

of medical savings accounts, and for other purposes; to the Committee on Finance.

By Mr. GRAMM (for himself, Mrs. HUTCHISON, Mr. DOMENICI, Mr. BINGAMAN, Mr. KYL, Mr. MCCAIN, Mrs. FEINSTEIN, Mrs. BOXER, and Mr. GORTON):

S. 658. A bill to authorize appropriations for the United States Customs Service for fiscal years 2000 and 2001; to the Committee on Finance.

By Mr. MOYNIHAN (for himself, Mr. ROBB, and Mr. KERREY):

S. 659. A bill to amend the Internal Revenue Code of 1986 to require pension plans to provide adequate notice to individuals whose future benefit accruals are being significantly reduced, and for other purposes; to the Committee on Finance.

By Mr. BINGAMAN (for himself, Mr. CRAIG, Ms. MIKULSKI, Mr. THURMOND, Mr. DASCHLE, Ms. COLLINS, Mr. JOHNSON, Ms. SNOWE, Mr. DORGAN, Mr. MACK, Mr. HOLLINGS, Mr. REED, Mr. CONRAD, and Mr. CRAPO):

S. 660. A bill to amend title XVIII of the Social Security Act to provide for coverage under part B of the medicare program of medical nutrition therapy services furnished by registered dietitians and nutrition professionals; to the Committee on Finance.

By Mr. ABRAHAM (for himself, Mr. HATCH, Mr. LOTT, Mr. SESSIONS, Mr. NICKLES, Mr. COVERDELL, Mr. CRAIG, Mr. KYL, Mr. ENZI, Mr. MCCAIN, Mr. HUTCHINSON, Mr. SANTORUM, Mr. BROWNBACK, Mr. INHOFE, Mr. SMITH of New Hampshire, Mr. HELMS, Mr. GRASSLEY, and Mr. DEWINE):

S. 661. A bill to amend title 18, United States Code, to prohibit taking minors across State lines in circumvention of laws requiring the involvement of parents in abortion decisions; to the Committee on the Judiciary.

By Mr. CHAFEE (for himself, Ms. MIKULSKI, Mr. MOYNIHAN, Ms. SNOWE, Mr. SMITH of Oregon, Mr. HARKIN, Mr. COCHRAN, Mr. DURBIN, Mrs. MURRAY, Mr. LEAHY, Mr. ROCKEFELLER, Mr. LIEBERMAN, Mr. LAUTENBERG, Mrs. FEINSTEIN, Mr. BINGAMAN, Mr. SARBANES, Mr. HOLLINGS, Mr. WELLSTONE, Mr. CLELAND, Mr. KENNEDY, Mr. JOHNSON, Mr. ROBB, Mrs. BOXER, Mr. REID, and Mr. KERREY):

S. 662. A bill to amend title XIX of the Social Security Act to provide medical assistance for certain women screened and found to have breast or cervical cancer under a federally funded screening program; to the Committee on Finance.

By Mr. SPECTER:

S. 663. A bill to impose certain limitations on the receipt of out-of-State municipal solid waste, to authorize State and local controls over the flow of municipal solid waste, and for other purposes; to the Committee on Environment and Public Works.

By Mr. CHAFEE (for himself, Mr. GRAMM, Mr. JEFFORDS, and Mr. BREAU):

S. 664. A bill to amend the Internal Revenue Code of 1986 to provide a credit against income tax to individuals who rehabilitate historic homes or who are the first purchasers of rehabilitated historic homes for use as a principal residence; to the Committee on Finance.

By Mr. COVERDELL (for himself, Mr. HAGEL, Mrs. HUTCHISON, Mr. KYL, Mr. INHOFE, and Mr. GRASSLEY):

S. 665. A bill to amend the Congressional Budget and Impoundment Control Act of 1974 to prohibit the consideration of retroactive tax increases; to the Committee on the Budget and the Committee on Governmental Affairs, jointly, pursuant to the order of August 4, 1977, that if one Committee reports,

the other Committee have thirty days to report or be discharged.

By Mr. LUGAR (for himself, Mr. GRAMM, Mr. MCCAIN, Mr. DEWINE, Mr. HAGEL, Mr. GRAMS, Mr. JEFFORDS, Ms. LANDRIEU, and Mr. LIEBERMAN):

S. 666. A bill to authorize a new trade and investment policy for sub-Saharan Africa; to the Committee on Finance.

By Mr. MCCAIN:

S. 667. A bill to improve and reform elementary and secondary education; to the Committee on Finance.

By Mr. COVERDELL:

S.J. Res. 15. A joint resolution proposing an amendment to the Constitution of the United States to prohibit retroactive increases in taxes; to the Committee on the Judiciary.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. COVERDELL (for himself, Mr. HAGEL, Mrs. HUTCHISON, Mr. KYL, Mr. INHOFE, and Mr. GRASSLEY):

S. Res. 69. A resolution to prohibit the consideration of retroactive tax increases in the Senate; to the Committee on Rules and Administration.

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

S. Res. 70. A resolution to authorize representation of Senate and Members of the Senate in the case of James E. Pietrangolo, II v. United States Senate, et al; considered and agreed to.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. INHOFE:

S. 657. A bill to amend the Internal Revenue Code of 1986 to expand the availability of medical savings accounts, and for other purposes; to the Committee on Finance.

MEDICAL SAVINGS ACCOUNT EXPANSION ACT OF 1999

Mr. INHOFE. Mr. President, I am pleased to rise today to introduce the Medical Savings Account Expansion Act of 1999. There has been much said recently regarding the need to reform health care. I agree with many of my colleagues that health care is indeed in need of serious reform. However, the nature and the scope of reforms are open to debate.

During the health care debate of 1996, the Congress focused its efforts on attempting to provide the uninsured with insurance. Included in the legislation, Congress created a demonstration project in order to test the effectiveness of Medical Savings Accounts. However, in establishing the demonstration project, the Congress created numerous legislative roadblocks to the success of Medical Savings Accounts.

As we are all aware, Medical Savings Accounts combine a high deductible insurance policy and tax exempt accounts for the purpose of providing health care. MSA holders use these accounts to purchase routine health care

services. When account holders spend all of the funds in their account and reach their annual deductible, their health insurance policy kicks in. If they don't spend all the money in the account, they get to keep what's left, plus interest for the following year.

The creation of Medical Savings Accounts was the result of a bipartisan coalition that many in the Senate worked long and hard to achieve. Medical Savings Accounts are really based on a simple principle that should be at the heart of the health care reform, that being, empowering people to take control of their own health care improves the system for everyone. Expanding MSAs is one small, but important, step in that regard. Providing individuals with an incentive to save money on their health care costs encourages them to be better consumers. The result is much needed cost control and consumer responsibility.

Mr. President, I think as the Congress begins to discuss health care reform this year, we must move away from the debate on the regulation and rationing of health care and focus our energies on providing health care to the uninsured. Instead of concentrating our efforts on reforms that will likely result in less health care, we should be trying to expand the opportunity for health care. At the same time, we must do so in a cost effective and market oriented way. MSAs meet that goal.

According to the General Accounting Office, more than 37% of the people who have opted to buy an MSA under the 1996 law were previously uninsured. That bears repeating; people who have previously been uninsured, are now buying health insurance. We need to make it possible for more people to obtain health care insurance. Now, compare those 37% of previously uninsured who now have health insurance with the projected 400,000 people who would lose their current health insurance if the Congress does something that would raise current health insurance premiums by just one percentage point and the argument becomes even stronger to expand the use of MSAs.

Mr. President, the legislation I am introducing today does just that, it makes Medical Savings Accounts more readily available to more people by eliminating many of the legislative and regulatory roadblocks to their continued success. The GAO report referred to earlier, points out that one of the key reasons why MSAs have not been as successful as originally thought is the complexity of the law.

Let me touch on a just few of the problems my legislation addresses. First is the scope of the demonstration project. Mr. President, I believe we should drop the 750,000 cap and extend the life of the project indefinitely. The 750,000 cap is merely an arbitrary number negotiated by the Congress. By lifting the cap and making MSAs permanent, we will be allowing the market to decide whether MSAs are a viable alternative in health insurance. The cap