on this important broader bill, and so I am happy to report to my colleagues that we will be able to free up some time on that basis for discussion of the amendment that is offered by the Senator from California, Senator BOXER.

The Senator from Maine is present this morning, and I know she has some comments to make in this regard. Let me say this. The Senator from Tennessee, Senator FRIST, has been instrumental in helping us first understand the accrediting process and the importance of the accrediting process. As a medical doctor, he has some knowledge and personal experience with this issue and these questions that I cannot begin to bring to the debate. He and his staff have been immensely helpful in helping us to draft this legislation so we can accomplish what we intended to accomplish, but also retain the integrity of the accrediting process.

I am very happy to yield to him. I will yield whatever time the Senator from Tennessee desires in order to speak to this amendment.

The ACTING PRESIDENT pro tempore. The chair did not hear the Senator seek to modify his amendment.

Mr. COATS. Mr. President, this is an appropriate time to ask unanimous-consent to modify my amendment. I send that modification to the desk.

Mrs. BOXER. I object.

The ACTING PRESIDENT pro tempore. There are no yeas and nays ordered, so the Chair is corrected. Since there is a time agreement, it takes unanimous consent.

Mrs. BOXER. I object at this time.

The ACTING PRESIDENT pro tempore. Objection is heard.

Mr. COATS. Mr. President, I will discuss this modification with the Senator from California and, hopefully, we can resolve the question here. At the present time, I want to yield time to the Senator from Tennessee.

I will withhold the unanimous-consent request at this time so I can discuss it with the Senator from California.

I yield whatever time the Senator from Tennessee needs.

The ACTING PRESIDENT pro tempore. The Senator from Tennessee.

Mr. FRIST. Mr. President, I commend the Senator from Indiana for his thoughtful approach to this important issue. My colleague has proposed an amendment that will protect medical residents, individual physicians, and medical training programs from abortion-related discrimination in the training and licensing of physicians. However, in our efforts to safeguard freedom of conscience, there are limits to what Congress should impose on private medical accrediting bodies. I believe this amendment stays within the confines of the governmental role and addresses the matter of discrimination in a way that is acceptable to all parties.

This amendment states that the Federal Government, and any State that receives Federal health financial assistance, may not discriminate against any medical resident, physician, or medical training program that refuses to perform or undergo training and induced abortions, or to provide training or referrals for training in induced abortions.

Discrimination is defined to include withholding legal status or failing to provide financial assistance, a service, or another benefit simply because an unwilling health entity is required by certain accreditation standards to engage in training in or the performance of induced abortions.

The primary concern that occurs when one addresses any accreditation issue is that quality of care will be sacrificed. As a physician, the care of patients is my highest priority, and this amendment specifically addresses this issue. It makes it clear that health entities would still have to go through the accreditation process, and that their policy with regard to providing or training in induced abortion would not affect their Government-provided financial assistance, benefits, services, or legal status.

The Government would work with the accrediting agency to deem schools accredited that—and I quote from the amendment—''would have been accredited but for the Agency's reliance upon a standard that requires an entity to perform an induced abortion, or require, provide, or refer for training in the performance of induced abortions or make arrangements for such training.''

Mr. President, this amendment arose out of a controversy over accrediting standards for obstetrical and gynecological programs. The Accreditation Council for Graduate Medical Education, the ACGME, is a private body that establishes and enforces standards for the medical community. As a physician, I deeply respect and appreciate the ACGME, and I understand the fundamental need for quality medical standards and oversight.

Moreover, I feel strongly that the Federal Government should not dictate to the private sector how to run their programs. We must not usurp the private accreditation process. But, at the same time, Congress is responsible for the Federal funding that is tied to accreditation by the ACGME, and as public servants, we must ensure that there is no hint of discrimination associated with the use of public funds.

I am pleased, Mr. President, that we could work together to address the legitimate concerns of both sides in crafting this amendment. I join with the Senator from Indiana and the Senator from Maine in supporting this amendment, which will prevent discrimination with respect to abortion, but preserve the integrity of the accreditation process.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. THOMAS). Who yields time?

Mr. FRIST. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. COATS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. COATS. Mr. President, I ask unanimous consent that the time that is now running during any quorum call be equally divided between both sides.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. COATS. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. CAMPBELL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. CAMPBELL. Mr. President, I ask unanimous consent that I be allowed to speak as in morning business for a period of 4 minutes.

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

AUTHORIZING THE SPECIALTY EQUIPMENT MARKET ASSOCIATION TO STAGE AN EVENT ON THE CAPITOL GROUNDS

Mr. CAMPBELL. Mr. President, I want to speak briefly with regard Senate Concurrent Resolution 44, a resolution which I and several colleagues submitted last week, that would reauthorize the Specialty Equipment Market Association, in consultation with the Architect of the Capitol, to stage an event on the Capitol Grounds on May 15.

As a motor enthusiast, I believe it is important to recognize the contributions the motor sports industry has made to improve the quality, performance and, more importantly, the safety of most all motor vehicles on the road today. Certainly, the American public has demonstrated a continuing love affair with motor vehicles since their introduction over 100 years ago in this country, enjoying vehicles for transportation and recreational endeavors, ranging from racing to show competitions, and as the way of creating individual expression that has been extremely popular in the last 100 years.

In addition, research and development connected with motor sports competition and specialty applications has provided consumers with such life-saving safety mechanisms, including seatbelts, airbags, and many other important innovations.

As a result, the motor sports industry has grown tremendously over the years, where today hundreds of thousands of amateur and professional participants enjoy motor sports competitions each and every year throughout

the United States, attracting attendance in excess of 14 million people, making the motor sports industry one of the most widely attended of all U.S. sports. And equally important, as an economic engine, sales of motor vehicle performance and appearance enhancement parts and accessories annually exceeds $15 billion, and employ nearly 500,000 people.

Mr. President, Senate Concurrent Resolution 44 seeks to authorize the Specialty Equipment Market Association, in consultation with the Architect of the Capitol and the Capitol Police Board, to conduct an event to showcase innovative automotive technology and motor sports vehicles on the Grounds of the Capitol on May 15 of this year.

I hope my colleagues will share in the recognition of the motor sports industry and support Senate Concurrent Resolution 44.

I yield the floor.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

Mr. COATS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

BALANCED BUDGET DOWNPAYMENT ACT, II

The Senate continued with the consideration of the bill.

AMENDMENT NO. 3513, AS MODIFIED

Mr. COATS. Mr. President, earlier this morning I proposed a unanimous-consent request to modify the amendment which I had offered last week, on Thursday, to the legislation that the Senate is currently considering. We have had some discussion with the Senator from California and others regarding this. I believe we have resolved concerns relative to this modification, at least regarding offering the unanimous-consent request.

So I now repeat my unanimous-consent request to modify the pending amendment to H.R. 3019.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

The amendment (No. 3513), as modified, is as follows:

At the appropriate place, insert the following:

SEC. . ESTABLISHMENT OF PROHIBITION AGAINST ABORTION-RELATED DISCRIMINATION IN TRAINING AND LICENSING OF PHYSICIANS.

Part B of title II of the Public Health Service Act (42 U.S.C. 238 et seq.) is amended by adding at the end the following section:

''ABORTION-RELATED DISCRIMINATION IN GOVERNMENTAL ACTIVITIES REGARDING TRAINING AND LICENSING OF PHYSICIANS

''SEC. 245. (a) IN GENERAL.—The Federal Government, and any State or local government that receives Federal financial assistance, may not subject any health care entity to discrimination on the basis that—

''(1) the entity refuses to undergo training in the performance of induced abortions, to require or provide such training, to perform such abortions, or to provide referrals for such training or such abortions;

''(2) the entity refuses to make arrangements for any of the activities specified in paragraph (1); or

''(3) the entity attends (or attended) a post-graduate physician training program, or any other program of training in the health professions, that does not (or did not) perform induced abortions or require, provide or refer for training in the performance of induced abortions, or make arrangements for the provision of such training.

''(b) ACCREDITATION OF POSTGRADUATIE PHYSICIAN TRAINING PROGRAMS.—

''(1) IN GENERAL.—In determining whether to grant a legal status to a health care entity (including a license or certificate), or to provide such entity with financial assistance, services or other benefits, the Federal Government, or any State or local government that receives Federal financial assistance, shall deem accredited any post-graduate physician training program that would be accredited but for the accrediting agency's reliance upon an acceditation standard that requires an entity to perform an induced abortion or require, provide, or refer for training in the performance of induced abortions, or make arrangements for such training, regardless of whether such standard provides exceptions or exemptions. The government involved shall formulate such regulations or other mechanisms, or enter into such agreements with accrediting agencies, as are necessary to comply with this subsection.

''(2) RULES OF CONSTRUCTION.—

''(A) IN GENERAL.—With respect to subclauses (I) and (II) of section 705(a)(2)(B)(i) (relating to a program of insured loans for training in the health professions), the requirements in such subclauses regarding accredited internship or residency programs are subject to paragraph (1) of this subsection.

''(B) EXCEPTIONS.—This section shall not—

''(i) prevent any health care entity from voluntarily electing to be trained, to train, or to arrange for training in the performance of, to perform, or to make referrals for induced abortions; or

''(ii) prevent an accrediting agency or a Federal, State or local government from establishing standards of medical competency applicable only to those individuals who have voluntarily elected to perform abortions.

''(c) DEFINITIONS.—For purposes of this section:

''(1) The term 'financial assistance', with respect to a government program, includes governmental payments provided as reimbursement for carrying out health-related activities.

''(2) The term 'health care entity' includes an individual physician, a postgraduate physician training program, and a participant in a program of training in the health professions.

''(3) The term 'postgraduate physician training program' includes a residency training program.''.

Mr. COATS. Mr. President, let me just state, during our discussion last Thursday on this amendment, which I will describe in a moment, questions were raised by the Senator from Maine relative to some language and the interpretation of that language as it affected a portion of the bill providing for an exemption to the accreditation standards based on a conscience or moral clause relative to performing abortion.

We have discussed that question over the weekend and made some clarifications in that language, which is the purpose of the modification. The Senator from Maine spoke this morning and the Senator from Tennessee spoke, relative to the procedures of the Accrediting Council for Graduate Medical Education, its involvement in accrediting medical providers and medical training programs, and support for the Coats amendment to this particular bill.

Let me describe that very briefly. The problem that we had here is that, prior to 1996, the ACGME, which is the American Council on Graduate Medical Education, did not require hospitals or ob/gyn residency programs to perform induced abortions or train to perform induced abortions. That was done on a voluntary basis. Until 1996, hospitals were only required to train residents to manage medical and surgical complications of pregnancy, that is those situations where treatment of life-threatening conditions to the mother or complications of a spontaneous abortion, miscarriage, or stillbirth, was part of the medical training.

At the same time, 43 States have had in place statutes, as well as the Federal Government, to protect individual residents in hospitals from having to perform on a mandatory basis, or having to train on a mandatory basis, for the performance of induced abortions or abortion on demand. These procedures generally apply regardless of the reason to refuse to perform an abortion.

Then in 1996, the Accrediting Council on Graduate Medical Education changed its standards, indicating that failure to provide training for induced abortions could lead to loss of accreditation for these hospitals and for these training programs.

The reason this is important is that a great deal of Federal funding is tied to this accreditation. The Medicare reimbursement is tied to accreditation, loan deferral provisions are tied to accreditation, and a number of other federally provided support for hospital providers and for training programs for ob/gyn and others are tied to the accreditation. So, if the accreditation is removed, these institutions could lose their Federal funds.

So the language that I offered in the bill that we offered to the Senate basically said that, one, we do not think it is right that the Federal Government could discriminate against hospitals or ob/gyn residents simply because they choose, on a voluntary basis, not to perform abortions or receive abortion training, for whatever reason. For some it would be religious reasons; for some it would be moral reasons; for some it could be practical reasons; for some hospitals it could be economic reasons. There are a whole range of reasons why a provider may choose not to engage in this mandatory practice.

But at the same time, we did not feel that it was proper for us to mandate to a private, although somewhat quasi-