

hospitals across the Commonwealth and across the country be protected and preserved so that continued health care will be available to veterans seeking the unique services they provide; and be it further

Resolved, That a copy of these resolutions be transmitted forthwith by the clerk of the Senate to the President of the United States, to the presiding officer of each branch of Congress and to the members thereof from this Commonwealth.

REPORT OF COMMITTEE RECEIVED DURING ADJOURNMENT

Under the authority of the order of the Senate of June 12, 1997, the following reports of committee as submitted on June 13, 1997.

By Mr. HELMS, from the Committee on Foreign Relations, without amendment:

S. 903. An original bill to consolidate the foreign affairs agencies of the United States, to authorize appropriations for the Department of State for fiscal years 1998 and 1999, and to provide for reform of the United Nations, and for other purposes (Rept. No. 105-28).

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bill was introduced, read the first and second time by unanimous consent, and referred as indicated on June 12, 1997:

By Mrs. BOXER:

S. 902. A bill to require physicians to provide certain men with information concerning prostate specific antigen tests and to provide for programs of research on prostate cancer; to the Committee on Labor and Human Resources.

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated on June 13, 1997:

By Mr. HELMS:

S. 903. An original bill to consolidate the foreign affairs agencies of the United States, to authorize appropriations for the Department of State for fiscal years 1998 and 1999, and to provide for reform of the United Nations, and for other purposes; from the Committee on Foreign Relations; placed on the calendar.

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. BREAUX (for himself, Mr. MACK, and Mr. KERREY):

S. 904. A bill to amend title XVIII of the Social Security Act to provide medicare beneficiaries with choices, and for other purposes; to the Committee on Finance.

By Mr. MCCAIN (for himself and Mr. HOLLINGS):

S. 905. A bill to establish a National Physical Fitness and Sports Foundation to carry out activities to support and supplement the mission of the President's Council on Physical Fitness and Sports, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. D'AMATO (for himself, Mr. MOYNIHAN, Mr. CHAFEE, Mr. BREAUX, Mr. HATCH, and Mr. GRAHAM):

S. 906. A bill to amend the Internal Revenue Code of 1986 to extend the economic activity credit for Puerto Rico, and for other purposes; to the Committee on Finance.

By Mr. D'AMATO (for himself and Mr. BAUCUS):

S. 907. A bill to amend the Revenue Act of 1987 to provide a permanent extension of the transition rule for certain publicly traded partnerships; to the Committee on Finance.

By Mr. SMITH of Oregon (for himself and Mr. WYDEN):

S. 908. A bill to authorize the Secretary of the Interior to participate in a water conservation project with the Tumalo Irrigation District, Oregon; to the Committee on Energy and Natural Resources.

By Mr. MCCAIN (for himself, Mr. KERREY, and Mr. HOLLINGS):

S. 909. A bill to encourage and facilitate the creation of secure public networks for communication, commerce, education, medicine, and government; to the Committee on Commerce, Science, and Transportation.

By Mr. FRIST:

S. 910. A bill to authorize appropriations for carrying out the Earthquake Hazards Reduction Act of 1977 for fiscal years 1998 and 1999, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. TORRICELLI:

S. 911. A bill to amend the Internal Revenue Code of 1986 to allow a credit against income tax to individuals who are active participants in neighborhood crime watch organizations which actively involve the community in the reduction of local crime; to the Committee on Finance.

By Mr. BOND:

S. 912. A bill to provide for certain military retirees and dependents a special medicare part B enrollment period during which the late enrollment penalty is waived and a special medigap open period during which no under-writing is permitted; to the Committee on Finance.

By Mr. HATCH:

S. 913. A bill to amend title XVIII of the Social Security Act to provide for a prospective payment system for home health services, and for other purposes; to the Committee on Finance.

S. 914. A bill to establish a prospective payment system under the medicare program for skilled nursing facility services; to the Committee on Finance.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. BREAUX (for himself, Mr. MACK and Mr. KERREY):

S. 904. A bill to amend title XVIII of the Social Security Act to provide medicare beneficiaries with choices, and for other purposes; to the Committee on Finance.

THE COMPREHENSIVE MEDICARE REFORM AND IMPROVEMENT ACT OF 1997

Mr. BREAUX. Mr. President, I rise for a moment or two to speak to a bill which Senator MACK and I are introducing today on the entire question of Medicare. So many people around the country have heard Congress and elected officials for a long period of time talk about how we need to reform the Medicare Program. The Medicare Program has been a wonderful program since 1965. It has assured our senior citizens they will have adequate health care in a period in their lives when health care is vitally important.

We have all seen the studies and the reports which clearly point out that unless Congress fundamentally reforms this program, it is not going to be

around for much longer. We clearly see a program that will be bankrupt, which is running out of money, and that has to be a tremendous concern not only to our Nation's seniors but also to their children and their grandchildren and to society at large. Unfortunately, every time Congress moves toward trying to reform Medicare, we do not do it. We have taken the same approach year in and year out with the thought of fixing Medicare with a Band-Aid type of approach instead of addressing the fundamental defects in the program. We have every year said we are going to fix it this year by reducing the reimbursement fees that doctors and hospitals get for treating Medicare patients.

I said the other day, and others have made this comment, that before too long doctors and hospitals will refuse to take Medicare patients because their reimbursement rate from the Government will be less than it costs them to do business, that they will simply refuse to take Medicare patients any longer.

That is already happening in my own family. My mother-in-law just a week ago informed us that after being diagnosed with an ailment of diabetes, in trying to go to a local physician in our State of Louisiana, they promptly informed her they do not take Medicare patients. I think that is something we all need to be very concerned about. We cannot continue to try to fix Medicare with a proposal that truly does not fix it.

What we introduce today is a proposal to make an option available to Medicare recipients which is patterned on the Federal Employees Health Benefit Plan that every Member of the Senate and every Member of the House and all 9 million Federal employees have.

It is a program which is fundamentally different than Medicare because, unlike Medicare, it is based on competition in the marketplace as opposed to arbitrary price fixing of Medicare services, which is the current system under Medicare based here in Washington.

There was an interesting story in the Washington Post this morning which talked about how House and Senate committees are looking at bringing about reform to Medicare and Medicaid and basing that reform on the Federal health plan available to Members of Congress and other Federal employees. Unfortunately, while the Medicare proposals which are now pending in the House and the Senate will increase the range of options available to seniors, they lack the most important feature of the Federal Employees Health Benefit Plan. That is competition. Medicare is the only program that fails to deliver health care based on competition but does it based on arbitrary price fixing, which is no longer working. The proposals currently in both the House and the Senate plan would continue to base what we pay managed care programs on what we spend on the so-called fee-for-service, currently available under Medicare. And that is the