (1)(D) of such section (as added by subsection (a) of this section) that an application be approved with respect to the entity does not apply until the expiration of the 180-day period beginning on such date.

SEC. 6. TIMELY RESPONSE TO FILING OF ACTION OR PROCEEDING.

Section 224 (42 U.S.C. 233) is amended by adding at the end thereof the following subsection:

''(l)(1) If a civil action or proceeding is filed in a State court against any entity described in subsection (g)(4) or any officer, governing board member, employee, or any contractor of such an entity for damages described in subsection (a), the Attorney General, within 15 days after being notified of such filing, shall make an appearance in such court and advise such court as to whether the Secretary has determined under subsections (g) and (h), that such entity, officer, governing board member, employee, or contractor of the entity in deemed to be an employee of the Public Health Service for purposes of this section with respect to the actions or omissions that are the subject of such civil action or proceeding. Such advice shall be deemed to satisfy the provisions of subsection (c) that the Attorney General certify that an entity, officer, governing board member, employee, or contractor of the entity was acting within the scope of their employment or responsibility.

''(2) If the Attorney General fails to appear in State court within the time period prescribed under paragraph (1), upon petition of any entity or officer, governing board member, employee, or contractor of the entity named, the civil action or proceeding shall be removed to the appropriate United States district court. The civil action or proceeding shall be stayed in such court until such court conducts a hearing, and makes a determination, as to the appropriate forum or procedure for the assertion of the claim for damages described in subsection (a) and issues an order consistent with such determination.''.

SEC. 7. APPLICATION OF COVERAGE TO MANAGED CARE PLANS.

Section 224 (42 U.S.C. 223) (as amended by section 6) is amended by adding at the end thereof the following subsection:

''(m)(1) An entity or officer, governing board member, employee, or contractor of an entity described in subsection (g)(1) shall, for purposes of this section, be deemed to be an employee of the Public Health Service with respect to services provided to individuals who are enrollees of a managed care plan if the entity contracts with such managed care plan for the provision of services.

''(2) Each managed care plan which enters into a contract with an entity described in subsection (g)(4) shall deem the entity and any officer, governing board member, employee, or contractor of the entity as meeting whatever malpractice coverage requirements such plan may require of contracting providers for a calendar year if such entity or officer, governing board member, employee, or contractor of the entity has been deemed to be an employee of the Public Health Service for purposes of this section for such calendar year. Any plan which is

found by the Secretary on the record, after notice and an opportunity for a full and fair hearing, to have violated this subsection shall upon such finding cease, for a period to be determined by the Secretary, to receive and to be eligible to receive any Federal funds under title XVIII or XIX of the Social Security Act.

''(3) For purposes of this subsection, the term 'managed care plan' shall mean health maintenance organizations and similar entities that contract at-risk with payors for the provision of health services or plan enrollees and which contract with providers (such as entities described in subsection (g)(4)) for the delivery of such services to plan enrollees.''.

SEC. 8. COVERAGE FOR PART-TIME PROVIDERS UNDER CONTRACTS.

Section 224(g)(5)(B) (42 U.S.C. 223(g)(5)(B)) is amended to read as follows:

''(B) in the case of an individual who normally performs an average of less than 32½ hours of services per week for the entity for the period of the contract, the individual is a licensed or certified provider of services in the fields of family practice, general internal medicine, general pediatrics, or obstetrics and gynecology.''.

SEC. 9. DUE PROCESS FOR LOSS OF COVERAGE.

Section 224(i)(1) (42 U.S.C. 233(i)(1)) is amended by striking ''may determine, after notice and opportunity for a hearing'' and inserting ''may on the record determine, after notice and opportunity for a full and fair hearing''.

SEC. 10. AMOUNT OF RESERVE FUND.

Section 224(k)(2) (42 U.S.C. 223(k)(2)) is amended by striking ''$30,000,000'' and inserting ''$10,000,000''.

SEC. 11. REPORT ON RISK EXPOSURE OF COVERED ENTITIES.

Section 224 (as amended by section 7) is amended by adding at the end thereof the following subsection:

''(n)(1) Not later than one year after the date of the enactment of the Federally Supported Health Centers Assistance Act of 1995, the Comptroller General of the United States shall submit to the Congress a report on the following:

''(A) The medical malpractice liability claims experience of entities that have been deemed to be employees for purposes of this section.

''(B) The risk exposure of such entities.

''(C) The value of private sector risk-management services, and the value of risk-management services and procedures required as a condition of receiving a grant under section 329, 330, 340, or 340A.

''(D) A comparison of the costs and the benefits to taxpayers of maintaining medical malpractice liability coverage for such entities pursuant to this section, taking into account—

''(i) a comparison of the costs of premiums paid by such entities for private medical malpractice liability insurance with the cost of coverage pursuant to this section; and

''(ii) an analysis of whether the cost of premiums for private medical malpractice liability insurance coverage is consistent with the liability claims experience of such entities.

''(2) The report under paragraph (1) shall include the following:

''(A) A comparison of—

''(i) an estimate of the aggregate amounts that such entities (together with the officers, governing board members, employees, and contractors of such entities who have been deemed to be employees for purposes of this section) would have directly or indirectly paid in premiums to obtain medical malpractice liability insurance coverage if this section were not in effect; with

''(ii) the aggregate amounts by which the grants received by such entities under this Act were reduced pursuant to subsection (k)(2).

''(B) A comparison of—

''(i) an estimate of the amount of privately offered such insurance that such entities (together with the officers, governing board members, employees, and contractors of such entities who have been deemed to be employees for purposes of this section) purchased during the three-year period beginning on January 1, 1993; with

''(ii) an estimate of the amount of such insurance that such entities (together with the officers, governing board members, employees, and contractors of such entities who have been deemed to be employees for purposes of this section) will purchase after the date of the enactment of the Federally Supported Health Centers Assistance Act of 1995.

''(C) An estimate of the medical malpractice liability loss history of such entities for the 10-year period preceding October 1, 1996, including but not limited to the following:

''(i) Claims that have been paid and that are estimated to be paid, and legal expenses to handle such claims that have been paid and that are estimated to be paid, by the Federal Government pursuant to deeming entities as employees for purposes of this section.

''(ii) Claims that have been paid and that are estimated to be paid, and legal expenses to handle such claims that have been paid and that are estimated to be paid, by private medical malpractice liability insurance.

''(D) An analysis of whether the cost of premiums for private medical malpractice liability insurance coverage is consistent with the liability claims experience of entities that have been deemed as employees for purposes of this section.

''(3) In preparing the report under paragraph (1), the Comptroller General of the United States shall consult with public and private entities with expertise on the matters with which the report is concerned.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida [Mr. BILIRAKIS] will be recognized for 20 minutes, and the gentleman from California [Mr. WAXMAN] will be recognized for 20 minutes.

The Chair recognizes the gentleman from Florida [Mr. BILIRAKIS].

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

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

Mr. BILIRAKIS. Mr. Speaker, the intent of the original Federally Supported Health Centers Assistance Act passed in 1993 was to relieve health centers of the burdensome costs of private malpractice insurance by extending Federal Tort Claims Act coverage to health center employees. The funds saved on these premiums could then be used to provide health care to additional individuals. H.R. 1747 extends current law and enables these health centers to maximize their Federal dollars and provide health care service to more people.

Based upon the current statute, 542 health centers have been approved for FTCA coverage. However, because final regulations were not issued until May 8, 1995 the program has not been fully implemented. This lengthy period of uncertainty regarding the law's scope has made it necessary for many health centers to continue their private malpractice coverage. Despite this delay, 119 health centers have reportedly saved $14.3 million because they have been able to drop private malpractice coverage for one or more of their clinicians.

The amendment before us would make the FTCA coverage permanent. The amendment also clarifies that participation in the FTCA is at the option of the health center and is not mandatory. It also modifies a study of the program so that a true cost-benefit analysis of the program will be done. This amendment was crafted with input from a bipartisan group of Members, the community health centers, and insurance agents who sell private malpractice insurance. I believe this amendment satisfies everyone's objectives for this legislation.

I urge my colleagues to join me in supporting H.R. 1747.

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

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

Mr. Speaker, I rise in support of this legislation that would extend the law that allows the community health centers to take advantage of the Federal Tort Claims Act coverage. That will mean and has meant for a number of these community health centers that they will not have to use their scarce resources to go out and buy a private medical malpractice insurance policy, since they will be covered by the Federal law, the same as any other Federal agency would under the circumstances.

This legislation was authored originally by the gentleman from Oregon, Mr. WYDEN, and coauthored by the gentlewoman from Connecticut, Mrs. NANCY JOHNSON. It has worked well, and the bill before us would be to extend the legislation to be able to work in the future.

Mr. Speaker, I support the legislation and urge all our colleagues to support it as well.

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

Mr. BILIRAKIS. Mr. Speaker, I thank the gentleman again for his cooperation regarding this legislation, and I yield such time as she may consume to the gentlewoman from Connecticut [Mrs. JOHNSON].

Mrs. JOHNSON of Connecticut. Mr. Speaker, I thank my colleague, the gentleman from Florida [Mr. BILIRAKIS], for his leadership on this issue and for his help in working out the amendment that has made it possible for this bill to offer this program on a permanent basis. He has always been a strong supporter and advocate of community health centers, and I appreciate the gentleman's good help.

I also appreciate the support of my colleague, the gentleman from California, Mr. WAXMAN, his longtime support and hard work on the legislation governing our community health centers, and want to acknowledge the work of my colleague, the gentleman from Oregon, Mr. RON WYDEN, on this issue. He

and I introduced the original legislation 3 years ago, which was heavy lifting, as we say in this body, and we are very pleased that this is before us today to make this program permanent. While he cannot be with us at this time, I want to commend the hard work and the real dedication of the gentleman from Oregon [Mr. WYDEN] to ensuring that the important health services that these centers provide are there for people in America.

Mr. Speaker, H.R. 1747, the federally supported Health Centers Assistance Act of 1995, makes permanent, at no additional cost to taxpayers, a highly successful demonstration project offering malpractice coverage for the Nation's community, migrant, and homeless citizens under the Federal Tort Claims Act.

H.R. 1747 will ensure that the maximum amount of the limited Federal funds supporting health centers are spent to provide quality patient care and services, rather than to pay for malpractice insurance premiums. The limited demonstration project saved health centers millions of dollars on malpractice insurance expenses over the past 2 years, allowing health centers to offer their services to an additional 75,000 patients. Federally supported health centers are nonprofit providers of health care to America's medically underserved. They serve the working poor, the uninsured, Medicare and Medicaid recipients, as well as high-risk and vulnerable populations.

Today health centers provide cost-effective primary and preventive care to over 8.8 million people nationwide. Health centers are public-private partnerships, funded in part by grants under the Public Health Service Act, which enable health centers to employ health care professionals and operate over 2,200 health service delivery sites throughout our cities and towns.

Private malpractice insurance has been a significant expense for these nonprofit centers. Prior to the FDCA coverage bill, health centers spent $40 billion annually of their grant funds for private malpractice insurance, yet they had very few claims. By permanently extending coverage for health centers under the FDCA, Congress will enable health centers to use more of their scarce Federal dollars for patient care instead of for malpractice premiums. For each $10 million saved in funds, health centers can serve an additional 100,000 patients with quality care.

Mr. speaker, I am proud to have supported legislation ensuring that standards for health centers ranked among the highest in terms of certification, quality care, and accountability.

□ 1545

These health centers have a remarkably low incidence of malpractice claims.

Since the fall of 1993, only 30 claims have been filed against the 545 health centers approved for FTCA coverage, a rate consistent with the low rate of claims filed against health centers under private insurance.

More than ever, America's health centers have growing responsibilities for the provision of health care to medically underserved populations and communities, yet your support for the permanent extension of FTCA malpractice coverage for health centers will enable health centers to make cost-effective use of limited Federal grant funds, and I urge the support of my colleagues for this legislation.

Mr. YOUNG of Alaska. Mr. Speaker, I thank the gentlewoman for her terrific leadership in this regard.

GENERAL LEAVE

Mr. YOUNG of Alaska. 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. 1747.

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

There was no objection.

Mr. WYDEN. Mr. Speaker, I wish to express my strong support for H.R. 1747, the Federally Supported Health Centers Assistance Act of 1995. I would like to thank members on both sides of the aisle, including Representative BILIRAKIS, Representative WAXMAN, and Representative FRANK for their unflagging support and assistance in moving this important piece of legislation through the House. In particular, I wish to thank Representative NANCY JOHNSON of Connecticut for her years of work and commitment on this bill. She is a true friend of community health centers and has been an outstanding partner in our fight for smarter Government. As always, it was a joy to work with her.

I think we all realize that the Federal Government has to work harder to squeeze every last ounce of service out of each taxpayer dollar allocated to health care. That's exactly what this program accomplishes.

This legislation will be a shot in the arm to struggling community health centers [CHC's]. The bill allows CHC's to reallocate desperately needed health care dollars from the coffers of private medical malpractice insurance companies to direct services for hundreds thousands more poor and rural Americans. Additionally, it will ensure that American taxpayers get the biggest bang for their buck.

When Representative JOHNSON and I first introduced this legislation in 1991, community health centers were paying $58 million a year, most of which came out of their Federal grant fund for medical malpractice insurance—while they only generated about $4 million a year in claims.

Roughly $54 million dollars, allocated by the Federal Government for health care services for poor and rural Americans, was not going for services, but was going as pure profit to large insurance corporations. It seemed to myself and Mrs. JOHNSON that there had to be a better way.

What we discovered was that Federal employees, including health care providers at the Veterans Administration, Department of Defense, and Indian Health Service, are covered by the Federal Tort Claims Act [FTCA] instead of by private insurers. It seemed only natural that community health centers, which receive a substantial sum of their operating budget from the Federal Government and which are strictly regulated by the Department of Health and Human Services, should also be included under this program.

The original Federally Supported Health Centers Assistance Act set up a fund, under the FTCA, to which a portion of the grants for community health centers would be allocated. To date, only 15 claims have been filed against health centers under the FTCA and none of the $11 million set-aside to be expended for coverage of such has been expended.

In fact, since the enactment of this bill in late 1992, coverage under the FTCA has saved community health centers an estimated $14.3 million, allowing about 75,000 more patients to be served.

H.R. 1747 reauthorizes the Federally Supported Health Centers Assistance Act permanently and clarifies portions of the original legislation. In particular, it ensures that doctors who have to do shared call are covered. These are doctors in rural or poor urban communities who all have to share duties at the local hospital.

The legislation also ensures that part-time doctors who work for health centers are covered under the FTCA, and it clarifies that FTCA coverage may apply in managed care arrangements with health centers.

Time is of the essence with this reauthorization. Since the final regulations for this program were not issued until May of this, many community health centers are waiting before they drop their private malpractice coverage to see if this act is reauthorized.

For those 119 health centers that are now covered under the FTCA, the situation is more urgent. If this bill is not reauthorized, they will have to start purchasing expensive private malpractice insurance in the next couple weeks to ensure that they are not left without coverage next year.

In Oregon, the passage of H.R. 1747 will mean a number of health centers will finally feel comfortable dropping their private malpractice insurance. At La Clinica Del Valle in Phoenix, OR, the health center will have as much as $20,000 more to spend on patients—meaning they can serve at least 250 patients. Next year, when they move to a new facility, they will save $40,000 or the equivalent of a part-time doctor—and be able to serve 500 more patients. At the Salud Medical Center in Woodburn, OR, reauthorizing this program will mean that the center will have at a minimum $10,000 more to spend on serving patients.

At the West Salem Clinic in Salem, OR, with the savings from this program, they will be able to hire a part-time nurse practitioner, and the head of the center estimates that this will mean they will be able to take 2,100 more visits from people in the area—or serve about 700 more patients. At the Southeastern Rural Health Network in Chiloquin, OR, the savings will mean the center can repair a leaking roof and build a wheelchair ramp so that handicapped people can enter the clinic to visit the doctor.

It seems to me that this legislation is a prime example of how we can work together, on a bipartisan basis, to come up with creative, cost-effective solutions, to provide people with more medical assistance and to effectively use American's hard-earned tax dollars. Again, I thank the Members who have helped

with this important piece of legislation, and urge its speedy approval.

Mr. YOUNG of Alaska. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. WAXMAN. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. EWING). The question is on the motion offered by the gentleman from Florida [Mr. BILIRAKIS] that the House suspend the rules and pass the bill, H.R. 1747, 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.

A motion to reconsider was laid on the table.

TRINITY RIVER BASIN FISH AND WILDLIFE MANAGEMENT REAUTHORIZATION ACT OF 1995

Mr. YOUNG of Alaska. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2243) to amend the Trinity River Basin Fish and Wildlife Management Act of 1984, to extend for 3 years the availability of moneys for the restoration of fish and wildlife in the Trinity River, and for other purposes, as amended.

The Clerk read, as follows:

H.R. 2243

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 ''Trinity River Basin Fish and Wildlife Management Reauthorization Act of 1995''.

SEC. 2. CLARIFICATION OF FINDINGS.

Section 1 of the Act entitled ''An Act to provide for the restoration of the fish and wildlife in the Trinity River Basin, California, and for other purposes'', approved October 24, 1984 (98 Stat. 2721), as amended, is amended—

(1) by redesignating paragraphs (5) and (6) as paragraphs (6) and (7), respectively;

(2) by adding after paragraph (4) the following:

''(5) Trinity Basin fisheries restoration is to be measured not only by returning adult anadromous fish spawners, but by the ability of dependent tribal, commercial, and sport fisheries to participate fully, through enhanced in-river and ocean harvest opportunities, in the benefits of restoration;''; and

(3) by amending paragraph (7), as so redesignated, to read as follows:

''(7) the Secretary requires additional authority to implement a management program, in conjunction with other appropriate agencies, to achieve the long-term goals of restoring fish and wildlife populations in the Trinity River Basin, and, to the extent these restored populations will contribute to ocean populations of adult salmon, steelhead, and other anadromous fish, such management program will aid in the resumption of commercial, including ocean harvest, and recreational fishing activities.''.

SEC. 3. CHANGES TO MANAGEMENT PROGRAM.

(a) OCEAN FISH LEVELS.—Section 2(a) of the Act entitled ''An Act to provide for the restoration of the fish and wildlife in the Trinity River Basin, California, and for other purposes'', approved October 24, 1984 (98 Stat. 2722), as amended, is amended—

(1) in the matter preceding paragraph (1)—

(A) by inserting '', in consultation with the Secretary of Commerce where appropriate,'' after ''Secretary''; and

(B) by adding the following after ''such levels.'': ''To the extent these restored fish and wildlife populations will contribute to ocean populations of adult salmon, steelhead, and other anadromous fish, such management program is intended to aid in the resumption of commercial, including ocean harvest, and recreational fishing activities.''.

(b) FISH HABITATS IN THE KLAMATH RIVER.—Paragraph (1)(A) of such section (98 Stat. 2722) is amended by striking ''Weitchpec;'' and inserting ''Weitchpec and in the Klamath River downstream of the confluence with the Trinity River;''.

(c) TRINITY RIVER FISH HATCHERY.—Paragraph (1)(C) of such section (98 Stat. 2722) is amended by inserting before the period the following: '', so that it can best serve its purpose of mitigation of fish habitat loss above Lewiston Dam while not impairing efforts to restore and maintain naturally reproducing anadromous fish stocks within the basin''.

(d) ADDITION OF INDIAN TRIBES.—Section 2(b)(2) of such Act (98 Stat. 2722) is amended by striking ''tribe'' and inserting ''tribes''.

SEC. 4. ADDITIONS TO TASK FORCE.

(a) IN GENERAL.—Section 3(a) of the Act entitled ''An Act to provide for the restoration of the fish and wildlife in the Trinity River Basin, California, and for other purposes'', approved October 24, 1984 (98 Stat. 2722), as amended, is amended—

(1) by striking ''fourteen'' and inserting ''nineteen'';

(2) by striking ''United States Soil Conservation Service'' in paragraph (10) and inserting ''Natural Resources Soil and Conservation Service''; and

(3) by inserting after paragraph (14) the following:

''(15) One individual to be appointed by the Yurok Tribe.

''(16) One individual to be appointed by the Karuk Tribe.

''(17) One individual to represent commercial fishing interests, to be appointed by the Secretary after consultation with the Board of Directors of the Pacific Coast Federation of Fishermen's Associations.

''(18) One individual to represent sport fishing interests, to be appointed by the Secretary after consultation with the Board of Directors of the California Advisory Committee on Salmon and Steelhead Trout.

''(19) One individual to be appointed by the Secretary, in consultation with the Secretary of Agriculture, to represent the timber industry.''.

(b) COORDINATION.—Section 3 of such Act (98 Stat. 2722) is further amended by adding at the end thereof the following new subsection:

''(d) Task Force actions or management on the Klamath River from Weitchpec downstream to the Pacific Ocean shall be coordinated with, and conducted with the full knowledge of, the Klamath River Basin Fisheries Task Force and the Klamath Fishery Management Council, as established under Public Law 99–552. The Secretary shall appoint a designated representative to ensure such coordination and the exchange of information between the Trinity River Task Force and these two entities.''.

(c) REIMBURSEMENT.—Section 3(c)(2) of such Act (98 Stat. 2723) is amended by adding at the end the following: ''Members of the Task Force who are not full-time officers or employees of the United States, the State of California (or a political subdivision thereof), or an Indian tribe, may be reimbursed for such expenses as may be incurred by reason of their service on the Task Force, as consistent with applicable laws and regulations.''.

(d) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply with respect to actions taken by the Trinity River Basin Fish and Wildlife Task Force on and after 120 days after the date of the enactment of this Act.

SEC. 5. APPROPRIATIONS.

(a) EXTENSION OF AUTHORIZATION.—Section 4(a) of the Act entitled ''An Act to provide for the restoration of the fish and wildlife in the Trinity River Basin, California, and for other purposes'', approved October 24, 1984 (98 Stat. 2723), as amended, is amended—

(1) in paragraph (1), by striking ''October 1, 1995'' and inserting in lieu thereof ''October 1, 1998''; and

(2) in paragraph (2), by striking ''ten-year'' and inserting in lieu thereof ''13-year''.

(b) IN-KIND SERVICES; OVERHEAD; AND FINANCIAL AND AUDIT REPORTS.—Section 4 of such Act (98 Stat. 2724) is amended—

(1) by designating subsection (d) as subsection (h); and

(2) by inserting after subsection (c) the following new subsections:

''(d) The Secretary is authorized to accept in-kind services as payment for obligations incurred under subsection (b)(1).

''(e) Not more than 20 percent of the amounts appropriated under subsection (a) may be used for overhead and indirect costs. For the purposes of this subsection, the term 'overhead and indirect costs' means costs incurred in support of accomplishing specific work activities and jobs. Such costs are primarily administrative in nature and are such that they cannot be practically identified and charged directly to a project or activity and must be distributed to all jobs on an equitable basis. Such costs include compensation for administrative staff, general staff training, rent, travel expenses, communications, utility charges, miscellaneous materials and supplies, janitorial services, depreciation and replacement expenses on capitalized equipment. Such costs do not include inspection and design of construction projects and environmental compliance activities, including (but not limited to) preparation of documents in compliance with the National Environmental Policy Act of 1969.

''(f) Not later than December 31 of each year, the Secretary shall prepare reports documenting and detailing all expenditures incurred under this Act for the fiscal year ending on September 30 of that same year. Such reports shall contain information adequate for the public to determine how such funds were used to carry out the purposes of this Act. Copies of such reports shall be submitted to the Committee on Resources of the House of Representatives and the Committee on Energy and Natural Resources of the Senate.

''(g) The Secretary shall periodically conduct a programmatic audit of the in-river fishery monitoring and enforcement programs under this Act and submit a report concerning such audit to the Committee on Resources of the House of Representatives and the Committee on Energy and Natural Resources of the Senate.''.

(c) AUTHORITY TO SEEK APPROPRIATIONS.—Section 4 of such Act, as amended by subsection (b) of this section, is further amended by inserting after subsection (h) the following new subsection:

''(i) Beginning in the fiscal year immediately following the year the restoration effort is completed and annually thereafter, the Secretary is authorized to seek appropriations as necessary to monitor, evaluate, and maintain program investments and fish and wildlife populations in the Trinity River Basin for the purpose of achieving long-term fish and wildlife restoration goals.''.

SEC. 6. NO RIGHTS AFFECTED.

The Act entitled ''An Act to provide for the restoration of the fish and wildlife in the Trinity River Basin, California, and for other purposes'', approved October 24, 1984 (98 Stat. 2721), as amended, is further amended by inserting at the end thereof the following:

''PRESERVATION OF RIGHTS

''SEC. 5. Nothing in this Act shall be construed as establishing or affecting any past, present, or future rights of any Indian or Indian tribe or any other individual or entity.''.