

971229312-7312-01) received on July 9, 1998; to the Committee on Commerce, Science, and Transportation.

EC-5994. A communication from the Deputy Assistant Administrator for Fisheries, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule regarding compensation for collecting resource information on Pacific Coast fishery (Docket 980501115-8160-02) received on July 9, 1998; to the Committee on Commerce, Science, and Transportation.

EC-5995. A communication from the Secretary of Agriculture, transmitting, a draft of proposed legislation to allow the Commodity Credit Corporation to use unobligated funds of the Export Enhancement Program for certain purposes; to the Committee on Agriculture, Nutrition, and Forestry.

EC-5996. A communication from the Secretary of Housing and Urban Development, transmitting, a draft of proposed legislation entitled "The Homeownership Zones Act of 1998"; to the Committee on Banking, Housing, and Urban Affairs.

EC-5997. A communication from the Secretary of Health and Human Services, transmitting, a draft of proposed legislation entitled "The Families of Children With Disabilities Support Act"; to the Committee on Finance.

EC-5998. A communication from the Assistant Secretary for Legislative Affairs, Department of State, transmitting, a draft of proposed legislation entitled "The Inter-country Adoption Act"; to the Committee on Foreign Relations.

EC-5999. A communication from the Secretary of Veterans Affairs, transmitting, a draft of proposed legislation entitled "The Veterans' Benefits Improvement Act"; to the Committee on Veterans' Affairs.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. STEVENS, from the Committee on Appropriations: Special report entitled: "Further Revised Allocation to Subcommittees of Budget Totals for Fiscal Year 1999" (Rept. No. 105-246).

By Mr. MURKOWSKI, from the Committee on Energy and Natural Resources, with amendments:

S. 1418: A bill to promote the research, identification, assessment, exploration, and development of methane hydrate resources, and for other purposes (Rept. No. 105-248)

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

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

By Ms. COLLINS:

S. 2292. A bill to amend title XVIII of the Social Security Act to provide for coverage under the medicare program of insulin pumps as items of durable medical equipment; to the Committee on Finance.

By Mr. JOHNSON (for himself and Mr. DASCHLE):

S. 2293. A bill to increase the funding authorization for the James River, South Dakota, flood control project and direct the Secretary of the Army to enter into a programmatic agreement with the non-Federal sponsor of the project; to the Committee on Environment and Public Works.

By Mr. HATCH (for himself, Mr. LEAHY, Mr. DEWINE, and Mr. DASCHLE):

S. 2294. A bill to facilitate the exchange of criminal history records for noncriminal justice purposes, to provide for the decentralized storage of criminal history records, to amend the National Child Protection Act of 1993 to facilitate the fingerprint checks authorized by that Act, and for other purposes; considered and passed.

By Mr. MCCAIN (for himself, Ms. MIKULSKI, Mr. INHOFE, Mr. SMITH of Oregon, Mr. FAIRCLOTH, Mr. INOUE, Mr. SANTORUM, Mr. BREAUX, Mr. DURBIN, Mr. CLELAND, Mr. KENNEDY, Mr. SARBANES, Mrs. BOXER, Mrs. MURRAY, Mr. FORD, Mr. WYDEN, Mr. ROBERTS, Mr. AKAKA, Mr. REID, Mr. BRYAN, Mr. LEVIN, Mr. GRAHAM, Mr. GRASSLEY, Mr. WELLSTONE, Mr. DORGAN, and Mr. REED):

S. 2295. A bill to amend the Older Americans Act of 1965 to extend the authorizations of appropriations for that Act, and for other purposes; to the Committee on Labor and Human Resources.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. COLLINS:

S. 2292. A bill to amend title XVIII of the Social Security Act to provide for coverage under the Medicare Program of insulin pumps as items of durable medical equipment; to the Committee on Finance.

MEDICARE INSULIN PUMP COVERAGE ACT OF 1998

Ms. COLLINS. Mr. President, diabetes is a serious and potentially life-threatening disease affecting more than 16 million Americans at a cost of more than \$137 billion annually. That is more than the cost of treating any other disease. Moreover, since 3 million elderly Medicare beneficiaries have been diagnosed with diabetes, and another 3 million are likely to have it but not realize it at this point, nowhere is the economic impact of diabetes felt more strongly than in our Medicare Program.

Treating seniors for the often devastating complications associated with diabetes accounts for more than one-quarter of all Medicare expenses. Therefore, helping diabetic seniors avoid the complications of their disease will not only greatly improve the quality of their lives, but also help reduce the economic burden that diabetes places on the Medicare Program. This, Mr. President, is essential to the long-term economic viability of Medicare.

While there is no known cure, diabetes is largely a treatable disease. Many people who have diabetes can lead completely normal, active lives as long as they stick to a proper diet, carefully monitor the amount of their blood sugar or glucose, and take their medicine, which may or may not include insulin.

However, Mr. President, unfortunately, if a person with diabetes does not follow this rather strict regimen, they put themselves at risk of blindness, loss of limbs and an increased chance of heart disease, kidney failure, and stroke. Therefore, appropriate preventive services for diabetes have the

potential to save a great deal of money that otherwise would go for hospitalization or other acute care costs—not to mention a great deal of unnecessary pain and suffering.

Mr. President, Congress recently took a number of important steps to improve Medicare coverage of preventive care for individuals with diabetes. Prior to enactment of the Balanced Budget Act of 1997, Medicare covered diabetes self-maintenance education services in inpatient or hospital-based settings and in limited outpatient settings, specifically hospital outpatient departments or rural health clinics.

Medicare did not, however, cover education services if they were given in any other outpatient setting, such as a physician's office. Moreover, while Medicare did cover the cost of blood-testing strips used to monitor the sugar in the blood, it did so only for type I diabetics who required insulin to control their disease. Last year's Balanced Budget Act rightly expanded Medicare to cover all outpatient self-management training services as well as providing uniform coverage of blood-testing strips for all people with diabetes.

With the enactment of the Balanced Budget Act, we made significant progress toward improving care for Medicare beneficiaries with diabetes. However, Mr. President, there is more that we can do.

External insulin infusion pumps have proven to be more effective at controlling blood glucose levels than conventional injection therapy for many insulin-dependent diabetics. This helps them to avoid the expensive complications and the suffering resulting from uncontrolled diabetes. However, Mr. President, Medicare currently does not cover these pumps, even in cases where they have been prescribed as medically necessary by the Medicare beneficiary's physician. I am, therefore, today pleased to introduce legislation, the Medicare Insulin Pump Coverage Act of 1998, that would expand Medicare coverage to cover insulin infusion pumps for certain type I diabetics.

External insulin pumps are neither investigational nor experimental. They are widely accepted by health care professionals involved in treating patients with diabetes. Moreover, studies such as the Diabetes Control and Complications Trial sponsored by NIH have established that maintaining blood glucose levels as close to normal as possible is the key to preventing the devastating complications of diabetes.

For many patients, Mr. President, the use of an infusion pump is the only way that optimal blood glucose control can be achieved safely and effectively. That is why virtually all other third-party payers—including most State Medicaid programs and CHAMPUS—cover the device. Moreover, there is precedent under the Medicare Program itself for covering the pump. Medicare currently covers infusion pumps for numerous cancer drugs as well as for pain control medications.