and professional development materials and programs for language arts and social studies, and to require the Eisenhower National Clearinghouse to collect and analyze the materials and programs; to the Committee on Health, Education, Labor, and Pensions.

S. 988. A bill to provide mentoring programs for beginning teachers, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

S. 989. A bill to improve the quality of individuals becoming teachers in elementary and secondary schools, to make the teaching profession more accessible to individuals who wish to start a second career, to encourage adults to share their knowledge and experience with children in the classroom, to give school officials the flexibility the officials need to hire whom the officials think can do the job best, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

S. 990. A bill to provide for teacher training facilities; to the Committee on Health, Education, Labor, and Pensions.

By Mr. McCAIN:

S. 991. A bill to prevent the receipt, transfer, transportation, or possession of a firearm or ammunition by certain violent juvenile offenders, and for other purposes; 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. DOMENICI (for himself, Mr. DODD, Mr. COCHRAN, Mr. LIEBERMAN, Mr. FRIST, Mr. DORGAN, Ms. MIKULSKI, Mr. COVERDELL, Mr. CLELAND, Mr. BENNETT, Mr. ROCKEFELLER, Mr. BROWNBACK, Mr. ENZI, Mrs. MURRAY, Mr. SARBANES, Mr. BURNS, Mr. KOHL, Mr. BINGAMAN, Mr. DEWINE, Ms. COLLINS, Mrs. FEINSTEIN, Mr. BOND, Mr. INHOFE, Mr. SMITH of Oregon, Mr. REID, Mr. WELLSTONE, Mr. CHAFEE, Mr. GREGG, Mr. AKAKA, Mr. BAUCUS, Mr. KENNEDY, Mrs. HUTCHISON, Mr. THURMOND, Mr. HUTCHINSON, Mr. BREAUX, Mr. CONRAD, Mr. JOHNSON, Mr. BYRD, Mr. WARNER, Mr. MURKOWSKI, Mr. BUNNING, Mr. HAGEL, Mr. ALLARD, Mr. VOINOVICH, Mr. GORTON, Mr. STEVENS, Mr. NICKLES, Mr. LOTT, Mr. SPECTER, Mr. ROBERTS, Mr. MACK, Mr. CRAIG, Mr. BIDEN, Ms. SNOWE, Mr. GRAMS, Mr. FITZGERALD, and Mr. MOYNIHAN):

S. Res. 98. A resolution designating the week beginning October 17, 1999, and the week beginning October 15, 2000, as ''National Character Counts Week''; to the Committee on the Judiciary.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DODD:

S. 970. A bill to amend the Public Health Service Act to establish grant programs for youth substance abuse treatment services; to the Committee on Health, Education, Labor, and Pensions.

TEEN SUBSTANCE ABUSE TREATMENT ACT OF 1999

• Mr. DODD. Mr. President, I rise today to introduce the Teen Substance Abuse Treatment Act of 1999. This legislation fills an important gap in our national strategy for combating substance abuse in our communities. Specifically, this bill creates a dedicated funding commitment for treating youth with alcohol and drug problems.

We have made important progress in impacting the number of our youth using alcohol and drugs. However, studies reveal that alcohol is still the drug of choice for many Americans—and our youth are no exception. Studies reveal that fifty-two percent of senior high school students report using alcohol in the past month and 25% are using drugs on a monthly basis.

Each year, 400,000 teens and their families will seek substance abuse treatment but find that it is either unavailable or unaffordable. Some teens in need of treatment may have incomes too high to receive Medicaid, but too low to afford private insurance or to pay for treatment out of pocket. Those who do have private insurance through a managed care plan may find that length of treatment is severely restricted. At best, 20% of adolescents with severe alcohol and drug treatment problems who ask for help will receive any form of treatment.

Those teens who are fortunate enough to get treatment often find that available services do not adequately address their needs. The physical, hormonal, developmental, and emotional changes of the adolescent years pose challenges to health care providers, many of whom have not been trained to deal specifically with this population. Providing teens with access to research-based, developmentally and age-appropriate treatment which will address their specific needs can increase their rates of recovery and better prevent relapses.

Without intervention teen substance abusers may also engage in other risky behaviors. Teen alcohol and drug abuse may spiral into academic failure and involvement with the juvenile justice system. Juvenile courts report that in over 50 percent of their cases substance abuse is a contributing factor. In a survey of teens receiving substance abuse treatment, 59% had been arrested at least once and 16% had been arrested for felonies. In addition, teens who use alcohol are more likely to become sexually active at earlier ages and to engage in unsafe sex, increasing the chances of unplanned pregnancies and sexually transmitted diseases such as HIV/AIDS.

We also know that substance abuse is associated with aggressive, anti-social, and violent behaviors and that chemical dependency can magnify existing behavioral problems. The facts are alarming: children who abuse alcohol and drugs are at a greater risk for killing themselves or others. Alcohol-related traffic crashes are the leading cause of teen death, and alcohol is also involved in homicides and suicides, the second and third leading causes of teen deaths respectively.

Alcohol and drug use has a huge price tag both for families and society at large—and we can't afford to sit idly by while it continues to rise. Seven thousand youth in my state of Connecticut alone are in need of treatment. That is why I am introducing the Teen Substance Abuse Treatment Act. This legislation will provide grants to give youth substance abusers access to effective alcohol and drug treatment services that are developmentally and culturally appropriate. Specifically, this bill will address the particular issues of youth involved with the juvenile justice system and those with mental health or other special needs. Finally, this legislation will contribute to the development of treatment models that address the relationship between substance abuse and aggressive, anti-social, and violent behaviors.

While I am disappointed that this bill is not currently included in the Substance Abuse and Mental Health Services Reauthorization legislation that will be introduced today, I am encouraged that Senator FRIST has agreed to work with me, Senator REED, and Senator BINGAMAN prior to a markup of the bill to craft legislation to comprehensively address the substance abuse needs of adolescents.

The Teen Substance Abuse Treatment Act of 1999 expresses a commitment to ensuring that no child who asks for help with a substance abuse problem will be denied treatment. I urge my colleagues to support this legislation.•

By Mr. DODD (for himself and Mr. JEFFORDS):

S. 971. A bill to amend the Public Health Service Act to revise and extend the grant program for services for children of substance abusers; to the Committee on Health, Education, Labor, and Pensions.

SERVICES FOR CHILDREN OF SUBSTANCE ABUSERS REAUTHORIZATION ACT

• Mr. DODD. Mr. President, I rise to join Senator JEFFORDS in introducing the Children of Substance Abusers Reauthorization Act'' (COSA). This legislation represents a vital step in expanding and improving early intervention, prevention, and treatment services for families confronting substance abuse. In addition, this legislation addresses the devastation generated in the wake of parental substance abuse—the physical and emotional difficulties faced by children of substance abusers, abuse and neglect, and adolescent substance abuse and violence.

Children with substance abusing parents face serious health risks, including congenital birth defects and psychological, emotional, and developmental problems. For example, fetal exposure to alcohol puts a child in danger of fetal alcohol syndrome and other congenital birth defects. In addition, each year around 500,000 babies are born prenatally exposed to some form of addictive substance including crack, alcohol, and tobacco, compromising their long-term ability to thrive and to learn.

We also know that substance abuse plays a major role in child abuse and

neglect—irreparably damaging family bonds and threatening to further strain an already over-burdened child welfare system. In fact, over the past 10 years, fueled by parental substance abuse, the number of abused and neglected children has more than doubled from 1.4 million in 1986 to more than 3 million in 1997, a rise more than eight times greater than the increase in the child population. The disturbing link between parental substance abuse and child abuse is irrefutable. It is estimated that children whose parents abuse drugs and/or alcohol are three times more likely to be abused and four times more likely to be neglected than children whose parents are not substance abusers. In a 1998 report, the General Accounting Office estimated that two-thirds of all children in foster-care had substance abusing mothers and that 80% of those mothers had been using drugs or alcohol for at least five years—many of them for ten years or more.

Alcohol and drug use exact a huge price tag on both children and society at large. Estimates are that parental substance abuse costs the nation approximately $20 billion a year. Of that amount, the federal government pays 44%, states 44%, and local governments 12% of the cost. We also know that the toll that substance abuse takes on families is immeasurable. Parents sacrifice the joys of watching their children grow and thrive and their children lose the opportunity to learn and grow in a safe, supportive home.

In Connecticut alone, there are an estimated 12–15,000 children of substance abusers who are in desperate need of integrated, specialized support services. To assist those families and the thousands of others across this nation battling substance abuse, this legislation seeks a broad-based commitment from schools, social service agencies, health providers, community centers, and the other entities serving families to join together to promote aggressive outreach, prevention and treatment services. Because parental substance abuse impacts so many aspects of children's lives, this legislation would also provide comprehensive, family-centered services addressing health, mental health, violence, child abuse and neglect, HIV and family planning services, child care, and transportation. In addition, COSA will strengthen the systems which provide these services by funding the education and training of providers.

COSA represents a bipartisan commitment to lessen the terrible toll that substance abuse takes on families. I am grateful for Senator JEFFORDS' cosponsorship and am pleased that Senator FRIST and the Health, Education, Labor, and Pensions Committee have agreed to include COSA within the larger Substance Abuse and Mental Health Services Reauthorization legislation that will be introduced today.

I ask my colleagues to join me in supporting this legislation.●

● Mr. JEFFORDS. Mr. President, I want to join my colleague from Connecticut in introducing the Children of Substance Abusers Reauthorization Act (COSA). Senator DODD is to be saluted for his keen ability to identify conditions that place families and children at risk and for developing innovative solutions and strategies for alleviating those conditions.

Substance abuse affects us all. Many of us have a close friend or family member who is a substance abuser or is in recovery. Even those of us not familiar with the personal struggles of substance abuse are affected. My office just received a report from General McCaffrey at the National Drug Control Policy Office that states that drugs play a part in virtually every major social issue in America today, be it health care, crime, mental illness, the dissolution of families, or child abuse. There is no question that Americans want to do ''something'' about substance abuse, but 78 percent of Americans think that the ''War on Drugs'' has failed. So what options for combating substance abuse and addiction should policy makers explore?

My state of Vermont has an innovative strategy it is eager to employ. Vermont has done its research and learned that among its school-aged youth a significant portion used illicit drugs; 51% used alcohol, 32% used marijuana, and 5% used cocaine. Twenty-nine percent of Vermont 9th graders (those are 14–15 year-olds!) used marijuana in the past month. About 49% of Vermont students in grades 8 through 12, (almost 19,000 youth) were in need of substance abuse treatment or intervention in 1996. Yet only about 10% of the youth in need of treatment or intervention indicated having received the services.

Now the really striking results. Youth in need of alcohol, drug treatment, or intervention services were significantly more likely than those not in need of services to report an array of other school- and health-related problems. Twice as likely to report fighting in the last year; twice as likely to report being threatened or injured with a weapon at school in the past year; two to three times as likely to report having ever had sex; six times more likely to report having ever had sex with four or more people; and three to four times as likely to report having been pressured or forced into having sex. The Vermont report underscored clearly the challenges posed to primary care and substance abuse treatment and intervention providers in Vermont and indicated the wide range of services that are needed to identify and respond to the multiple needs of these kids and their parents. So what options for combating substance abuse and addiction should policy makers explore?

We know that prevention is most effective when it is directed at impressionable children. Just as adolescents are the most susceptible to the allure of illicit drugs, so too is it the most imperative to delay or prevent the first use of illicit drugs, alcohol and tobacco. Case studies from the national Centers for Substance Abuse Prevention demonstrate that prevention programs work, especially when the prevention message is reinforced by parents, teachers, clergy, mentors and other role models. The options we policy makers explore must include a comprehensive strategy that provides the constellation of prevention services needed by children of substance abusers and their families.

Vermont is ready to implement just such a strategy. Working with the national Center for Substance Abuse Treatment (CSAT), Vermont has confirmed that it's adult based substance abuse treatment models are not age appropriate, they don't work for adolescents, and they need to be redeveloped specifically for youth. Problems with engagement, retention in treatment, and relapse have been chronic in our current system. The CSAT treatment needs assessment determined that almost 40% of youth leave treatment after only one session, or leave against medical advice. Vermont has developed and is ready to implement a strategy but it needs assistance.

Vermont would like to build on the demonstrated success of the wrap-around models of youth services. Adolescents will receive expanded case management, a broader array of outpatient options, easy access to intensive outpatient care, residential treatment, and encouragement to participate in collateral family treatment. The focus would be on ease of movement between levels of care, case management and integration of community based treatment plans.

The bill introduced today can provide States like Vermont much needed assistance in these areas. COSA will provide grants to nonprofit and public entities to provide a constellation of services needed by children and affected families to prevent substance abuse and stop the devastation it causes. Those services can include chid care, remedial education, counseling, therapeutic intervention services, job training. The children of substance abusers and their families is a group that desperately needs help. If we start now, we can begin to bring a close to the endless cycle of inter-generational drug abuse and this measure is the start we need to prevent further substance abuse by the next generation.

Mr. President, I would hope that my colleagues will not let this opportunity go unheeded.●

By Mr. GREGG:

S. 972. A bill to amend the Wild and Scenic Rivers Act to improve the administration of the Lamprey River in the State of New Hampshire; to the Committee on Energy and Natural Resources.

A BILL TO AMEND THE WILD AND SCENIC RIVERS ACT

Mr. GREGG. Mr. President, I rise today to introduce a bill to amend the

Wild and Scenic Rivers Act. This bill improves the administration of the Lamprey River in the State of New Hampshire by adding a twelve-mile segment to its Wild and Scenic Designation. In so doing, New Hampshire residents and visitors to my state will enjoy the many benefits associated with the Wild and Scenic River program, which is administered by the National Park Service.

It has been four years since I proudly sponsored the designation of the Lamprey River in Lee, Durham and Newmarket, New Hampshire into the National Wild and Scenic River Program. I am greatly pleased to welcome the Town of Epping into the partnership, and I am honored to offer this bill which will make this possible.

Contrary to concerns which are sometimes raised by other rivers' towns, Lee, Durham and Newmarket have told me that the Wild and Scenic program has stimulated a plethora of meaningful benefits to the Lamprey River and to the residents of the towns by which it flows. I applaud the extent to which this work has occurred through volunteer efforts and through monies solicited from towns, the State of New Hampshire and private foundations. As a result, groups like the Lamprey River Advisory Committee have been able to leverage a relatively small federal investment into substantial benefits.

Within the past month, the Board of Selectmen from the Town of Epping, New Hampshire, the Epping Conservation Commission, and the Lamprey River Advisory Committee have contacted me to request that I introduce this legislation which will increase the designated area from eleven and a half to twenty-three and a half miles.

The Lamprey River is situated in coastal New Hampshire and is the largest of the rivers that discharge into Great Bay, a designated National Estuarine Research Reserve consisting of 4,500 acres of tidal waters and wetlands and 800 acres of upland. Both in physical dynamics and biological productivity, the Great Bay estuary contributes immeasurable economic value to the Northeast and clearly constitutes one of New Hampshire's prime natural areas. The Lamprey's size alone marks its importance to Great Bay. Its good water quality and intact riparian habitat throughout the watershed create an important link between the estuary and inland areas.

The Lamprey is considered New Hampshire's most significant river for all species of anadromous fish and it contains every type of stream and river fish you could expect to find in New England. Botanical studies have documented 329 species of vascular plants of which 252 are restricted to wetlands and floodplain communities. In addition, according to the State Architectural Historian, the Lamprey is one of New Hampshire's most historic streams.

Perhaps what is most important about this bill is that it will help to assure that future generations will enjoy recreational opportunities on this great river. Undeveloped along most of its entire length, it is a beautiful river to be on and fish. For a quiet retreat into the woods the Lamprey is superb—where one can expect quiet canoe or kayak paddling past densely forested banks of hemlocks and hardwoods. In upstream reaches, people most often use the river recreationally for fishing, canoeing, kayaking, and swimming in the summer. In the winter, people trade in their boats and fishing poles for cross-country skis. This is a truly exceptional river offering a vast variety of activities for anyone who cares for the outdoors and I am pleased to offer this legislation to assure that it will remain in the same condition for generations to come. I ask unanimous consent that my statement and a copy of the bill be placed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 972

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

SECTION 1. LAMPREY RIVER, NEW HAMPSHIRE.

(a) IN GENERAL.—Section 3(a) of the Wild and Scenic Rivers Act (16 U.S.C. 1274(a)) is amended by striking paragraph (158) and inserting the following:

''(158) LAMPREY RIVER, NEW HAMPSHIRE.—

''(A) DESIGNATION.—

''(i) IN GENERAL.—The 23.5 mile segment extending from the Bunker Pond Dam in Epping to the confluence with the Piscassic River in the vicinity of the Durham-Newmarket town line (referred to in this paragraph as the 'segment') as a recreational river.

''(ii) ADMINISTRATION.—

''(I) COOPERATIVE AGREEMENTS.—The segment shall be administered by the Secretary of the Interior through cooperative agreements under section 10(e) between the Secretary and the State of New Hampshire (including the towns of Epping, Lee, Durham, and Newmarket, and other relevant political subdivisions of that State).

''(II) MANAGEMENT PLAN.—

''(aa) IN GENERAL.—The segment shall be managed in accordance with the Lamprey River Management Plan, dated January 10, 1995, and such amendments to that plan as the Secretary of the Interior determines are consistent with this Act.

''(bb) REQUIREMENT FOR PLAN.—The plan described in item (aa) shall be considered to satisfy the requirements for a comprehensive management plan under section 3(d).

''(B) MANAGEMENT.—

''(i) COMMITTEE.—The Secretary of the Interior shall coordinate the management responsibility under this Act with respect to the segment designated by subparagraph (A) with the Lamprey River Advisory Committee established under New Hampshire RSA 483.

''(ii) LAND MANAGEMENT.—

''(I) IN GENERAL.—The zoning ordinances duly adopted by the towns of Epping, Lee, Durham, and Newmarket, New Hampshire, including provisions for conservation of shoreland, floodplains, and wetland associated with the segment, shall—

''(aa) be considered to satisfy the standards and requirements of section 6(c) and the provisions of that section that prohibit Federal acquisition of lands by condemnation; and

''(bb) apply to the segment designated under subparagraph (A).

''(II) ACQUISITION OF LAND.—The authority of the Secretary to acquire land for the purposes of this paragraph shall be—

''(aa) limited to acquisition by donation or with the consent of the owner of the land; and

''(bb) subject to the additional criteria set forth in the Lamprey River Management Plan.''.

(b) CONFORMING AMENDMENT.—Section 405 of division I of the Omnibus Parks and Public Lands Management Act of 1996 (16 U.S.C. 1274 note; Public Law 104–333) is repealed.

By Mr. ROBB (for himself, Mr. KERRY, and Mrs. FEINSTEIN):

S. 973. A bill to provide for school safety, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

SCHOOL SAFETY ENHANCEMENT ACT OF 1999

Mr. ROBB. Mr. President, I rise this afternoon to introduce legislation that I have been working on for several months and had not planned to introduce until later this year when the Senate considers the reauthorization of the Elementary and Secondary Education Act. However, the tragic event in Littleton has moved everyone's timetable forward.

When I was Governor of Virginia, education was my top priority. I might note that I know it was a top priority for the Presiding Officer when he was Governor of Ohio. Since I have been in the Senate I have become increasingly concerned about school safety. We simply cannot have good schools unless we have safe schools.

In 1993 I was able to get legislation enacted to create a commission on school violence. Regrettably, that commission was never funded, but it should have been. Two years ago the Senate approved an amendment I offered to allow COPS funding to be used for school safety. Last year we significantly expanded on that program, and I am grateful for the Senate's and the President's commitment to that important effort.

Over the past year, a year in which we have had too many horrible tragedies in our schools, we have all noticed that the most common questions asked following an incident of school violence are: Why didn't we see it coming? What could we have done to spot the warning signs and intervene before it was too late?

The legislation I offer today is designed to address one essential component of the school violence crisis: Prevention and intervention. In the coming weeks the Senate will consider a variety of proposals to address the issues of preventing school violence, how to manage crises when they occur, and how to punish those who engage in violence in our schools. I look forward to working with our colleagues to develop a comprehensive approach to school violence which incorporates this legislation and acknowledges the need for prevention and intervention efforts.

Out of respect for the families in Littleton and deference to the majority leader's request that we not take up

legislation until next week at the earliest, I will not make extended remarks at this time and will defer to a later time. For now, I simply offer my continued prayers for those in Littleton who are still coping with a tremendous loss to their community.

Simply going to school should not be an act of courage.

By Mr. EDWARDS:

S. 975. A bill to amend chapter 30 of title 39, United States Code, to provide for a uniform notification system under which individuals may elect not to receive mailings relating to skill contests or sweepstakes, and for other purposes; to the Committee on Governmental Affairs.

SWEEPSTAKES TOLL-FREE OPTION PROTECTION ACT OF 1999

Mr. EDWARDS. Mr. President, I rise today to introduce the Sweepstakes Toll-Free Option Protection Act of 1999, the ''STOP Act.'' I hope this measure will help put a stop to a practice I find extremely troublesome: the flooding of consumers' mailboxes with unwanted and misleading sweepstakes mailings.

The Permanent Subcommittee on Investigations recently held hearings on deceptive mailings and sweepstakes promotions. I'd like to thank Senators COLLINS and LEVIN for bringing this important issue to light.

Mr. President, during the course of these hearings, it became clear to me that strong measures must be taken to curb the use of misleading sweepstakes promotions. Too many people are getting swamped with solicitations. And too many people are spending their life savings trying to win prizes. The primary victims are our nation's elderly who are led to believe that if they purchase magazine subscriptions or other products, they will increase their chances of winning.

Well, purchases do not increase the chances of winning. But often times, what purchases actually do is increase the number of solicitations sweepstakes companies send out to people, encouraging them to buy even more products. With each new purchase, consumers are led to believe that they are coming closer and closer to winning a prize. The sad truth is they are not getting closer, but the cycle of deception keeps going.

The legislation I am introducing today would require sweepstakes companies to set up a uniform toll-free telephone number that consumers can call to have their names and addresses removed from all sweepstakes mailing lists. People will no longer have to contact each and every sweepstakes promoter to stop these misleading mailings.

My legislation is a sensible approach to helping regular people who want to stop the flood of sweepstakes mailings and protect themselves from misleading solicitations. Let me tell you the story of Bobby Bagwell to help illustrate the need for this measure.

One day, Pamela Bagwell went to visit her elderly father-in-law, Bobby. When she arrived at Bobby's home, Pamela found stacks and stacks of solicitations from sweepstakes companies. She asked Bobby about them and found out that he had made numerous purchases thinking that buying products would increase his chances of winning a prize. He was so convinced he would win a prize that he even invited his neighbors to his house on the day that the Publishers Clearing House prize patrol was supposed to deliver the grand prize check.

Pamela estimates that Bobby spent more than $20,000 in 10 months on products he thought would help his chance of winning. Now as I mentioned before, Bobby is an elderly man.

But this is not the worst part of this story. Bobby also has dementia. Pamela, who has power of attorney for Bobby, contacted Publishers Clearing House at least 6 times in October last year to demand that the company stop sending Bobby solicitations. She even went so far as to send the company a doctor's certification that Bobby has dementia. And yet, the sweepstakes mailings continued to flood Bobby's mailbox. Pamela said that sometimes Bobby was receiving up to twenty per day, from many different companies.

During the hearings, I asked representatives from the four major sweepstakes companies, Publishers Clearing House, Time, American Family Enterprises and Reader's Digest, to check their records and remove Bobby's name and address from their mailing lists. All of the companies agreed to do so. However, I find it unacceptable that the only recourse someone like Pamela has is to hope that a United States Senator makes such a request for her.

Pamela and Bobby Bagwell's situation is not unique. Since the hearings, my office has received numerous calls and letters, not just from North Carolinians, but from people all over the country who tell similar, disturbing stories about their experiences with sweepstakes companies. Mr. President, my proposal is a reasonable way to help them.

I believe that people should have the right to easily put a stop to these mailings. And sweepstakes promoters should be legally required to honor such a request.

Now let me tell you how my legislation would work.

First, as I have already mentioned, it requires that sweepstakes companies set up a uniform toll-free number that individuals or people with power of attorney for such individuals, can call to get their name and address removed from all sweepstakes mailing lists. After a person places that one phone call, they will receive a removal request form to fill out and send in to the notification system. After the system receives that form, the person's name will be removed from all sweepstakes mailing lists. The form will serve as written evidence that the person made a request to have their name removed.

Second, the sweepstakes companies must include a statement in their mailings that people have the option of having their names removed from sweepstakes mailing lists and that they can initiate this process by calling the specific toll-free number that has been established. The statement must be clear and conspicuous, which is important in order to effectively alert people about their right to stop the mailings.

Finally, my bill requires that if an individual makes a request to have their name removed from sweepstakes mailings lists, the sweepstakes companies must comply with this request. If the companies continue to send mailings against the wishes of the caller, each mailing will subject the company to a $10,000 civil penalty.

Mr. President, in closing, I should mention that the American Association of Retired Persons participated in the sweepstakes hearings and testified as to ''the severe effects'' deceptive sweepstakes mailings have on AARP members. AARP supports my idea of a toll-free uniform notification system.

My legislation is a common sense solution to a growing problem, and I am confident that it will indeed go a long way toward stopping harrassing, deceptive sweepstakes mailings.

I ask unanimous consent that the text of the legislation be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 975

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 ''Sweepstakes Toll-Free Option Protection Act of 1999''.

SEC. 2. REQUIREMENTS OF PROMOTERS OF SKILL CONTESTS OR SWEEPSTAKES MAILINGS.

(a) IN GENERAL.—Chapter 30 of title 39, United States Code, is amended by adding after section 3015 the following:

''§ 3016. Nonmailable skill contests or sweepstakes matter; notification to prohibit mailings

''(a) DEFINITIONS.—In this section, the term—

''(1) 'promoter' means any person who originates and causes to be mailed any skill contest or sweepstakes;

''(2) 'removal request form' means a written form stating that an individual—

''(A) does not consent to the name and address of such individual being included on any list used by a promoter for mailing skill contests or sweepstakes; and

''(B) elects to have such name and address excluded from any such list;

''(3) 'skill contest' means a puzzle, game, competition, or other contest in which—

''(A) a prize is awarded or offered;

''(B) the outcome depends predominately on the skill of the contestant; and

''(C) a purchase, payment, or donation is required or implied to be required to enter the contest; and

''(4) 'sweepstakes' means a game of chance for which no consideration is required to enter.

''(b) NONMAILABLE MATTER.—

''(1) IN GENERAL.—Matter otherwise legally acceptable in the mails described under paragraph (2)—

''(A) is nonmailable matter;

''(B) shall not be carried or delivered by mail; and

''(C) shall be disposed of as the Postal Service directs.

''(2) NONMAILABLE MATTER DESCRIBED.—Matter that is nonmailable matter referred to under paragraph (1) is any matter that—

''(A) is a skill contest or sweepstakes; and

''(B) is addressed to an individual who made an election to be excluded from lists under subsection (e).

''(c) REQUIREMENTS OF PROMOTERS.—

''(1) NOTICE TO INDIVIDUALS.—Any promoter who mails a skill contest or sweepstakes shall provide with each mailing a clear and conspicuous statement that—

''(A) includes the address and toll-free telephone number of the notification system established under paragraph (2); and

''(B) states the system can be used to prohibit the mailing of any skill contest or sweepstakes to such individual.

''(2) NOTIFICATION SYSTEM.—Any promoter that mails a skill contest or sweepstakes shall participate in the establishment and maintenance of a uniform notification system that provides for any individual (or other duly authorized person) to notify the system of the individual's election to have the name and address of the individual excluded from any list of names and addresses used by any promoter to mail any skill contest or sweepstakes; and

''(d) NOTIFICATION SYSTEM.—

''(1) CALL TO TOLL-FREE NUMBER.—If an individual contacts the notification system through use of the toll-free telephone number published under subsection (c)(2), the system shall—

''(A) inform the individual of the information described under subsection (c)(1)(B);

''(B) inform the individual that a removal request form shall be mailed within such 7 business days; and

''(C) inform the individual that the election to prohibit mailings of skill contests or sweepstakes to that individual shall take effect 30 business days after receipt by the system of the signed removal request form or other signed written request by the individual.

''(2) REMOVAL REQUEST FORM.—Upon request of the individual, the system shall mail a removal request form to the individual not later than 7 business days after the date of the telephone communication. A removal request form shall contain—

''(A) a clear, concise statement to exclude a name and address from the applicable mailing lists; and

''(B) no matter other than the form and the address of the notification system.

''(e) ELECTION TO BE EXCLUDED FROM LISTS.—

''(1) IN GENERAL.—An individual may elect to exclude the name and address of such individual from all mailing lists used by promoters of skill contests or sweepstakes by mailing a removal request form to the notification system established under subsection (c).

''(2) RESPONSE AFTER MAILING FORM TO THE NOTIFICATION SYSTEM.—Not later than 30 business days after receipt of a removal request form, all promoters who maintain lists containing the individual's name or address for purposes of mailing skill contests or sweepstakes shall exclude such individual's name and address from all such lists.

''(3) EFFECTIVENESS OF ELECTION.—An election under paragraph (1) shall—

''(A) be effective with respect to every promoter; and

''(B) remain in effect, unless an individual notifies the system in writing that such individual—

''(i) has changed the election; and

''(ii) elects to receive skill contest or sweepstakes mailings.

''(f) PROMOTER NONLIABILITY.—A promoter, or any other person maintaining the notification system established under this section, shall not have civil liability for the exclusion of an individual's name or address from any mailing list maintained by a promoter for mailing skill contests or sweepstakes, if—

''(1) a signed request for removal form is received by the notification system; and

''(2) the promoter or person maintaining the system has a good faith belief that the request is from—

''(A) the individual whose name and address is to be excluded; or

''(B) another duly authorized person.

''(g) PROHIBITION ON COMMERCIAL USE OF LISTS.—

''(1) IN GENERAL.—

''(A) PROHIBITION.—No person may provide any information (including the sale or rental of any name or address) in a list described under subparagraph (B) to another person for commercial use.

''(B) LISTS.—A list referred to under subparagraph (A) is any list of names and addresses (or other related information) used, maintained, or created by the system established by this Act.

''(2) CIVIL PENALTY.—Any person who violates paragraph (1) shall be assessed a civil penalty by the Postal Service.

''(h) CIVIL PENALTIES.—

''(1) IN GENERAL.—Any promoter—

''(A) who recklessly mails nonmailable matter in violation of subsection (b) shall be liable to the United States in an amount of $10,000 per violation for each mailing of nonmailable matter; or

''(B) who fails to substantially comply with the requirements of subsection (c)(2) shall be liable to the United States.

''(2) ENFORCEMENT.—The Postal Service shall assess civil penalties under this section.''.

(b) TECHNICAL AND CONFORMING AMENDMENTS.—The table of sections for chapter 30 of title 39, United States Code, is amended by adding after the item relating to section 3015 the following:

''3016. Nonmailable skill contests or sweepstakes matter; notification to prohibit mailings.''.

SEC. 3. STATE LAW NOT PREEMPTED.

Nothing in this Act shall be construed to preempt any provision of State or local law.

SEC. 4. EFFECTIVE DATE.

The amendments made by this Act shall take effect 1 year after the date of enactment of this Act.

By Mr. FRIST (for himself, Mr. KENNEDY, Mr. JEFFORDS, Mr. DODD, Mr. DEWINE, Ms. MIKULSKI, and Ms. COLLINS):

S. 976. A bill to amend title V of the Public Health Service Act to focus the authority of the Substance Abuse and Mental Health Service Administration on community-based services children and adolescents, to enhance flexibility and accountability, to establish programs for youth treatment, and to respond to crises, especially those related to children and violence; to the Committee on Health, Education, Labor, and Pensions.

YOUTH DRUG AND MENTAL HEALTH SERVICES ACT

• Mr. FRIST. Mr. President, as a physician and father of three young boys, I am alarmed at the current level of drug use in America. In April of 1998, the Office of National Drug Control Policy reported that 74 million Americans have tried illicit drugs at least once in their lifetime. Of these, 22 million Americans have tried cocaine, 4.6 million have tried crack cocaine and 2.4 million have tried heroin. Last year, 23 million Americans used an illicit drug, and today there are 13 million Americans who are current drug users which means they have used an illicit drug in the last month.

The rapid decline of overall drug use in America that began in the mid eighties, thanks in part to the efforts of Presidents Reagan and Bush, has stagnated and leveled off.

It is true that cocaine use has decreased from 5.7 million users in 1985 to its current stagnate level of around 1.5 million in 1997 and marijuana use is also down from 19 million users in 1985 to around 11 million in 1997. However, before we become too satisfied, we as a nation must face the very troubling fact that drug and alcohol use is dramatically on the rise among our youth.

In 1992, the percentage of 10th graders that admitted to using an illicit drug at least once in the last 30 days according to the Office of National Drug Control Policy was 11 percent. By 1997 that figure had more than doubled to 23 percent. Most troubling is the dramatic increase in heroin use among our nation's teenage population.

Let us not forget about the drug of choice for our youth and adolescents, alcohol. Although the legal drinking age is 21 in all States, the National Household Survey on Drug Abuse undertaken by SAMHSA reports that more than 50 percent of young adults age eighteen to twenty are consuming alcohol and more than 25 percent report having five or more drinks at one time during the past month.

There are many factors for this increase in youth substance abuse but the factors that I, as a father, am most concerned with is the overall decline of the disapproval of drug use and the decline of the perception of the risk of drug use among our youth.

Against this alarming challenge I am pleased to introduce the ''The Youth Drug and Mental Health Services Act of 1999.''

This important and needed legislation will reauthorize the Substance Abuse and Mental Health Services Administration (SAMHSA) to improve this vital agency by providing greater flexibility for States and accountability based on performance, while at the same time placing critical focus on youth and adolescent substance abuse and mental health services. Joining me in sponsoring this effort is Senator KENNEDY who, as ranking member of my Subcommittee on Public Health, has been instrumental in developing

this legislation. Joining Senator KENNEDY and me as original cosponsors are Senators JEFFORDS, DODD, DEWINE, MIKULSKI and COLLINS.

SAMHSA, formerly known as the Alcohol, Drug Abuse, and Mental Health Services Administration (ADAMHA) was created in 1992 by the Public Law 102–321, the ADAMHA Reorganization Act. SAMHSA's purpose is to assist States in addressing the importance of reducing the incidence of substance abuse and mental illness by supporting programs for prevention and treatment. SAMHSA provides funds to States for alcohol and drug abuse prevention and treatment programs and activities, and mental health services through the Substance Abuse Prevention and Treatment (SAPT) and the Community Mental Health Services (CMHS) Block Grants.

SAMHSA's block grants account for 40 percent and 15 percent respectively of all substance abuse and community mental health services funding in the States. They are a major portion of this nation's response to substance abuse and mental health service needs.

In introducing the legislation, I have targeted six main goals which include: promote State flexibility in block grant funding; ensure accountability for the expenditure of Federal funds; develop and support youth and adolescent substance abuse prevention and treatment initiatives; develop and support mental health initiatives that are designed to prevent and respond to incidents of teen violence; insure the availability of Federal funding for emergencies; and support programs targeted for the homeless to treat mental health and substance abuse.

In 1981, President Ronald Reagan revolutionized Federal support for mental health and substance abuse services by eliminating what were many discretionary programs for which States, local governments, and providers had to compete for funds. Instead he created the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant. This Block Grant awarded funds to States based on a formula. States were eligible to receive the funds as long as the Federal government was assured the State would comply with certain requirements. This shift to a block grant gave primary responsibility for providing mental health and substance abuse services to the States—where it should be to allow our States to respond to local needs.

Unfortunately, over the years, the Block Grant program has become more prescriptive. As a result, these additional requirements place burdens on States and remove State flexibility, which was the main purpose of the Block Grant program. We need more State flexibility and my bill accomplishes this by implementing a number of recommendations from the States. It repeals a requirement in the substance abuse block grant that requires States to use 35 percent of their funds for alcohol related activities and 35 percent for drug related activities. The requirement that States maintain a $100,000 revolving fund to support recovery homes is made optional. New waivers are created for several other requirements in the substance abuse block grant. Application requirements in the mental health block grant are minimized, and States will be able to obligate their block grant funds over two years instead of one giving them more time to plan for and use the funds.

If this bill is enacted, the Governors will be able to make a one time infusion of funds into the States substance abuse or mental health treatment system without having to commit themselves to increases in future years when budgets might not accommodate that funding. As a result of this bill, States will have more flexibility in their use of funds than they have had in the past ten years.

With more flexibility, comes the need for more accountability. Therefore, my bill changes the way States are held accountable for their use of Federal funds. For example, under the current substance abuse block grant, States are required to spend a prescribed amount of money to address the needs of pregnant addicts and women with children. States are held accountable as to whether they spent the prescribed amount of funds, not on the true outcomes of whether that population is being successfully treated which is how they should be held accountable. The Federal government should be less concerned with whether the State spent the required amount of funds and more concerned on whether the State is being successful in reducing the number of infants born addicted or HIV positive.

My bill sets a process in place over the next 2 years to develop a system based on performance measures to monitor States' progress. The reason why the bill does not implement such a system now is that the State treatment systems are not prepared to make that change. First, because there is no agreement on what measures to use. Second, the current State data systems are not adequate to collect and report on performance data. Very few States currently have data systems that could provide the necessary data.

To respond to these concerns, this bill requires the Secretary of Health and Human Services to submit a plan to Congress within 2 years detailing the performance measures to be used in such a system that have been agREED to by the States and Federal government. That plan is to include the data elements that States will have to collect, the definitions of the data elements and the legislative language necessary to implement the recommended program.

The bill also authorizes a grant program for the Secretary to provide financial support to States for developing the data infrastructure necessary to collect and report on the performance data.

As I have previously discussed, the increase in youth drug and alcohol abuse is a problem that threatens to undermine our society. To increase the focus of SAMHSA on youth substance abuse, the bill places a new emphasis on youth in developing treatment programs.

Although I believe that none of our children is truly safe when it comes to drugs and alcohol, there are children, because of their environment or state of mental health, that are more at risk to become drug or alcohol abusers. Children of substance abusers, victims of physical or sexual abuse, high school drop outs, the economically disadvantaged or those with mental health problems or who have attempted suicide are all at risk of drug and alcohol abuse. In order to develop effective techniques for prevention and treatment for these children, the bill also reauthorizes a grant program to develop effective models for the prevention and treatment of drug and alcohol abuse among high risk youth.

During discussions regarding the increased incidence of youth substance abuse several of my colleagues on the Health, Education, Labor and Pensions Committee have approached me to express their concern and desire to develop provisions to address the problem of youth substance abuse: Senator DEWINE has expressed an interest in developing provisions that would offer early intervention and prevention; Senator DODD has correctly pointed out that there has been little focus thus far on developing techniques to provide effective treatment for our children; Senator REED has pointed out that over 60% of youth in the juvenile justice system may have substance abuse disorders, compared to 22% in the general population; and Senator BINGAMAN has offered his help to address the problems with youth substance abuse in rural areas, Native American communities and other areas that are either underserved or where there is an emerging substance abuse problem among youth.

We will be working over the next few weeks to incorporate the elements addressed above into a bipartisan proposal. In the meantime, the bill creates the authority for a new program on youth treatment which will be strengthened by the bipartisan proposal when the Health, Education, Labor and Pensions Committee takes action on the bill.

The issue of children of substance abusers is also addressed in this bill. As I have mentioned, children of substance abusers are at high risk of being substance abusers themselves. The Department of Health and Human Services reported to Congress last month that 8.3 million, or 11 percent, of American children live with at least one parent who is either an alcoholic or in need of treatment for the abuse of drugs. This report also sadly confirms that between 50 to 80 percent of children in the child abuse, neglect and

foster care systems have parents who need substance abuse treatment. To address this, the bill reauthorizes the Children of Substance Abusers Act (COSA) and moves its authority to SAMHSA from the Health Resources and Services Administration (HRSA) for better coordination. Funding under COSA, which was authored by Senator DODD and enacted during the 102nd Congress, would be used for identification and evaluation of families experiencing substance abuse and offer treatment and prevention services.

Another area I am addressing in this bill is youth violence and mental health services. As we have seen by the many tragedies in our nation's schools, the issue of youth violence causes us much pause for thought. Although I believe we cannot legislate a less violent society, this bill has programs which we hope will begin to address the issue of youth violence and assist communities by helping them meet the mental health needs of youth to cope with violence related stress.

The first step the bill takes is to authorize a provision that will assist local communities in developing ways to assist children in dealing with violence, building upon the actions last year of Senators SPECTER and HARKIN in the Senate Appropriations Subcommittee on Labor, HHS and Education. This bill will authorize SAMHSA to make grants in consultation with the Attorney General and the Secretary of Education to assist local communities. These grants will support activities that include: financial support to enable the communities to implement programs designed to help violent youth; technical assistance to local communities; and assistance in the creation of community partnerships among the schools, law enforcement and mental health services. In order to receive funding for services under this provision an organization would have to ensure that they will carry out six activities which include: security of the school; educational reform to deal with violence; the review and updating of school policies to deal with violence; alcohol and drug abuse prevention and early intervention; mental health prevention and treatment services; and early childhood development and psychosocial services. The funds, however, may only be used for prevention, early intervention, and treatment services.

In order to help youth and adolescents cope with violence and emergency crises, the bill establishes grants for developing knowledge with regard to evidence-based practices for treating mental health disorders resulting from violence related stress. In addition, the bill will establish centers of excellence to provide technical assistance to communities in dealing with the emotional burden of violence if and when it occurs.

By law, SAMHSA discretionary grant awards must be peer reviewed which regularly take up to six months to approve which makes SAMHSA unable to act quickly in a emergency. To ensure the availability of funding for emergencies, the bill establishes an emergency response fund to allow the federal government to address emergency substance abuse or mental health needs in local communities. For example, this funding could be available to assist communities exposed to violence or terrorism or communities experiencing a serious substance abuse emergency such as increased drug traffic or inhalant abuse.

The final theme of the bill that I would like to highlight is the issue of services for the homeless.

Individuals who are homeless face major barriers to access and utilize mainstream addictive and mental disorder treatment and recovery services, including lack of income verification documentation, difficulties in maintaining schedules, and lack of transportation. Furthermore, most providers are not equipped to handle the complex social and health conditions which the homeless population presents. An insufficient number of mainstream providers offer the long-term, residentially-based aftercare and housing services that are essential for homeless individuals adherence to treatment and residential stability. Mainstream providers are not typically linked to the full range of health, housing, and human development services that homeless individuals with addictive and mental disorders require for recovery and residential stability.

In order to help address the unique challenges of serving the homeless, the bill reauthorizes grants to develop and expand mental health and substance abuse treatment services for homeless individuals.

In addition, it reauthorizes the successful Projects for Assistance in Transition from Homelessness program, know as PATH. PATH is a formula grant program which provides funds to States to provide mental health services to homeless individuals including outreach, screening and treatment, habilitation and rehabilitation.

Mr. President, thus far I have laid out the major legislative changes my colleagues and I are undertaking to improve SAMHSA programs. However, I would like to talk about the great work that is accomplished locally by discussing recent efforts in my home State of Tennessee.

SAMHSA provides over 70 percent of overall funding for the Tennessee Department of Health's Bureau of Alcohol and Drug Abuse Services, which is headed by Dr. Stephanie Perry.

Last year Tennessee received over $25 million from the Substance Abuse Prevention and Treatment Block Grant to spend on treatment and prevention activities. With this funding the Tennessee Bureau of Alcohol and Drug Abuse Services provides funding to community-based programs that offer a wide range of services throughout the State.

In the area of prevention services, the funding allows for the Intensive Focus Group program which provides structured, short term educational and counseling programs for youth and their families. In addition, the State is also able to fund Regional Prevention Coordinators who are assigned to each region of the State to assist communities in the development, implementation and coordination of alcohol and drug prevention activities. One additional program, I would like to highlight is the Faith Initiative which is a voluntary involvement of faith leaders to establish the role of interfaith communities in substance abuse and violence prevention.

In the area of treatment, where Tennessee spends 65 percent of its total substance abuse dollars, there are several different treatment programs that focus on youth residential and day treatment, family intervention and referral services. Other offered services include medical detoxification which is a 24 hour a day, 7 days a week program that provides residential service for alcohol and drug abusers. Overall, the block grant funds permit nearly 6,500 Tennesseans to receive the substance abuse treatment they desperately need.

I am pleased that Tennessee has focused on serving individuals with co-occurring disorders. There are an estimated 25,000 Tennesseans identified as having co-occurring disorders, meaning they require both mental health and substance abuse services. The Co-Occurring Disorders Project is a partnership between Tennessee's Division of Mental Heath Services and Bureau of Alcohol and Drug Services, allowing the patient to overcome the difficult circumstances that make their recovery complex by allowing them to receive both substance abuse treatment and mental health treatment in an integrated system of care.

Another project that SAMHSA makes possible is the Central Intake Process which Tennessee developed to establish a uniformed system for anyone who requires alcohol and/or drug use treatment. Here is how this program works as demonstrated by the true case of a man named John.

John, is a 35 year-old, black male who was referred to Central Intake by his probation officer. John's past legal history includes 12 assault charges, 3 contempt of court charges, 15 public drunk charges and one DUI. John is a high school graduate, and has 24 months of technical training in operating heavy equipment. In the 30 days prior to his assessment, John had used 2 pints of alcohol a day, smoked crack cocaine on 22 days and marijuana on 4 days. John has been abusing alcohol for 27 years, marijuana for 21 years and cocaine for 4 years. He also has reported heroin use.

He was diagnosed as alcohol, cocaine and marijuana dependent and referred to a residential program with a step-

down transitional living facility outside his geographic region. Upon completion of the program, the Central Intake case manager arranged a placement with a halfway house in another part of the State. The case manager for John reports that he has been clean and sober for 10 months, continues to live in the halfway house, is employed, involved in Alcoholics Anonymous and is a member of a church. By establishing Central Intake, Tennessee, thanks to Federal block grant dollars is able to evaluate and offer appropriate treatment for individuals like John to help put their lives back together.

With the $4.4 million that the Tennessee Department of Mental Health received in 1998, Tennessee was able to utilize and enhance an array of services dedicated to mental health. Overall the block grant money was distributed to 16 private not-for-profit community health centers and nine community health agencies throughout the State. SAMHSA block grant funds were used for consumer and family support groups. In addition the major allocation of funding is spent on drop-in/socialization services across the State. In all there are 35 consumer-operated centers which provide a place for consumers to meet and socialize with other consumers of mental health services. In addition funding is used for co-occurring disorder projects which train clinicians, establish resource centers, and establish a statewide network for dual diagnosis advocacy.

To address the youth population, the Tennessee Department of Mental Health uses SAMHSA block grant dollars to fund a program called BASIC. BASIC which stands for Better Attitudes and Skills in Children is a public school based early intervention and prevention program that identifies and works with children with serious emotional disturbance with a goal of reducing the incidence of adolescent and adult mental health problems. This project also focuses on enhancing awareness and capacity for response of school personnel to the mental health needs of children.

SAMHSA funds also pay for the early children intervention project which targets preschool children with behavior problems that are in a day care setting. The purpose of this program is to intervene at the point which behavior problems become obtrusive and problematic for the parents, teaching staff and other children in the day care center.

Finally, I would like to mention the Respite Services program for families of children identified as seriously emotionally disturbed, or dually diagnosed as emotionally disturbed and mentally retarded. Respite consultants assist in identifying and developing community-based respite resources, and work with families to utilize these resources in the most effective manner.

Mr. President, the bill I introduce today will ensure that Tennessee and other states will continue to receive critically needed Federal funds for community based programs to help individuals with substance abuse and mental health disorders. The changes that I have outlined will dramatically increase State flexibility in the use of Federal funds and ensure that each State is able to address its unique needs. The bill also provides a much needed focus on the troubling issue of the recent increase in drug use by our youth and addresses how we can be helpful to local communities in regard to the issue of children and violence. I am pleased to offer this bill today and I look forward to working on theses issues with my colleagues as the bill is considered by the Senate.●

● Mr. KENNEDY. Mr. President, today, we are introducing a bill to bring mental health and substance abuse treatment services into the next century. I commend Senator FRIST for his effective leadership on this issue. We have worked closely together on this important legislation to define the types of mental health and substance abuse treatment and services research that deserve to be funded, and to improve the process of accountability for clinical outcomes.

The bill also contains a number of provisions to address the alarming increase in violence in our schools and communities and the traumatic consequences of such violence. The legislation emphasizes a number of programs to prevent and reduce the impact of mental disorders and substance abuse in children and adolescents.

The tragic events in Colorado earlier this month are a reminder of how much more we need to help families, to protect children, and to make our schools and communities safer.

This legislation provides new support for children who are witnesses and survivors of domestic and community violence. Too often, these children are at great risk for long term psychological problems, including developmental delays, psychiatric symptoms such as anxiety or depression, and even the risk that these traumatized individuals will grow up to become perpetrators of violence themselves.

Another major feature of this bill is the attempt to address a number of concerns that were not apparent when we established the Substance Abuse and Mental Health Services Administration in 1992. We need to do more to help states identify the kinds of assistance that are most relevant to the persons they are currently serving and to do so in the most efficient and effective ways. Our bill accomplishes this by streamlining the services, and helps assure that the right services are going to those who most need them.

We also intend to address the needs of persons with both mental disorders and substance abuse. We must give greater priority to programs that support the mental health and substance abuse treatment needs of patients in primary care clinics.

I look forward to working closely with my colleagues to enact this legislation. We know that we can deal more effectively with the serious problems of substance abuse and mental illness, and enable far more of our fellow citizens to lead fulfilling and productive lives.●

●Mr. JEFFORDS. Mr. President, I rise today to join my colleague from Tennessee, Senator FRIST, in introducing the ''Youth Drug and Community-Based Substance Abuse and Mental Health Services Act.'' I am proud to be a cosponsor of this legislation that will reauthorize the very important work conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA). I want to commend Senator FRIST for his valuable leadership in this effort.

Substance abuse affects us all. Many of us have a close friend or family member who is a substance abuser or living in recovery, and persons with mental illness continue to needlessly face obstacles to their successful treatment that can, and should be eliminated.

SAMHSA's role is to improve access to quality mental health and substance abuse services in the nation. It carries out this responsibility to the tremendous advantage of States, local governments, and communities across the nation. This reauthorization bill will improve access and reduce barriers to high quality, effective programs and services for individuals who suffer from, or are at risk for, substance abuse or mental illness, as well as for their families and communities. It strengthens SAMHSA's national leadership in ensuring that knowledge, based on science and state-of-the-art practice, is effectively used for the prevention and treatment of addictive and mental disorders.

SAMHSA fosters Federal-State partnerships by supporting State and local community mental health and substance abuse programs. SAMHSA's budget of $2.3 billion is distributed through grants to states, local communities, private organizations, and schools. This reauthorization will increase flexibility for the States and for the Secretary in the provision of these services. This bill will repeal and/or make optional several existing requirements, and instead allows the States to use the grant funds to better serve their particular mental health and substance abuse populations. It dramatically reduces the administrative burden of federal mandates and allows the States greater flexibility to coordinate programs to develop a seamless system of care.

This flexibility necessitates a need for increased accountability. This bill improves the way States are held accountable for their use of Federal funds. Under the current system, States are required to spend certain amounts on certain populations and their success is determined on whether they have spent the required amount of

funds. Not on whether they are accomplishing program goals. We will change these programs to focus on performance and results as Congress has done with other programs.

I would now like to speak about what I see as the most important provisions of this bill. The first is the Title I provisions relating to services for children and adolescents. It is critical that we focus on treatment for youth. The substance abuse treatment system in this country is focused primarily on adult addicts. A system of care for adolescents is not routinely available. And yet the statistics show that adolescents are more frequently using drugs than they did five years ago. This reauthorization facilitates a system of care that addresses their needs.

The events of Littleton, Colorado have made us all keenly aware of the mental health of children in dealing with violence. The provision on Children and Violence in this bill pulls together the abilities of the Departments of Health and Human Resources, Education and Justice to support programs to address children and violence issues at the community levels. Mental health professionals, educators, and law enforcement officials can collaborate so that at-risk youths with disorders can be diagnosed early and moved into the proper treatment setting.

School districts will implement the wide range of early childhood development, early intervention and prevention, and mental health treatment services that appear to have the greatest likelihood of preventing violence among children. To ensure the availability of funding for emergencies, the bill establishes an emergency response fund to allow the federal government to support communities which have experienced trauma due to teen violence. To help youth and adolescents cope with violence and emergency crises, the bill establishes grants for developing knowledge with regard to best practices for treating psychiatric disorders resulting from emergency crisis. This is an approach that I understand is supported by both the research and service communities. It makes sense to me and I know that such programs will be helpful in every community in America.

I must also point out that this bill includes the formula compromise included in last years's omnibus appropriations bill for the Substance Abuse Prevention and Treatment Block Grant funds. This is an issue of paramount importance to small and rural states, and I am pleased that this legislation ratifies last year's agreement.

Mr. President, this is an important bill that will greatly improve the quality of substance abuse and mental health treatment in this nation. I look forward to considering this bill in the near future in committee, and then I hope it will receive the full attention of the Senate. I would like to once again thank Senator FRIST for putting so much time and effort into crafting legislation that will benefit so many American families.●

● Mr. DODD. Mr. President, I rise to express my support for the Substance Abuse and Mental Health Services Administration (SAMHSA) Reauthorization Act and to commend Senator FRIST for his leadership on this issue. I am pleased to join him as a co-sponsor of this legislation.

This reauthorization will support SAMHSA in achieving its mission to improve the quality and availability of mental health and substance abuse prevention, early intervention, and treatment services. The SAMHSA Act allows States to develop comprehensive systems to provide better quality mental health care so that children and adults with serious emotional disturbances may remain in the comfort of their home and within a familiar environment as they receive treatment. The flexibility provided by this piece of legislation will also allow States to build partnerships with schools and neighborhoods so that we can better confront the causes and impact of violence on our schools and communities. I am pleased that this legislation will also continue to support homeless individuals who need mental health services and will allow States to be innovative in addressing the needs of special populations such as pregnant, addicted women and those with HIV.

I am particularly pleased that this legislation incorporates a bill introduced by Senator JEFFORDS and myself, the ''Children of Substance Abusers Act'' (COSA). Children with substance abusing parents face serious health risks, including congenital birth defects, psychological, emotional and developmental problems, and the increased likelihood of becoming substance abusers themselves. Additionally, they are three times more likely to be abused and four times more likely to be neglected than children whose parents are not substance abusers. COSA addresses the devastation generated in the wake of parental substance abuse by promoting aggressive outreach to families in need and providing early intervention, prevention, and treatment services, and education and training for health and social services providers on recognizing and serving these families.

Although this legislation is an excellent beginning, I am concerned about the omission of two critical issues which have not been adequately addressed by federal efforts to date— the need to provide treatment to teens who are abusing alcohol and drugs and the use of restraints and seclusion on children in mental health facilities.

Statistics reveal that in senior high schools across the country, twenty-five percent of students use an illicit drug on a monthly basis, and seven percent on a daily basis. In 1997, fifty-two percent of senior high school students reported monthly alcohol use, meaning more than four million teens consumed alcohol in any given month. Yet, only twenty percent of the 648,000 adolescents with severe substance abuse problems receive treatment. The legislation that I have introduced today, the ''Teen Substance Abuse Treatment Act of 1999'' would fill an important gap in our national strategy for combating substance abuse in our communities by dedicating funding for treating youth with alcohol and drug problems. This legislation would authorize grants to develop innovative services aimed at the specific needs of teenagers, including services that coordinate mental health and substance abuse services. In addition this legislation would address the interaction between substance abuse and violent and antisocial behavior.

While I am disappointed that this bill is not currently included in the SAMHSA Reauthorization legislation that will be introduced today, I am encouraged that Senator FRIST has agreed to work with me, Senator REED, and Senator BINGAMAN prior to a markup of the bill to craft legislation to comprehensively address the substance abuse needs of adolescents.

Secondly, Mr. President, I also today want to briefly mention an issue that I hope will eventually be addressed within SAMHSA's reauthorization. This issue, the misapplication of restraints and seclusion within facilities providing mental health care services, signals a national tragedy that must be addressed. As evidenced last year by the Hartford Courant in a ground breaking investigative series that confirmed 142 deaths that occurred during or shortly after restraints were applied, the federal government must do better to protect individuals with mental illnesses from the punitive and deadly misuse of restraints and seclusion. Additionally, because many of these deaths go unreported, the actual number of restraint-related deaths may be many times higher. More than 26 percent of restraint-related deaths were children—nearly twice the proportion they constitute in mental health institutions.

The alarming number of deaths reported in the series illustrates the need for national, uniform standards for the use of restraints in the mental health care field. Low pay for mental health care workers, little-to-no training, and a lack of accountability and oversight, all contribute to the deplorable conditions found in many of the nation's mental health care treatment centers. The initiative that I hope to include within SAMHSA will establish uniform standards for restraint use, ensure adequate training and appropriate staffing levels, and allow protection and advocacy organizations to review deaths that occur at mental health care facilities. Legislation concerning the use of restraint and seclusion use is badly needed. As the Hartford Courant series mentioned, the federal government monitors the size of eggs but does not record the number of deaths caused by

the use of restraints and seclusion in mental health care facilities. I look forward to working with Senator FRIST toward the inclusion of this important initiative within SAMHSA's reauthorization.

Mr. President, this bill demonstrates our continuing support for SAMHSA and for sustaining programs which improve the quality and availability of substance abuse and mental health services. I am pleased that Senator FRIST has moved this legislation forward and look forward to working with him to include provisions to address the substance abuse treatment needs of adolescents and to enact standards regarding the use of restraint and seclusion. I again offer my support and cosponsorship of this bill.●

By Mr. WARNER:

S. 978. A bill to specify that the legal public holiday known as Washington's Birthday be called by that name; to the Committee on the Judiciary.

GEORGE WASHINGTON BICENTENNIAL ACT OF 1999

●Mr. WARNER. Mr. President, I rise today to introduce legislation to reestablish the third Monday in February as a national holiday called ''Washington's Birthday.''

Current law provides that the third Monday in February is a legal public holiday designated as ''Washington's Birthday.'' Nonetheless, there is an inaccurate misconception that this federal holiday is called ''President's Day.'' Not only does the use of the phrase ''President's Day'' in reference to the third Monday in February have no force in federal law, the misnomer obscures the true meaning of the holiday.

Simply put, the true meaning of the federal holiday known as ''Washington's Birthday'' is to celebrate the birthday of the father of our country. Washington's role in achieving our Nation's independence, in helping to create our Constitution, and as the first President of the United States of America cannot be overestimated.

As one of Virginia's delegates to the Second Continental Congress assembled in Philadelphia in May 1775, Washington was elected Commander in Chief of the Continental Army. As Commander in Chief of the Army, Washington helped ensure the independence of our Nation when he, with the help of French allies, forced the surrender of British forces at Yorktown. After the war, Washington soon realized the problems associated with the Articles of Confederation, and he became a prime mover in the steps leading to the Constitutional Convention in Philadelphia in 1787. Washington presided over the Constitutional Convention and ultimately yielded to the cries that he serve as our country's first President. After the Constitution was ultimately ratified, the electoral college twice unanimously elected Washington to serve as President of the United States.

As the father of our country, President Washington deserves to be distinguished from other Presidents. Federal law recognizes this deserved distinction in that President Washington's birthday is the only President's birthday recognized as a federal holiday. However, because this holiday is all too often misconceived as ''President's Day,'' this legislation is necessary to reestablish that the federal holiday is in fact ''Washington's Birthday.''

This legislation would achieve this objective by simply requiring all entities and officials of the United States Government, as well as federally funded publications, to refer to this day as ''Washington's Birthday.'' This bill in no way infringes on the right of any State or local government to recognize a ''President's Day'' or any other holiday. In fact, ''President's Day'' is a State holiday in a number of states.

President Buchanan emphasized the importance of Washington's birthday when he stated, ''when the birthday of Washington shall be forgotten, liberty will have perished from the earth.'' I urge my colleagues to support this bill to ensure that President Washington receive the distinction he deserves.●

By Mr. CAMPBELL for himself and Mr. MCCAIN):

S. 979. A bill to amend the Indian Self-Determination and Education Assistance Act to provide for further self-governance by Indian tribes, and for other purposes; to the Committee on Indian Affairs.

TRIBAL SELF-GOVERNANCE AMENDMENTS OF 1999

● Mr. CAMPBELL. Mr. President, today I introduce amendments to the Indian Self-Determination and Education Assistance Act of 1975 (''ISDEA'') to provide for greater tribal self-governance for the programs and services of the Department of Health and Human Services (''HHS'').

Over the years the poor circumstances and conditions of Native Americans have been compounded by vacillating federal policies and federal domination of matters affecting Indian people.

This situation began to change in 1970, when President Nixon delivered his now-famous ''Message to Congress on Indian Affairs'', which laid the foundation for a more enlightened federal Indian policy. This new policy allowed tribes to forge their own destiny and challenged the federal government to find new, innovative ways to administer Indian programs.

Because of the tangible benefits it has brought, this shift away from federal domination and toward Indian self-determination has been supported by every Administration since 1970.

Indian self-determination fosters strong tribal governments and reservation economies. This policy has encouraged tribes to assume more responsibility for their own affairs, caused a reduction in the federal bureaucracy and, most importantly, improved the quality of services to tribal members.

The most definitive expression of the policy change brought about by President Nixon was the ISDEA which authorized tribes to negotiate and enter into agreements with the U.S. to assume control over and operate federal programs which had been previously administered by federal employees.

In the years after enactment of the ISDEA, Congress expanded on the framework by enacting tribal ''self-governance'' laws which created a demonstration project that authorized tribes to enter into ''compacts'' with the U.S., so that they may administer an array of services.

The principles of the ISDEA are similar to those of block granting to the states. Instead of the federal government micro-managing Indian tribes, the federal government is contracting with tribes to perform those functions. Like states, tribes know best which governmental programs best serve their communities and how programs should be delivered. In short, the concept of local administration of federal dollars works.

By continuing to build tribal capacity and expertise in the administration of programs and services previously administered by employees of the Department of the Interior and the HHS, the Act has forged stronger tribal governments and economies and led to a smaller federal presence in Indian affairs.

The current self governance ''demonstration project'' in health care involves approximately 50 tribes. The legislation I introduce today builds on these successes, makes the self governance program permanent and expands an array of eligible functions available for tribal self governance to include the many programs, services and activities of the HHS, such as clinical services, public health nursing, mental health, substance abuse, community health representatives, and dental health.

The bill ensures continued participation by the tribes now participating in the self governance project, and provides for participation by an additional 50 tribes or tribal organizations annually.

This is far from a ''no-strings attached'' approach to federal programs. To participate, tribes must successfully complete legal and accounting requirements, as well as demonstrate financial stability and financial management capability.

This legislation also addresses the issue of which functions may be performed by tribes and which may not. This bill differentiates between those services and activities that are federal, and therefore ineligible for tribal performance through a self-governance compact, and those that are not inherently federal, and therefore eligible for tribal performance through a self-governance compact.

To track the progress made in raising the health status of Indians, the bill requires participating tribes to report health-related data to the Secretary so that an accurate picture of Indian health can be drawn.

I am mindful that there are issues we need to explore further, such as contract support cost funding, and I fully anticipate that interested parties will have full and fair opportunity to raise their concerns during the legislative process.

I am hopeful that after working with the tribes, the Administration and other interested parties, and after careful consideration by the Committee on Indian Affairs, we will be able to enact this important legislation to raise the health status of Native Americans and continue the unparalleled success of the Indian self-determination policies.●

By Mr. BAUCUS (for himself, Mr. DASCHLE, Mr. THOMAS, Mr. HARKIN, Mr. GRASSLEY, Mr. CONRAD, Mr. ROBERTS, Mr. FRIST, Mr. JOHNSON, Mr. ROCKFELLER, Mr. JEFFORDS, Mr. WELLSTONE, and Mr. MURKOWSKI):

S. 980. A bill to promote access to health care services in rural areas; to the Committee on Finance.

PROMOTING HEALTH IN RURAL AREAS ACT OF 1999

Mr. BAUCUS. Mr. President, I rise today to introduce the Promoting Health in Rural Areas Act of 1999.

All Americans deserve access to quality health care. But in rural America health care delivery is often difficult, given the great distances and extreme weather conditions that typically prevail. That's why Senator DASCHLE and I, along with bipartisan group of Senators, are introducing this important legislation. Its provisions are many, but it purpose is singular: to correct the federal government's tendency to view all areas—urban and rural—with a one-size-fits all lens.

Before I begin explaining what this bill does, I want to recognize the tremendous contributions of some of the cosponsors' staff who have worked on the bill.

The Minority Leader is known in the Senate not only for this tremendous leadership, but for the quality of his staff. Elizabeth Hargrave is no exception. On loan from the Department of Health and Human Services, she has worked tirelessly to see this bill through to introduction. With her expertise and attention to the intricate details of health policy, we have come up with a solid, comprehensive bill, much improved from that which was introduced last year.

Tom Walsh on the Senate Aging Committee has also done tremendous work. His knowledge of Medicare law is vast, and his parent demeanor has done wonders toward making negotiations on this bill amicable and fruitful. Heidi Cashman with Senator ROBERTS, Neleen Eisinger with Senator CONRAD, Diane Major and Stephanie Sword with Senator THOMAS, Sabrina and Bryan with Senator HARKIN, The list goes on. The Promoting Health in Rural Areas Act is the product of many long meetings, extensive research, and a great deal of cooperation. Would that we could all work so well together.

So why is this bill important? As you know, Mr. President, a couple of years ago Congress passed the Balanced Budget Act. In it we extended the life of Medicare for several years and passed some important rural health provisions, including Medicare reimbursement for telemedicine and the Medicare Rural Hospital Flexibility Program to establish Critical Access Hospitals (CAHs).

Under the new CAH law, rural hospitals can convert to limited-service hospital status and received flexibility with Medicare regulations designed for full-size, full-service facilities. They are reimbursed by Medicare based on actual costs, not fixed or limited payments; in exchange, CAHs agree to a limit of 15 hospitals beds and patients stays of limited duration. The model for the new program was based largely on Montana's Medical Assistance Facility Program. CAHs show well the progress we can make if rural areas are afforded the flexibility to develop solutions to the problems they know best. They also illustrate a creative means by which we can use the Medicare program to keep rural hospitals open—and rural communities alive.

But not all of the Balanced Budget Act was positive for rural areas. Far from it. Montana health care facilities, including hospitals, home health agencies and nursing homes, are suffering.

In 1997, even before the BBA cuts, small rural hospitals in Montana lost 6.5% treating Medicare patients. And although we do not yet have complete data on the impact of the BBA changes, anecdotal evidence tells me that the situation in rural Montana has gotten even worse. In rural areas where many, usually most, patients are of Medicare age, we cannot expect these facilities to stay open without paying them enough to break even. We must do something to ensure the integrity of our rural health care systems.

This bill is a good first step. Among other things, the bill provides rural communities with assistance in recruiting health care providers; expands the range of services that can be provided with telemedicine; increases payments to hospitals in rural areas; expands access to mental health services in rural areas; changes the formula by which managed care payments are calculated to attract more managed care health plans to rural areas; and increase rural representation on the Medicare Payment Advisory Commission.

As Dennis Farney, a reporter from Kansas once wrote: ''A prairie is not any old piece of flat land in the Midwest. No a prairie is wine-colored grass, dancing in the wind. A prairie is a sun-splashed hillside, bright with wild flowers. A prairie is a fleeting cloud shadow, the song of the meadowlark. It is the wild land that has never felt the slash of the plow.'' For me, this conjures up images of an idyllic rural setting, far removed from the commotion of city life. And certainly that is in the minds of many who live in these sparsely-populated areas—that they are inhabiting a part of the world that is in many ways pristine and untouched.

Of course there is a price to pay for that. Rural folks should not expect to have all the amenities of city life: opera houses and professional sports teams are just a couple of things that rural areas must simply do without. Rural Montanans can't expect to have a subway system—or even a Subway sandwich shop for that matter—because economies of scale dictate as much.

And even in the area of health care, rural Americans realize they give up something. Full-service hospitals and dental clinics are the stuff of populated areas, and will probably remain so. But although you won't find a full-service acute-care hospital in Choteau, Montana, you can find a CAH. And though you don't find a full-service dental clinic in Eureka, you can find a rural health clinic. Rural residents cannot expect to have the most extensive health care facilities or access to the array of specialists typical of urban settings, but they should expect a minimum standard of quality care. This bill is a step in the right direction towards raising that standard.

Whether it's helping rural areas with highway dollars, preventing small post offices from moving to towns' outskirts, or keeping hospitals open, I think most of us agree that saving rural areas is something that ought to be done. Regardless of how hard we try, however, we cannot do so without ensuring the integrity of these communities' health care systems. I urge my colleagues to join the Minority Leader and I in doing just that.

Mr. DASCHLE. Mr. President, today I introduce a bill intended to improve health care for Americans living in rural areas. The Promoting Health in Rural Areas Act of 1999 would improve the viability of rural hospitals and clinics, help rural communities attract and retain health care providers and health plans, and make optimal use of the extraordinary medical and telecommunications technology available today.

One-fifth of Americans live in rural areas. They experience the same health care access problems that Americans in cities and suburbs face—plus some problems that are uniquely rural. Issues of geography and transportation, which rural Americans face all the time, can make it difficult to visit the doctor or get to a hospital. These problems are made worse by the short supply of health care professionals in rural areas.

Rural communities are striving to improve access through telehealth and the recruitment of health care professionals. At the same time, they must also struggle to maintain what they have, to ensure that providers who leave their area are replaced, and to keep their hospitals' doors open. This

bill contains several provisions that will help them do this—by improving Medicaid and Medicare reimbursements to rural providers, strengthening recruitment programs, and encouraging the development of telehealth. These are important steps to improve access, increase choice, and improve the quality of care provided in more isolated parts of the country.

One problem rural areas face is reimbursement systems that favor urban areas, or that do not take the special needs of rural providers into account. For example, Medicare payments to hospitals are based on formulas that are biased toward urban areas. The Medicare Payment Advisory Commission, and its predecessor, the Prospective Payment Advisory Commission, have been pointing out these inequities for years. This bill would correct the formulas and pay hospitals more fairly.

Another reimbursement problem in rural states is payment for health plans in Medicare+Choice. The bill includes a provision to guarantee that plans in rural counties get the increased reimbursement promised in the Balanced Budget Act. This provision is important to ensure that beneficiaries in rural areas have some of the health plan choices available to urban seniors.

Rural communities also face difficulty recruiting and retaining health care providers. Despite great increases in the number of providers trained in this country over the past 30 years, rural communities have not shared equitably in the benefits of this expansion. As a result, about 22 million rural Americans live in areas considered Health Professional Shortage Areas because they do not have enough doctors to serve their community.

Our bill addresses obstacles in current law to the recruitment and training of providers in rural areas. One obstacle is the current requirement that communities actually lose a physician before they qualify for recruitment assistance to replace that provider. This bill would let communities get assistance for up to 12 months in advance when they know a retirement or resignation is pending. Another provision in the bill ensures that new Medicare reimbursement rules for medical residents, enacted as part of the Balanced Budget Act, do not discriminate against areas that train residents in rural health clinics or other settings outside a hospital.

Telehealth is another promising tool to bring medical expertise to rural communities. Through telehealth technology, rural patients can significantly shorten their travel time to see specialists, and they can have access to doctors they would otherwise never encounter. The benefits of telehealth extend to rural health professionals as well, providing them with technical expertise and interaction with peers that can make practicing in a rural area more attractive.

Our bill addresses some of the barriers that have limited the development of telehealth. It would expand Medicare reimbursement for telehealth to all rural areas, and to all services Medicare currently covers. The bill also would make telehealth more convenient, by allowing any health care practitioner to present a patient to a specialist on the other side of the video connection. The bill also includes a grant program to help communities establish telehealth programs.

Mr. President, rural America deserves appropriate access to health care—access to hospitals, access to providers, and access to quality services. Providing this care in rural communities raises unique challenges, but we can—and must—overcome those challenges. The bill I introduce today, along with my colleague Senator BAUCUS and other members of the Rural Health Caucus, takes important steps toward that goal.

Mr. CONRAD. Mr. President, today, I am pleased to join Senator BAUCUS, Senator DASCHLE, and other Senators to introduce the Promoting Health in Rural Areas Act of 1999 (PHIRA). This legislation will improve access, increase choice and improve the quality of health care in rural America.

As you know, Mr. President, the Balanced Budget Act (BBA) of 1997 produced real savings for the Medicare program and helped to extend solvency of the program. However, since passing the BBA, we have heard concerns from many rural health care providers that they are facing serious financial pressures due in large part to reductions that were enacted as part of the BBA.

During the BBA debate, I was very concerned that across-the-board cuts in Medicare would have a disproportionate impact on rural health care. Rural hospitals rely heavily on Medicare and in my state of North Dakota, Medicare accounts for 70 percent of hospital revenue. This means that Medicare reimbursement reductions have a bigger direct impact on rural hospitals than on other hospitals. It also means that rural hospitals have fewer other sources of revenues where they can increase margins to make up for losses in Medicare revenue.

To help protect access to health care in rural areas, I and a coalition of other Senators, worked hard to fight for provisions in the BBA to protect our rural areas. We made positive steps toward ensuring that health care in rural areas is affordable and accessible.

Our victories included, for the first time, requiring Medicare reimbursement for telehealth. Also included was the creation of the Critical Access Hospital program. The BBA also helped to reform managed care reimbursement to make it more equitable to rural areas and added Graduate Medical Education language to protect rural residency programs.

Despite our efforts, BBA reductions are having an unfair and disproportionate impact on rural health care systems—these cuts have caused real pain for providers and threaten to reduce access to health care for seniors, particularly in rural areas.

To help address these concerns, we have worked hard to develop legislation that will ensure our rural areas have access to quality care. The Promoting Health in Rural Areas Act of 1999 will improve Medicaid and Medicare reimbursement to rural providers, strengthen health professional recruitment programs, and encourage the development of telehealth.

One problem that rural areas face is reimbursement systems that favor urban areas, or that do not take the special needs of rural providers into account. Medicare payments to hospitals are currently based on formulas that are biased toward urban areas. The first element of PHIRA would correct these formulas and pay hospitals more fairly. In the BBA, Medicaid funding for Community Health Clinics (CHCs) and Rural Health Clinics (RHCs) was changed, leaving no guarantee that states will adequately fund these facilities. This bill would create a new payment system for CHCs and RHCs that will help ensure continued support for these essential facilities. The bill would also guarantee that Medicare+Choice plans in rural counties get the increased reimbursement promised in the BBA. This provision is important to ensure that beneficiaries in rural areas have at least some of the health plan choices that are available to urban seniors.

The second element of our bill includes provisions to attract and bring more health care providers into our communities. Rural communities face difficulties in recruiting and retaining health care providers. In my state, over 85% of counties are designated as either a partial or full health shortage profession area (HPSA). Nationwide, 22 million rural Americans live in HPSAs. We must do more to attract qualified health care providers into our rural areas. Currently, communities must actually lose a physician before they qualify for recruitment assistance to replace that provider. This bill would let communities get assistance for up to 12 months in advance when they know someone is going to retire. In addition, this bill will take positive steps to ensure that our future health care providers choose to serve in HPSAs. Currently, students in our National Health Service Corps program, a program helps students pay for their medical education or re-pay their medical student loans in return for serving in HPSAs, are facing undue hardship due to the fact that they are being taxed on scholarships they receive to participate in the NHSC. This bill will reward students for their commitment to working in HPSAs by exempting them from being taxed on their NHSC scholarships.

The third element of PHIRA will go even further to ensure that the most important medical services are available in our communities by expanding access to telehealth services. The

promise of telehealth is becoming increasingly apparent. Throughout the country, providers are experimenting with a variety of telehealth approaches in an effort to improve access to quality medical and other health-related services. Those programs are demonstrating that telecommunications technology can alleviate the constraints of time and distance, as well as the cost and inconvenience of transporting patients to medical providers. Many approaches show promising results in reducing health care costs and bringing adequate care to all Americans. For the first time, technological advances and the development of a national information infrastructure give telehealth the potential to overcome barriers to health care services for rural Americans and afford them the access that most Americans take for granted. But it is clear that our nation must do more to integrate telehealth into our overall health care delivery infrastructure.

This bill would expand Medicare reimbursement for telemedicine to all rural areas, and to all Medicare services. Medicare reimbursement policy is an essential component of helping to integrate telehealth into the health care infrastructure and is particularly important in rural areas, where many hospitals do as much as 80% of their business with Medicare patients. Because the Secretary defined reimbursable services so narrowly in the BBA, this legislation clarifies that all services that are covered under Medicare Part B will be covered if they are instead delivered vial telehealth. In particular, it clarifies that the technology called ''store and forward'', which is a cost-effective method of transferring information, is included in this reimbursement policy.

This bill will also help communities build home-grown telehealth networks. It will help to build telehealth infrastructure and foster rural economic development, and it incorporates many of the most important lessons learned from other grant projects and studies on telehealth from across the Federal government. Because so many rural and underserved communities lack the ability to attract and support a wide variety of health care professionals and services, it is important to find a way to bring the most important medical services into those communities. Telehealth provides an important part of the answer. It helps bring services to remote areas in a quick, cost-effective manner, and can enable patients to avoid traveling long distances in order to receive health care treatment.

Mr. President, I am confident that the Promoting Health in Rural Areas Act will take important steps toward ensuring those in our rural and underserved communities have access to quality, affordable health care. I urge my colleagues to support this legislation.

Mr. THOMAS. Mr. President, I rise today to join several of my colleagues in introducing the ''Promoting Health in Rural Areas Act,'' a bill designed to increase access to quality health care services in rural areas. I am pleased to have worked with my colleagues—Senators BAUCUS, ROBERTS, GRASSLEY, HARKIN, DASCHLE, CONRAD and COLLINS—in crafting this bill for rural America.

Rural health care has been a top priority for me throughout my service in the House and Senate. As co-chairman of the Senate Rural Health Care Caucus, I am pleased that rural health care is an issue that we have always addressed in a bipartisan way in the Senate.

Rural health care is at a crossroads. Many communities are left short-handed through no fault of their own. The lack of physicians, nurses and other health professionals make it difficult for rural individuals to receive the most basic primary care. Further, inadequate and, more importantly, unequal reimbursement by federal agencies multiplies these unique challenges and leaves rural individuals and families without access to vital medical care.

The Promoting Health in Rural Areas Act of 1999 offers clear and sensible solutions to these problems. It increases reimbursement rates for rural hospitals and clinics, it offers communities additional assistance in recruiting physicians, it promotes the use of telemedicine services, it expands coverage of mental health services in rural areas and it ensures adequate representation of rural health care on a national Medicare advisory board. It is a long-term solution tailored to the needs of rural areas.

The bill incorporates many of the best ideas and recommendations that emerged from the Wyoming Health Care Policy Forum I hosted in Casper on August 26–27, 1998. Wyoming's health care providers, health care recipients, elected representatives and concerned citizens assembled to evaluate and assess the direction of Wyoming's health care delivery system and to chart a blueprint for its future.

This bill increases payments to Sole Community Hospitals, Rural Health Clinics and private health plans contracting with Medicare by exempting them from a proposed prospective payment system for outpatient hospital services. Facilities would be reimbursed on actual costs, providing a higher reimbursement rate. It would also update the cost reporting year, or ''rebase,'' the data Medicare uses to calculate costs and reimbursements.

Most hospitals in Wyoming are designated as Sole Community Hospitals because of isolation, weather, travel conditions and the absence of other health care facilities. They are crucial for health care delivery in Wyoming.

Further, the bill would expand the eligibility for hospitals to become Critical Access Hospitals. Critical Access Hospitals are a newly designated class of hospitals in rural areas that have been given greater flexibility and relief from federal regulations so they can organize their staff and facilities to meet the immediate emergency care needs of their small communities. They can tailor or reconfigure their services without losing their Medicare certification.

Rural communities through the United States are federally designated health professional shortage areas (HPSA). Wyoming has 22 of them. This means there is less than one primary care physician for every 3500 persons living in those areas. The Promoting Health in Rural Areas Act helps solve this dilemma by offering effective solutions to recruit and retain health care providers.

It revises Medicare's Graduate Medical Education (GME) programs by raising the cap on the number of residents that will be allowed to participate in family practice residency programs. In addition, it provides added recruiting assistance to communities in HPSAs. Current law places rural communities at risk because it requires that a community first lose a physician before it qualifies for recruitment assistance. This bill recognizes pending physician resignations and retirements so communities have access to assistance before they lose their provider.

Further, it enhances the National Health Service Corps (NHSC) by giving tax relief to those receiving scholarships and loans under the program. The NHSC is an important component in the rural health care delivery system and additional tax relief would encourage recipients to remain in rural areas.

Telehealth technologies play a key role in bridging the barriers of time and distance that prevent access to medical care. We must ensure that the technology is practical, affordable, accessible and maintains privacy. The bill expands the types of telemedicine services that will be reimbursed under Medicare, which will be very useful in establishing a well-coordinated network of physicians, mid-level practitioners, hospitals and clinics. It also encourages solutions to telemedicine questions that have been raised about practicing interstate medicine by authorizing a Joint Working Group on Telehealth that would identify, monitor and coordinate federal telehealth projects and issue an annual report to Congress.

Mental health care is a priority in this bill. Individuals in rural areas often have limited access to mental health services. As a result, rural states license additional categories of mental health professionals than are recognized by Medicare. This bill ensures more of the services will be covered by Medicare.

Two years ago, Congress established the Medicare Payment Advisory Commission to make important policy recommendations on Part A and Part B of the Medicare program. Unfortunately, of the current 15-member board, only

one health care professional is from a rural area. Our bill requires that the Commission include at least two representatives from Rural Areas. This will help ensure that the board members fully understand the implications of their policy decisions.

In conclusion, the Promoting Health in Rural Areas Act provides the answers many rural communities are looking for to ensure quality health care for their residents. I look forward to discussing and actively debating rural health this Congress. It is possible that Medicare reform legislation will be debated this year and the Senate Rural Health Care Caucus will work to attach many of these provisions to such legislation. We understand the impact recent Medicare changes are having on our nation's fragile rural health system.

We need to act now. This bill is a great start.

Mr. HARKIN. Mr. President, I am pleased to join my distinguished colleagues, Senators DASCHLE, BAUCUS, THOMAS, CONRAD, ROBERTS, GRASSLEY, COLLINS, and FRIST in introducing a critical piece of legislation for America's rural communities, the ''Promoting Health in Rural Areas Act of 1999''. As co-chairs of the Senate Rural Health Caucus, Senator THOMAS and I convened this bipartisan group last fall to craft a comprehensive rural health bill, building on the hard work of Senators DASCHLE and BAUCUS from the 105th Congress. I am very proud that today we are able to come together across party lines to introduce a bill that will improve the ability of rural Americans to access good quality health care.

Today, the health care system in rural Iowa is on the verge of being admitted to an intensive care unit. Iowans living in small towns and rural areas are facing too many barriers to quality health care. But seniors living in New Hampton, Iowa, pay the same Medicare taxes as those who live in New York City—they should get the same quality health care.

This bill aims to improve access, increase choice, and improve the quality of care provided in rural towns in Iowa and around the nation. Current formulas for Medicaid and Medicare payments to hospitals are biased towards urban areas. This bill raises payments for rural hospitals by making it easier for them to qualify for special designations. The bill also strengthens health professional recruitment programs, helps expand access to mental health services in rural areas, requires that rural areas be represented on the Medicare Payment Advisory Commission and expand the range of Medicare-reimbursed services that can be provided via telemedicine.

Health care providers in rural areas like Iowa practice a conservative, cost-effective approach to health care. They should be rewarded for their resourcefulness, not penalized with unfair reimbursement rates. But Medicare payments to hospitals are currently based on formulas that give urban areas an advantage. This bill corrects these formulas so that hospitals can be paid more fairly. It also includes provisions specifically targeted to small, rural hospitals and the unique problems they face.

In addition, the bill guarantees that Medicare+Choice plans in rural counties get the increased reimbursement promised in the Balanced Budget Act of 1997. This provision will help ensure that seniors in rural areas have some of the same health plan choices available to urban seniors. These changes will help to address some of the inequity that exists for Medicare managed care.

And I will soon introduce legislation that will take the next critical step: fixing the inequity in Medicare fee-for-service. The vast majority of seniors living in rural areas will continue to receive their care through Medicare fee-for-service, yet the reimbursement rate for rural providers is woefully inadequate. My bill will address the imbalance between rural and urban fee-for-service rates, and I hope to introduce it in the next several weeks.

Mr. President, the health care system in this country is undergoing dramatic changes and our rural health care infrastructure is struggling to keep pace with the new landscape. The bill we are introducing today is the product of a bipartisan commitment to make sure that rural Americans have access to the same high quality health care that all Americans have come to expect. I am proud to be a part of this effort.

Mr. ROBERTS. Mr. President, I rise today to join my colleagues in introducing the Promoting Health in Rural Areas Act of 1999.

Health care today is at a crossroads. Rural communities face significant challenges in their efforts to recruit and retain health care providers. Hospitals and other health care facilities are facing increasing pressure from Medicare reductions. In 1997, Congress passed significant changes to the Medicare program in an effort to preserve the program for future generations. A new Congressional Budget Report says we are exceeding our expectations. In fact, since the beginning of the fiscal year in October, Medicare spending was $2.6 billion less than the amount spent in the similar period last year.

While this is good news for the fiscal integrity of the Medicare program, I am concerned about the unintended effects these reductions are having on the beneficiaries who depend on Medicare for health care services. It doesn't do much good to ''save'' the program if providers can no longer afford to deliver the services and beneficiaries are no longer able to access these services.

A new review by Ernst & Young reports that total hospital Medicare margins are expected to decline from 4.3 percent in fiscal year 1997 to only 0.1 percent in this fiscal year and remain below three percent through 2002.

Even more shocking is that total hospital margins for small, rural hospitals are expected to fall from 4.3 percent in fiscal year 1998 to negative 5.6 percent by fiscal year 2002, an amazing decline of 233 percent. Kansas hospitals are expected to lose over $530 million. I simply don't think our rural health system can survive any more reductions.

The Promoting Health in Rural Areas Act of 1999 will help to improve access, increase choice, and improve the quality of care provided in rural America.

Health care providers in rural areas generally serve a large number of Medicare patients. However, Medicare reimbursement to rural providers is not adequate to cover the costs of these services. This measure takes steps to ensure fair Medicare and Medicaid payments to rural providers by targeting those hospitals with special designations in rural areas. Provisions are included to increase payments and improve the Sole Community Hospital, Medicare Dependent Hospital, and Critical Access Hospital programs. In addition, these special facilities are exempt from a new outpatient reimbursement system that is being developed by the Health Care Financing Administration.

The Promoting Health in Rural Areas Act of 1999 also strengthens health professional recruitment programs and gives communities a chance to begin recruitment efforts before a crisis hits. Under current law, a community must effectively lose a physician before they qualify for recruitment assistance as a shortage area.

This measure also takes steps to encourage the use of telehealth, a critical piece of the rural health infrastructure. Under current law, HCFA limits reimbursement to four groups of services. This bill will expand reimbursement to include any services currently covered by Medicare in a rural area. In addition, the bill authorizes a new grant/loan program for telemedicine activities in rural areas.

Compromise is a way of life for rural Americans. Rural residents have fewer choices of physicians or hospitals. Rural providers must settle for fewer medical colleagues to rely on for consultation and support.

However, rural communities can no longer compromise. The regulatory burden is too much. Payments are too low. There simply isn't any more ''fat'' in the system.

Mr. President, I fear this is only the tip of the iceberg. As payment changes continue to be implemented and HCFA continues to issue new regulations and paperwork burdens, rural communities are going to suffer the most. In fact, many may not survive. We are already losing home health agencies at an alarming rate. Are hospitals the next to go?

I am committed to efforts to preserve access to health care services for all Kansans. We can do this if we simply focus on practical reforms that take

into account the realities of practicing medicine in rural states like Kansas. We can guarantee access to quality health care services if we make changes now. We can't afford to wait. I urge my colleagues to join me today in supporting this legislation and look forward to working together to enact common sense solutions—before it's too late.

By Mr. DODD:

S. 981. A bill to provide training to professionals who work with children affected by violence, to provide for violence prevention, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

VIOLENCE PREVENTION TRAINING FOR EARLY CHILDHOOD EDUCATORS ACT

• Mr. DODD. Mr. President, I am pleased to introduce the ''Violence Prevention Training for Early Childhood Educators Act,'' legislation designed to teach violence prevention to children at the earliest ages.

all of us have been shaken by the tragedy at Littleton, Colorado. Americans are left searching for answers to many questions. How could these teenagers have committed such brutality? What happened to the innocence and joy of youth? How can society help prevent such violent, deadly behavior from happening again?

One of the most effective solutions is to begin violence prevention at an early age. My proposal was not thrown together as a quick-fix to the Littleton tragedy. It is a carefully thought-out program aimed at true prevention. It is designed to help early childhood educators— the people who work directly with young children in preschools, child care centers, and elementary schools—learn the skills necessary to prevent violent behavior in young children. This legislation supports programs that prepare these professionals so that early childhood teachers, child care providers, and counselors are able to teach children how to resolve conflicts without violence. In addition, these professionals are in the perfect position to reach out and extend these lessons to parents and help whole families adopt these powerful skills.

Research has demonstrated that aggressive behavior nearly childhood is the single best predictor of aggression in later years. Children observe and imitate aggressive behavior over the course of many years. They certainly have plenty of exposure to violence, both in the streets and at home. For example, a Boston ho0spital found that 1 out of every 10 children seen in their primary care clinic had witnessed a shooting or stabbing before the age of 6. I am disheartened to report that in my home state of Connecticut, 1 in 10 teens have been physically abused. Alarmingly, more than a third of teenage boys report that they have guns or could get one in less than a day. Aggression may become very well-learned by the time a child reaches adolescence. Therefore, we must provide children with strategies for altering the negative influences of exposure to violence. Early childhood offers a critical period for overcoming the risk of violent behavior and later juvenile delinquency. And the proper training of professional who work with young children offers an effective route to reaching these kids.

This is not to suggest that early childhood professionals would replace parents as a source of teaching prosocial and acceptable behavior. Instead, these teachers should be encouraged to work with the whole family to address conflict without violence and aggression.

In 1992, as part of the Higher Education Act reauthorization, Congress enacted similar legislation to provide grants for programs that train professionals in early childhood education and violence counseling. These grants funded some remarkable programs. In my home state, a program at Eastern Connecticut State University trained students—half of whom were minority, low-income indivdiuals—to be teachers in their own communities, and trained child care providers in violence prevention with young children.

Unfortunately, just as these efforts were getting off the ground and starting to show promising results, the funding for the program was rescinded as part of the major 1994 rescission bill. Looking back, after the horrible events in Littleton, Colorado, Springfield, Oregon, and too many other communities, I think we can clearly see that was a mistake, Hindsight is always clearer—but let's not make the same mistake going forward. As we now work towards the reauthorization of the Elementary and Secondary Education Act, I hope that my proposal for a similar grant program for early violence prevention training is included in these discussions.

Preventing future acts of violence is an issue that rises above partisan politics. I think we can all agree that steps need to be taken to reduce the development of violent behavior in children. Please join me in this effort to begin creating a safer society for everyone, especially our children.•

By Mr. WELLSTONE (for himself and Mr. KERRY):

S. 982. A bill entitled ''Clean Money, Clean Elections Act''; to the Committee on Rules and Administration.

CLEAN MONEY, CLEAN ELECTIONS ACT

Mr. WELLSTONE. Mr President, I am here today to introduce the ''Clean Money, Clean Elections'' campaign finance reform legislation. It is in some ways the ''gold standard'' of true campaign finance reform, against which any more modest legislation ought to be assessed. The conceptual approach it embodies—replacing special interest money in our current system with clean money—is being adopted by state legislatures and in referenda across the country.

Some of my colleagues might respond to this announcement by saying that there are other issues that have arisen in this session that are more important than a debate over whether we will comprehensively reform our campaign finance laws. Some might argue that the American people appear to care more about other issues. I would argue, though, that public concern about one issue does not necessarily have to come at the expense of another. And while it is clear that Americans care very deeply about a variety of issues—Kosovo, taxes, education, and Social Security reform first among them—it is also clear that they care very much about the nature of our political system. When asked, 60 percent of Americans say they think that reforming the way campaigns are financed should be a high priority on our National agenda. There is no question in my mind that these people are right—reforming the way campaigns are financed should be, must be, a high priority on our agenda.

Many people believe our political system is corrupted by special interest money. I agree with them. It is not a matter of individual corruption. I think it is probably extremely rare that a particular contribution causes a member to cast a particular vote. But the special interest money is always there, and I believe that we do suffer under what I have repeatedly called a systemic corruption. Unfortunately, this is no longer a shocking announcement, even if it is a shocking fact. Money does shape what is considered do-able and realistic here in Washington. It does buy access. We have both the appearance and the reality of systemic corruption. And we must act.

In the House, a bipartisan effort is currently underway to force consideration of the Shays-Meehan bill, and the number of signers is slowly building. Yesterday, moderate House Republicans met with Speaker HASTERT to ask for an early vote on the bill. Today, Representative TIERNEY is introducing the ''Clean Money'' companion bill with 38 original co-sponsors. The House is acting on campaign finance reform, as should we on the Senate side. Here in the Senate, we must push forward this spring on tough, comprehensive reform.

I wonder if anyone would bother to argue that the way we are moving toward a balanced federal budget is unaffected by the connection of big special-interest money to politics? The cuts we are imposing most deeply affect those who are least well off. That is well-documented. The tax breaks we offer benefit not only the most affluent as a group, but numerous very narrow wealthy special interests. Does anyone wonder why Congress retains massive subsidies and tax expenditures for oil and pharmaceutical companies? What about tobacco? Are they curious why Congress permits a health care system dominated by insurance companies? Or

a version of ''free trade'' which disregards the need for fair labor and environmental standards, for democracy and human rights, and for lifting the standard of living of American workers, as well as workers in the countries we trade with? How is it that Congress ever considers major legislation that directly promotes the concentration of ownership and power in the telecommunications industry, in the agriculture and food business, and in banking and securities? For the American people, how this happens, I think, is no mystery.

I think most citizens believe there is a connection between big special interest money and outcomes in American politics. People realize what is ''on the table'' or what is considered realistic here in Washington often has much to do with the flow of money to parties and to candidates. We must act to change this.

We must act to change this because the American people have lost faith in the system. People are turning away from the political process. They are surrendering what belongs most exclusively to them, their right to be heard on the issues that affect them, simply because they don't believe their voices will carry over the sound of all that cash. The degree of distrust, dissatisfaction, and outright hostility expressed by the American people when asked about the political process overwhelms me. According to recent polls, cynicism abounds:

92 percent of all Americans believe special-interest contributions buy votes of members of Congress.

88 percent believe that those who make large campaign contributions get special favors from politicians.

67 percent think that their own representative in Congress would listen to the views of outsiders who made large political contributions before they would listen to their own constituents' views.

And nearly half of all registered voters believe lobbyists and special interests control the government in Washington.

We must act on campaign finance reform. We must act to restore Americans' trust in our political process. We must act to renew their hope in the capacity of our political system to respond to our society's most basic problems and challenges. We must act to provide a channel for the anger that many Americans feel about the current system, and acknowledge the grassroots reform movement that's been building for years. These are our duties, and we must act to move the reform debate forward.

As Members of Congress, most pressing for us should be the question of why so many people no longer trust the political process, especially here in Congress, and what we can do to restore that trust. Polls and studies continue to show a profound distrust of Congress, and of our process. Many Americans see the system as inherently corrupt, and they despair of making any real changes because they figure special interests have the system permanently rigged.

I do not need to rehash the many serious problems with our campaign financing system. The bottom line is indisputable: the system does not have—and has not had for many years—the confidence of the American people. People have lost faith in Congress as an institution, in the laws we pass, and in the democratic process itself, because of the money chase and its accompanying systemic corruption. Too often in our system, money determines political viability, it determines the issue agenda, and it determines to whom legislators are accountable: cash constituencies, not real constituencies. Most troubling, money often determines election outcomes, and the public knows it.

Too many Americans believe that a small but wealthy and powerful elite controls the levers of government through a political process which rewards big donors—a system in which you have to pay to play. Why do you think corporate welfare has barely been nicked, but welfare for the poor and needy in this country has been gutted? The not-so-invisible hand of corporate PACs and well-heeled lobbyists, and huge corporate soft money contributions can be seen most openly here.

Too many Americans see our failures . . .

to alleviate the harsh, grinding poverty that characterizes the lives of too many of our inner-city residents,

to reduce the widening gulf between rich and poor,

to combat homelessness, drug addiction, decaying infrastructure, rising health care costs, and an unequal system of education.

And they want to know why we can't, or won't, act to address these problems head-on. Americans understand that without real reform, attempts to restructure our health care system, create jobs and rebuild our cities, protect our environment, make our tax system fairer and more progressive, fashion an energy policy that relies more on conservation and renewable sources, and solve other pressing problems will remain frustrated by the pressures of special interests and big-money politics.

In thinking about reform legislation, I start with the premise that political democracy has several basic requirements:

First, free and fair elections. It is hard to say with a straight face that we have them now. That's why people stay home on election day, why they don't participate in the process. Incumbents outspend challengers 8 or 10–1, millionaires spend their personal fortunes to buy access to the airwaves, and special interests buy access to Congress itself, all of which warps and distorts the democratic process.

Second, the consent of the people. The people of this country, not special interest big money, should be the source of all political power. Government must remain the domain of the general citizenry, not a narrow elite.

Third, political equality. Everyone must have equal opportunity to participate in the process of government. This means that the values and preferences of all citizens, not just those who can get our attention by waving large campaign contributions in front of us, must be considered in the political debate. One person, one vote—no more and no less—the most fundamental of democratic principles.

Each of these principles is undermined by our current system, funded largely through huge private contributions. Contributions that come with their own price tag attached—greater access and special consideration when push comes to shove. It's time for real reform.

Over the years, I have introduced and re-introduced campaign finance reform legislation, pushed amendments, organized my colleagues, given speeches, observed a self-imposed fundraising code stricter than current law, fought filibusters, and otherwise tried in every way I could to get tough, sweeping reform enacted into law. All to no avail. To my great regret, campaign finance reform so far has been successfully blocked in Congress by those who oppose it, staunch defenders all of the status quo.

Which is why I stand here today, reintroducing the ''Clean Money, Clean Elections'' legislation that we introduced during the last Congress. We have tightened and strengthed some of the nuts and bolts of the legislation, but it is much the same bill that it was when we first introduced it: simple and sweeping, fundamental campaign finance reform.

If the 1994 elections are remembered as the year the Republicans swept into power in Congress, then the 1998 elections should go down as the year that special-interest money smothered Washington. Money has always played a role in American politics and campaign spending is not a new problem, but it has exploded during the 1990s. In the 1993–94 election cycle, the national political parties raised $18.8 million in soft money contributions. By the 1997–98 election cycle that figure was up to $193.2 million in soft money. That's nearly a five-fold increase in just under five years. There can be no doubt that big money has become the primary currency of democracy in Washington.

In the 1995–96 election cycle, corporations, groups, and individuals representing business interests outspent labor by 12–1. Individuals and PACs representing the natural resource industries (such as gas and oil companies) outspent environmental interests by an estimated 27–1 in contributions to congressional candidates. Political contributions representing finance, insurance, and real estate interests were in excess of $130 million for the last election cycle. In the 1996 election

cycle, less than one-quarter of one percent of the American people made contributions of more than $200 in a Federal election. Yet an astounding eighty percent of all political money came from this tiny group. Of all the economically-interested money given to Congressional candidates, almost none represented the millions of Americans who are poor, or parents of public school children, or victimized by toxic dumping or agri-chemical contamination, or who are small bank depositors and borrowers, or people dependent on public housing, transportation, libraries, and hospitals. It is clear who is represented under the current system and who is shut out.

The bill I am introducing today strikes directly at the heart of the crisis in the current system of campaign finance: the only way for candidates of ordinary means to run for office and win is to raise vast sums of money from special interests, who in turn expect access and influence on public policy. Real campaign finance reform needs to restore a level playing field, open up federal candidacies to all citizens, end the perpetual money chase for Members of Congress, and limit the influence of special interest groups. This legislation does all of these things by offering:

The strictest curbs on special-interest money and influence. The ''Clean Money, Clean Elections'' legislation bans completely the use of ''soft money'' to influence elections, discourages electioneering efforts masquerading as non-electoral ''issue ads,'' provides additional funding to clean money candidates targeted by independent expenditures, and most importantly, allows candidates to reject private contributions if they agree to participate in the clean money system of financing.

The greatest reduction in the cost of campaigns. Because it eliminates the need for fundraising expenses and provides a substantial amount of free and discounted TV and/or radio time for Federal candidates, this legislation allows candidates to spend far less than ever before on their campaigns.

The most competitive and fair election financing. By providing limited but equal funding for qualified candidates, and additional funding for clean money candidates if they are outspent by non-participating opponents, this legislation allows qualified individuals to run for office on a financially level playing field, regardless of their economic status or access to larger contributors. Right now, the system is wired for incumbents because they are connected to the connected. The big players, the heavy hitters, tend to be attracted to incumbents, because that is where the power lies. This bill would allow all citizens to compete equally in the Federal election process.

And an end to the money chase, shorter elections, and stronger enforcement. ''Clean Money, Clean Elections'' campaign finance reform frees candidates and elected officials from the burden of continuous fundraising and thus allows public officials to spend their time on their real duties. In effect, it also shortens the length of campaigns, when the public is bombarded with broadcast ads and mass mailings, by limiting the period of time during which candidates receive their funding. Moreover it strengthens the enforcement and disclosure requirements in Federal election campaigns.

What I am proposing are fundamental changes, necessary changes if we hope to ever regain the public's confidence in the political process. This legislation is both simple to understand and sweeping in scope. As a voluntary system this bill is constitutional, and it effectively provides a level playing field for all candidates who are able to demonstrate a substantial base of popular support. ''Clean Money, Clean Elections'' strengthens American democracy by returning political power to the ballot box and by blocking special interests' ability to skew the system through large campaign contributions.

Most importantly, this legislation attacks the root cause of a system founded on private special interest money, curing the disease rather than treating the symptoms. The issue is no longer one of tightening already existing campaign financing laws, no longer a question of what's legal and what's illegal. The real problem is that most of what's wrong with the current system is perfectly legal. Big money special interests know how to get around the letter of the law as it is now written. This current system of funding congressional campaigns is inherently anti-democratic and unfair. It creates untenable conflicts of interests and screens out many good candidates. By favoring the deep pockets of special interest groups, it tilts the playing field in a way that sidelines the vast majority of Americans. This legislation takes special interest out of the election process and replaces it with the public interest, returning our political process to the hallowed principle of one person, one vote.

I am not naive about the prospects for campaign finance reform during this Congress, and realize that the sweeping reform bill that I am introducing today is a ''vision bill.'' But that's okay, for as Yogi Berra is reported to have said, ''If you don't know where you're going, you may end up someplace else.'' This is where I want to go, and where I believe the vast majority of Americans would also like to go. In one recent survey, 48% percent of respondents thought they would be more likely to see Elvis than real campaign finance reform. And while this is obviously a somewhat toungue-in-cheek response for many people, I think it also reflects a deeply cynical electorate. For once let's not live down to their worst expectations, and let's pass tough, comprehensive campaign finance reform during this Congress.

I ask consent that a summary of the bill and a section-by-section analysis be included in the RECORD.

There being no objection, the materials were ordered to be printed in the RECORD, as follows:

SHORT SUMMARY OF ''CLEAN MONEY, CLEAN ELECTIONS'' CAMPAIGN FINANCE REFORM ACT OF 1999

''CLEAN MONEY'' FINANCING

Candidates voluntarily forgot private contributions and accept strict spending limits in exchange for publicly financed election funds, as well as other benefits such as free or reduced rate prime access broadcast time.

Amount of ''clean money'' candidates receive in general election based on state's Voting Age Population (VAP).

If the voting age population is less than 4 million: $320,000 + VAP(.24)=clean money funding amount

If the voting age population is greater than 4 million: $320,000 + VAP(.20)=clean money funding amount

Candidates receive 67% of general election funding for contested primary election.

Additional clean money financing provided to match non-participating opponents' expenditures in excess of spending limits, as well as independent expenditures made against clean money candidate or in favor of non-participating opposition candidate.

SOFT MONEY BAN

Prohibits national parties from soliciting or receiving contributions or spending funds not subject to the Federal Election Campaign Act (FECA).

Certain necessary state level activities are excluded from these prohibitions, and the establishment of ''state party grassroots funds'' is allowed for certain generic campaign activity.

INDEPENDENT EXPENDITURES AND EXPRESS ADVOCACY

Creates new, tighter definition of independent expenditures to ensure proper distance from candidates.

Toughens reporting requirements for independent expenditures.

Creates new definition for express advocacy using three independent standards, any one of which meets definition (provides ''fall back'' standard should any part of definition be declared unconstitutional).

Exempts voting records and voting guides from definition of express advocacy.

REPORTING AND DISCLOSURE

Limits a party's coordinated expenditures to 10 percent of the amount of clean money the candidate is eligible to receive for the general election.

Tightens the definition of party coordination, and requires a party to limit its coordinated and independent expenditures.

Doubles the penalties for ''knowing and wilful'' violations of federal election law.

Requires Senate candidates to file disclosure reports and disclosures electronically and directly with the Federal Election Commission (FEC), which must then be made available on the Internet within 24 hours.

Requires that campaign advertisements contain sufficient information to clearly identify the candidate on whose behalf the advertisements are placed.

Establishes new reporting requirements for issue advertisements.

THE CLEAN MONEY, CLEAN ELECTIONS CAMPAIGN FINANCE REFORM ACT—SECTION-BY-SECTION

Section 1. Short title; table of contents.

TITLE I—CLEAN MONEY FINANCING OF SENATE ELECTION CAMPAIGNS. pp. 2–32.

Section 101. Findings and declarations. Section 101 states the purposes of the legislation.

Section 102. Eligibility requirements and benefits of "clean money" financing of Senate election campaigns. Section 102 of the bill would create a new Title V in the 1971 Federal Election Campaign Act (2 U.S.C. 431). It defines ''clean money,'' establishes the requirements for a major party or other candidate to qualify and receive clean money; establishes the dates and methods for receiving clean money; places restrictions, including spending limits, on clean money candidates; establishes the amounts of clean money to be provided to candidates for primary and general elections; and allows for providing additional clean money to match expenditures by and on behalf of an opponent which exceed a trigger-amount above the voluntary spending limit adopted by the clean money candidate.

The section defines clean money as the funds provided to a qualifying clean money candidate. Clean money will be provided from a Senate Election Fund established in the Treasury and composed of unspent seed money contributions, qualifying contributions, penalties, and amounts appropriated for clean money financing of Senate election campaigns.

The clean money candidate qualifying period begins 270 days prior to the date of the primary election. To qualify for clean money financing for a primary or a general election, a candidate must be certified as qualified by 30 days prior to the date of that election. Prior to the candidate receiving clean money from the Senate Election Fund, a candidate wishing to qualify as a clean money candidate may spend only ''seed money.'' Seed money contributions are private contributions of not more than $100 in the aggregate by a person. It is the only private money a clean money candidate may receive as a contribution and spend. A candidate's seed money contributions are limited to a total of $50,000 plus an additional $5,000 for every congressional district in the state over one. Seed money can be spent on campaign related costs such as to open an office, to fund a grassroots campaign or hold community meetings, but cannot be spent for a television or radio broadcast or for personal use. At the time that a clean money candidate receives clean money, all unspent seed money shall be remitted to the Federal Election Commission (FEC) to be deposited in the Senate Election Fund.

To qualify for clean money financing, a major party candidate must gather a number of qualifying contributions equal to one-quarter of 1 percent of the state's voting age population, or 1,000 qualifying contributions, whichever is greater. A qualifying contribution is $5, made by an individual registered to vote in the candidate's state, and is made during the qualifying period. Qualifying contributions are made to the Senate Election Fund by check, money order, or cash. They shall be accompanied by the contributor's name and address and a signed statement that the purpose of the contribution is to allow the named candidate to qualify as a clean money candidate.

A major party candidate is the candidate of a party whose candidate for Senator, President, or Governor in the preceding 5 years received, as a candidate of that party, 25 percent or more of the total popular vote in that state for all candidates for that office.

Clean money candidates qualify for clean money for both the primary and the general election. A qualifying candidate will receive clean money for the primary election upon being certified by the FEC, and once the ''primary election period'' has begun. A candidate will be certified within 5 days of filing for certification if the candidate has gathered the threshold number of contributions, has not spent private money other than seed money, and is eligible to be on the primary ballot. The primary election period is from 90 days prior to the primary election date until the primary election date. The qualifying period begins 180 days before the beginning of the primary election period. A candidate must be certified as a clean money candidate 30 days prior to the primary election in order to receive clean money financing for the primary election.

A clean money candidate who wins the party primary and is eligible to be placed on the ballot for the general election will receive clean money financing for the general election. A candidate not of a major party who does not qualify as a clean money candidate in time to receive clean money financing for the primary election period may still qualify for clean money financing for the general election by gathering the threshold number of qualifying contributions by 30 days prior to the general election and qualifying to be on the ballot.

The amount of clean money a qualified candidate receives for the primary and general election is also the spending limit for clean money candidates for each respective election. The clean money amount for the general election for a qualified clean money candidate is established according to a formula based on a state's voting age population. The section establishes a clean money ceiling for the general election of $4.4 million, and a floor of $760,000. The clean money amount for a contested major party primary is 67 percent of the clean money amount for the general election. In the case of an uncontested primary or general election, the clean money amount is 25 percent of the amount provided in the case of a contested election.

To qualify for clean money financing, a candidate who is not a major party candidate must collect 150 percent of the number of qualifying contributions that a major party candidate in the same election is required to collect. A candidate who is not a major party candidate must otherwise qualify for clean money financing according to the same requirements, restrictions and deadlines as does a major party candidate. A candidate who is not a major party candidate who qualifies as a clean money candidate in the primary election period will receive 25 percent of the regular clean money amount for a major party candidate in the primary. A candidate who is not a major party candidate who qualifies as a clean money candidate will receive the same clean money amount in the general election as will a major party candidate.

Additional clean money financing, above the regular clean money amount, will be provided to a clean money candidate to match aggregate expenditures by a private money candidate and independent expenditures against the clean money candidate or on behalf of an opponent of the clean money candidate, which are, separately or combined, in excess of 125 percent of the clean money spending limit. The total amount of matching clean money financing received by a candidate shall not exceed 200 percent of the regular clean money spending limit.

The section establishes penalties for the misuse of clean money and for expenditure by a clean money candidate of money other than clean money.

Section 103. Reporting requirements for expenditures of private money candidates. Section 103 requires private money candidates facing clean money opponents to report within 48 hours expenditures which in aggregate exceed the amount of clean money provided to a clean money candidate. A report of additional expenditures, in aggregate increments of $1,000, will also be required.

Section 104. Transition rule for current election cycle. Section 104 allows a candidate who received private contributions or made private expenditures prior to enactment of the Act not to be disqualified as a clean money candidate.

TITLE II—INDEPENDENT EXPENDITURES; COORDINATED EXPENDITURES, pp. 33–50.

Section 201. Reporting requirements for independent expenditures. Section 201 amends Section 304(c) of the 1971 FECA (2 U.S.C. 434(c)) to require reporting of independent expenditures made or obligated to be made by a person in support of, or in opposition to, a candidate for office. Prior to 20 days before the date of the election, each such independent expenditure which exceeds in aggregate $1,000 by a person shall be reported within 48 hours. After 20 days prior to the date of the election, each such independent expenditure made or obligated to be made which exceeds in aggregate $500 shall be reported within 24 hours.

Section 202. Definition of independent expenditure. Section 202 amends section 301 of the 1971 FECA (2 U.S.C. 431) to create a new definition of independent expenditure. An independent expenditure would be an expenditure made by a person other than a candidate or candidate's authorized committee that is made for a communication that contains express advocacy; and is made without the participation or cooperation of, and without coordination with, a candidate.

The section defines express advocacy as a communication that is made through a broadcast medium, newspaper, magazine, billboard, direct mail, or other general public communication or political advertising and that advocates the election or defeat of a clearly identified candidate, including a communication that contains a phrase such as ''vote for'', ''re-elect'', ''support'', ''cast your ballot for'', ''(name of candidate) for Congress'', ''(name of candidate) in (year)'', ''vote against'', ''defeat'', ''reject''; or contains campaign slogans or individual words that in context can have no reasonable meaning other than to recommend the election or defeat of a clearly identified candidate;

OR

A communication that refers to a clearly identified candidate in a paid advertisement that is broadcast through radio or television; involves aggregate disbursements of $5,000 or more; and is made within the last 60 days before the date of the general election.

The section provides a fall back definition of express advocacy should a portion of the above definition not be in effect. The fall-back definition would be in addition to any portion of the above still in effect. The fall-back definition establishes that express advocacy would be a communication that clearly identifies a candidate, and taken as a whole, with limited reference to external events, expresses unmistakable support for or opposition to the candidate; or is made for the clear purpose of advocating the election or defeat of the candidate, as shown by a statement or action by the person making the communication, the targeting or placement of the communication, and the use by the person making the communication of polling, demographic or other similar data relating to the candidate's campaign for election.

Each standard is severable from the others and any one standard is sufficient to meet the definition of express advocacy. Voting records and voting guides are exempted from the definition of express advocacy.

Section 203. Limits on expenditures by political party committees. The section amends section 315(d)(3) of the 1971 FECA (2 U.S.C.

441a(d)(3)) to limit a party's coordinated expenditures in a race involving a clean money candidate. In the case of any Senate election in which 1 or more candidates are clean money candidates, the amount that any party may spend in connection with that race or in coordination with a candidate is limited to 10 percent of the amount of clean money a clean money candidate is eligible to receive for the general election.

Section 204. Party independent expenditures and coordinated expenditures. The section, modeled after H.R. 417, the Shays-Meehan bill, strictly tightens the definition of party coordination in numerous ways. The section also requires a party which makes a coordinated expenditure in connection with a general election campaign for Federal office in excess of $5,000 to file a certification that the party will not make any independent expenditures in connection with that campaign. The section further tightens the definition of coordinated expenditure by persons other than a party. It establishes that coordinated expenditures shall be considered to be contributions made to a candidate (with an exception that allows the limited party coordinated expenditures on behalf of a clean money candidate as provided in Section 203).

TITLE III—VOTER INFORMATION, pp. 50–60.

Section 301. Free broadcast time. The section provides clean money candidates with 30 minutes of free broadcast time during the primary election period and 60 minutes of free broadcast time during the general election period. The broadcasts shall be between 30 seconds and 5 minutes in length, aired during prime time for television or drive time for radio. Any one station shall not be required to provide a clean money candidate with more than 15 minutes of free time during an election period.

Section 302. Broadcast rates and preemption. A clean money candidate in a contested election shall be charged 50 percent of the lowest charge described in section 315(b) of the Communications Act of 1934 (47 U.S.C. 315(b)) for purchased broadcast time during the 30 days preceding the primary and 60 days preceding the general election.

Section 303. Campaign advertisements; issue advertisements. The section requires that campaign advertisements contain sufficient information clearly identifying the candidate on whose behalf the advertisements are placed. The information shall include an audio statement by the candidate where applicable which states that the candidate approves the communication, and a clearly identifiable photographic or similar image of the candidate where applicable. Private money candidates shall include the following statement: ''This candidate has chosen not to participate in the Clean Money, Clean Elections System and is receiving campaign contributions from private sources.''

The section also establishes new reporting requirements for issue advertisements, including the amount of the disbursement for an issue advertisement, the name and address of the person making the disbursement, donors of $5,000 or more to the person during the calendar year, and the purpose of the advertisement. An issue advertisement is an advertisement which is not an independent expenditure or contribution that contains the name or likeness of a Senate candidate during an election year, and recommends a position on a political issue.

Section 304. Limit on Congressional use of the franking privilege. The section prohibits franked mass mailings during an election year by a Senate candidate who holds Congressional office, except for a notice of public meeting which contains only the candidate's name, and the date, time, and place of the public meeting.

TITLE IV—SOFT MONEY, pp. 60–77.

This title prohibits political party soft money and is identical to that found in H.R. 417, the Shays-Meehan bill.

Section 401. Soft money of political parties. The section prohibits national parties from soliciting or receiving contributions or spending funds not subject to the Federal election Campaign Act. It prohibits state, district or local committees of a political party from spending money during an election year for activity that might affect the outcome of a Federal election unless the money is subject to the FECA. The section establishes certain activities excluded from the above prohibition, which are legitimate or necessary activities of the committees.

The section prohibits parties or their committees from soliciting funds for, or making any donation to, tax-exempt organizations. It also prohibits candidates and Federal office-holders from receiving or spending funds not subject to the FECA.

Section 402. State party grassroots funds. The section allows establishment of state party grassroots funds solely for the purpose of generic campaign activity, voter registration, or other activities specified in the FECA, and the development and maintenance of voter files. The fund shall be separate and segregated.

Section 403. Reporting requirements. The section establishes new reporting requirements for national parties and congressional campaign committees for all receipts and disbursements.

Section 404. Soft money of persons other than political parties. The section requires individuals other than a committee of a political party that make an aggregate disbursement in excess of $50,000 during a calendar year in which there is a Federal election to file a statement with the Federal Election Commission. The section does not apply to a candidate or a candidate's authorized committees, or to an independent expenditure.

TITLE V—RESTRUCTURING AND STRENGTHENING OF THE FEDERAL ELECTION COMMISSION, pp. 78–91.

Section 501. Appointment and terms of Commissioners. The President shall appoint 6 members of the Commission with the advice and consent of the Senate and 1 member from among persons recommended by the Commission.

Section 502. Audits. The section authorizes random audits and investigations by the Commission to ensure voluntary compliance with the FECA. The subjects of such audits and investigations shall be selected on the basis of impartial criteria established by a vote of at least 4 member of the Commission.

Section 503. Authority to seek injunction. The section authorizes and sets out standards for initiation by the Commission of a civil action for a temporary restraining order or preliminary injunction.

Section 504. Standard for investigation. The section grants the Commission greater discretion in opening an investigation.

Section 505. Petition for certiorari. The section allows petition to the Supreme court on certiorari.

Section 506. Expedited procedures. The section allows the Commission to order expedited proceedings based on clear and convincing evidence that a violation of the FECA has occurred, is occurring, or is about to occur, to avoid harm or prejudice to the interests of the parties.

Section 507. Filing of reports using computers and facsimile machines; filing by Senate candidates with Commission. The section instructs the Commission to require the filing of reports in electronic form in certain cases, and instructs the Commission to allow the filing of reports by facsimile machines. The Commission is required to make information filed electronically available on the Internet within 24 hours of filing.

The section requires Senate candidates to file designations, statements, and reports directly with the Commission.

Section 508. Power to issue subpoena without signature of chairperson. The section allows the Commission to issue a subpoena without the signature of the chairperson or vice chairperson.

Section 509. Prohibition of contributions by individuals not qualified to vote. The section prohibits contributions in connection with a Federal election by an individual who is not qualified to register to vote in a Federal election, and prohibits receiving contributions from any such individuals.

Section 510. Penalties for violations. The section increases and tightens penalties for knowing and willful violations of Federal election law.

TITLE VI—EFFECTIVE DATE, p. 91

Section 601. Effective date. The Act and the amendments made by the Act would take effect on January 1, 2000.

Mr. FEINGOLD. Mr. President, I thank my friends, Senator KERRY of Massachusetts and Senator WELLSTONE of Minnesota, and commend them on the introduction of their campaign finance reform proposal, the Clean Money bill. I am very pleased that they are once again introducing this far reaching and visionary piece of legislation. I think it is important as we deal in this Senate with the more limited bill that I have proposed with the Senator from Arizona, Senator MCCAIN, that the American people understand that we do not believe that the job will be completed if that bill becomes law.

Of course, I also want to thank Senators KERRY and WELLSTONE for their strong support of the McCain-Feingold bill. I also want to make it very clear that these two pieces of legislation are completely consistent and complimentary. The Clean Money bill introduced today contains the central components of the McCain-Feingold and Shays-Meehan bills—a soft money ban, provisions to deal with phony issue ads, and improved enforcement and disclosure. But it adds a comprehensive system of financing Senate campaigns, based on initiatives that have been endorsed by the voters in Maine, Massachusetts, and Arizona for their state elections, to provide public funding to qualified candidates for state officeholders.

Mr. President, when I first ran for the Wisconsin State Senate many years ago, my race would literally not have been possible were it not for Wisconsin's system of partial public financing. Under the state system in effect at that time, I had to raise approximately $17,500 from friends and family, and the state election fund provided a grant of the same amount. So once I raised my share, my fundraising work was done, and I could spend my time going door to door campaigning. I won that first race by only a few votes, and I'm convinced that my retail campaigning was the difference. So I believe it is fair to say that I wouldn't be

in the United States Senate today if Wisconsin didn't have that system of public financing, that allowed a person of limited means to run for office, and win.

Today, all over the country, citizens are coming to realize that the money chase that is required to run for office is depriving them of good candidates and representatives. Not everyone who would be a hardworking and effective public servant comes from a wealthy background or from a community of friends or business associates who can finance a campaign. And so the Clean Money movement is taking hold in state after state. Overwhelming majorities in polls taken on this issue support a Clean Money system, where candidates raise a large number of very small contributions to qualify for a limited public grant to run an adequate, but not an extravagant, campaign. These polls, and the successful ballot initiatives in Maine, Massachusetts, and Arizona show that the public is not only ready, but eager, for a new way of financing our elections.

Obviously, Mr. President, a majority in the United States Senate is not yet ready for such a clean break with the current system. But I believe that over time we in the Senate will catch up with public sentiment, and this is the way we will have to go. I am convinced that Clean Money is the future of campaign financing in this country, at both the state and federal level. And so I am very pleased that Senators KERRY and WELLSTONE have decided to reintroduce their bill and I thank them for their leadership.

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

S. 983. A bill to require the Secretary of Transportation to issue regulations to provide for improvements in the conspicuity of rail cars of rail carriers; to the Committee on Commerce, Science, and Transportation.

RAILROAD CAR VISIBILITY ACT

Mr. JOHNSON. Mr. President, I rise today to introduce the Railroad Car Visibility Act, which would require all railroad cars—including those on passenger an commuter trains—to have some form of reflective marker.

This legislation provides a simply way to improve rail car visibility at rail crossings and sidings, sites where many accidents have occurred in recent years. When crossings and sidings are in rural areas or near small towns—as is often the case in South Dakota—they usually are unlit or very poorly lit, increasing the potential for disaster. While locomotives are required to use lighting such as ditch lights to increase visibility, rail cars are often unmarked, which means they are difficult for automobile drivers to see. This legislation attempts to remedy this problem by requiring that all rail cars display some form of visible marker, such as reflectors of reflective tape.

Last year, the Department of Transportation (DOT) issued a memorandum on reflective markings and their effectiveness for increasing visibility. DOT tested several different types of reflectors, including different colors and patterns, The memorandum concludes that "bright color patterns distributed to give an indication of the size or shape of the rail car make the most effective marking systems." Fitting rail cars with reflective materials would be relatively inexpensive but, by increasing visibility, would reduce the number of accidents, unnecessary injuries and deaths at rail crossings and sidings. As one railroad executive has said, "It's sort of a tragedy that something that makes so much common sense has to be legislated. Everyone should do it. The railroad industry is its own worst enemy sometimes.

This legislation has the support of both South Dakota's legislature and Governor Janklow. I urge my colleagues to support this legislation and work with me to secure its passage.

Mr. President, I ask unanimous consent to have the bill printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 983

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

SECTION 1. IMPROVED CONSPICUITY OF RAIL CARS.

(a) IN GENERAL.—Section 20132 of title 49, United States Code, is amended—

(1) by striking the heading and inserting the following:

"§ 20132. Visible markers for train cars";

and

(2) by adding at the end the following:

"(c) IMPROVED CONSPICUITY.—Not later than 180 days after the date of enactment of this subsection, the Secretary of Transportation shall—

"(1) develop and implement a plan to ensure that the requirements of this section are met; and

"(2) issue regulations that require that, not later than 2 years after the date of issuance of the regulations, all cars of freight, passenger, or commuter trains be equipped, and, if necessary, retrofitted, with at least 1 highly visible marker (including reflective tape or appropriate lighting).".

(b) CONFORMING AMENDMENT.—The analysis for chapter 201 of title 49, United States Code, is amended by striking the item relating to section 20132 and inserting the following:

"20132. Visible markers for train cars.".

By Mr. CAMPBELL:

S. 985. A bill to amend the Indian Gaming Regulatory Act, and for other purposes; to the Committee on Indian Affairs.

THE INTERGOVERNMENTAL GAMING AGREEMENT ACT OF 1999

Mr. CAMPBELL. Mr. President, today I introduce The Intergovernmental Gaming Agreement Act of 1999 to address an area of contention between tribes and states that centers on the ability of tribes to operate gaming activities on their lands.

In 1988, virtually no one contemplated that Indian gaming would become the billion dollar industry that exists today, providing some tribes with much needed capital for development and employment opportunities where none previously existed.

Because of gaming, some tribes have been very successful, fortunate mostly because of their geographical location. These tribes employ thousands of people, both Indian and non-Indian, and have greatly reduced the welfare rolls in their local area.

It is extremely important for us to keep these facts, and the goals of the gaming statute in mind and to remember that where gaming exists, it provides a great opportunity for tribes to develop other business and development projects. However, it must also be recognized that not all tribes will find the keys to a brighter economic future in gaming.

In the 1987 Cabazon case, the U.S. Supreme Court decided that tribes could operate casino style gaming without the consent or regulation of the state, in cases where the state otherwise allowed such gambling.

In 1988, Congress passed the Indian Gaming Regulatory Act, otherwise known as "IGRA", as a compromise between states and tribes. IGRA was an attempt to allow tribes to continue to develop the gaming operations allowed under federal case law, but gave states for the first time the right to have some say in how those operations would be regulated.

It was not Congress' intention in enacting IGRA to provide States with veto authority over a tribe's plans to develop gaming operations.

Unfortunately, a few States have attempted to do just this, and at least two states have effectively prevented tribes from opening gaming operations by simply refusing to negotiate with them.

A group of tribes and states has been attempting to negotiate their differences and have been doing so for some 18 months, to no avail. As the Committee on Indian Affairs knows well after numerous hearings, each side has presented demands in such a way that the other is simply unwilling to consider.

I firmly believe The Intergovernmental Gaming Agreement Act of 1999 will go a long way in solving this problem by encouraging full and fair negotiations and by allowing each side recourse to federal court at the critical stage in the mediation stage of the proposed process.

The Intergovernmental Gaming Agreement Act of 1999 requires tribes to negotiate with states for purposes of concluding a class III gaming agreement. Only when states refuse to negotiate outright or reach an impasse during negotiations by failing to come to agreement within six months of the tribe's request for negotiation, can a tribe access the alternative procedures outlined in this bill.