autographs. On both these days I spoke with Lt. Verissimo finding him most professional and friendly.

In July, 1997, we vacationed in Brunswick, Me, at the Parkwood Inn. The Blue Angels also were staying in this Inn. My wife and I were sitting in the coffee lounge when Lt. Verissimo entered with his colleagues. Space being at a minimum the Lt. asked if he could sit with us. I told him how we had seen him and spoken to him in R.I. and how he signed an autograph for my grandson. I went on to tell him how disappointed I was about the failure of the Blue Angels to perform in S. Weymouth and with the commander grounding the unit and I thought this was a setback for Naval Aviation.

It was at this point that all the people present got to know Lt. Verissimo. He didn't stutter or stammer but went forward stating how the New Commanding Officer George Dom and the rest of the demo team went forward to bring the public the best ever display of aviation skills as expected by the taxpayer for the expenditure of the tax dollars. The remainder of the weekend we had breakfast in the same place and Lt. Verissimo introduced all of the people present and their assignments with the Blue Angels. Never once did he say I, but we, as a team. Lt. Verissimo told us how his mother was originally from Worcester and the main topic of his conversation was education and the importance of it. The Blue Angels left Brunswick and flew over the USS Constitution in Boston Harbor. Two weeks later Lt. Verissimo sent a beautiful picture of a flight display signed by all the members of the Blue Angels personalized to Mr. and Mrs. Clary with an enclosed note from himself.

On the 1st and 2nd of August, 1998, The Blue Angels were at Hanscom Air Base. When their demonstration was complete Lt. Verissimo again approached the sidelines for the signing of autographs. He did not see us immediately, and let me tell you, we saw a True American Professional in action. He spoke to all, the very young children, kneeling down to be at their level, the teenagers and adults, expressing the importance to the teenagers of continuing education, ''what is your best subject? History, now work on making math your next best subject.'' ''Make sure you make education number one.'' Education and team work. This was his focus. Lt. Verissimo exhibited his skills as a fine Military Aviator whom the United States and the State of Massachusetts should be extremely proud to call one of their own.

If ever there was an individual most deserving of the Navy Commendation Ribbon & Medal and the nomination to the next highest rank for his performance as a professional Naval Aviator, dedication to his country & service and education it is Lt. Douglas Verissimo.

Sincerely yours,

CARNEY T. CLARY.

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, April 12, 1999.

Admiral NORB RYAN,
Department of the Navy, Office of Legislative Affairs (RM 5C760), Washington, DC.

DEAR ADMIRAL RYAN, I am writing to you on behalf of Mr. and Mrs. Carney Clary, who contacted me regarding Lieutenant Doug Verissimo.

Mr. and Mrs. Clary praised Lt. Verissimo for his teamwork as well as his pride in the Navy and Blue Angels. I am proud and impressed by their account of Lt. Verissimo. His actions, reflecting the values and training of the Navy and Blue Angels, should be commended.

A copy of the letter from Mr. and Mrs. Clary is included. Please pass my respect, praise and admiration to Lt. Verissimo, as well as to his Commanding Officer. Do not hesitate to contact me if I can do anything else on behalf of the Clary's or on behalf of Lt. Verissimo.

Sincerely,

JAMES P. MCGOVERN,
Member of Congress.

CERTIFIED NURSE MIDWIFERY SERVICES ACT OF 1999

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 5, 1999

Mr. TOWNS. Mr. Speaker, I rise today with my colleague, Mr. UPTON of Michigan, to reintroduce the Certified Nurse Midwifery Services Act.

There are approximately two million disabled women in Medicare who are of child bearing years that are not receiving ''well women'' services, due to the fact that Medicare is a poor payer for these covered services. Last year, the Agency for Health Policy and Research (AHPR) released a study stating that disabled women were not receiving their primary care services. A disproportionate number of disabled women who are covered by Medicare are currently being seen by Certified Nurse-Midwives (CNMs), who are duly equipped to handle the underserved population through the unique personal training of CNMs. Although, CNMs are sought to deliver these services Medicare currently reimburses a CNM in rural areas $14 for a typical well-women visit, which could include: a pap smear, mammogram, and other pre-cancer screenings. The typical well-woman visit in fee for services cost on average $50 per visit. CNMs administer the same tests and incur the same associated costs but receive only 65 percent of the physician fee schedule for these services. At this incredibly low rate of reimbursement, a CNM simply cannot survive.

Our legislation, which has over 30 bipartisan co-sponsors, increases the level of reimbursement to 95 percent of the physician fee schedule, which is the economic reality in the marketplace. Moreover, CNMs serve as faculty members of medical schools. For over 20 years, they have supervised and trained interns and residents. The bill guarantees payment for graduate medical education and includes technical corrections that will clarify the reassignment of billing rights for CNMs who are employed by others. Additionally, the bill ensures facility fee payments for freestanding birth centers where a woman can receive the full range of care from her preferred CNM.

This bill will enhance access to ''well woman'' care for thousands of women in underserved communities. I urge my colleagues to support this legislation as we move forward with initiatives to address shortfalls in the Medicare system.

H.R. —

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 ''Certified Nurse Midwifery Medicare Services Act of 1999''.

SEC. 2. MEDICARE PAYMENT FOR CERTIFIED NURSE-MIDWIFE AND MIDWIFE SERVICES.

(a) CERTIFIED MIDWIFE, CERTIFIED MIDWIFE SERVICES DEFINED.—(1) Section 1861(gg) of the Social Security Act (42 U.S.C. 1395x(gg)) is amended by adding at the end the following new paragraphs:

''(3) The term 'certified midwife services' means such services furnished by a certified midwife (as defined in paragraph (4)) and such services and supplies furnished as an incident to the certified midwife's service which the certified midwife is legally authorized to perform under State law (or the State regulatory mechanism provided by State law) as would otherwise be payable under this title if furnished by a physician or as an incident to a physician's service.

''(4) The term 'certified midwife' means an individual who has successfully completed a bachelor's degree from an accredited educational institution and a program of study and clinical experience meeting guidelines prescribed by the Secretary, or has been certified by an organization recognized by the Secretary.''.

(2) The heading in section 1861(gg) of such Act (42 U.S.C. 1395x(gg)) is amended to read as follows:

''Certified Nurse-Midwife Services; Certified Midwife Services''.

(b) CERTIFIED MIDWIFE SERVICE BENEFIT.—

* * * * *

(B) in paragraph (6), by striking ''; or'' and inserting ''or in the case of services in a hospital or osteopathic hospital by an intern or resident-in-training in the field of obstetrics and gynecology, nothing in this paragraph shall be construed to preclude a certified nurse-midwife or certified midwife (as defined in paragraphs (1) and (3), respectively, of subsection (gg)) from teaching or supervising such intern or resident-in-training, to the extent permitted under State law and as may be authorized by the hospital; or'';

(C) in paragraph (7), by striking the period at the end and inserting ''; or''; and

(D) by adding at the end the following new paragraph:

''(8) a certified nurse-midwife or a certified midwife where the hospital has a teaching program approved as specified in paragraph (6), if (A) the hospital elects to receive any payment due under this title for reasonable costs of such services, and (B) all certified nurse-midwives or certified midwives in such hospital agree not to bill charges for professional services rendered in such hospital to individuals covered under the insurance program established by this title.''.

(4) BENEFIT UNDER PART B.—Section 1832(a)(2)(B)(iii) of such Act (42 U.S.C. 1395k(a)(2)(B)(iii)) is amended—

(A) by inserting ''(I)'' after ''(iii)'';

(B) by inserting ''certified midwife services,'' after ''certified nurse-midwife services,''; and

(C) by adding at the end the following new subclause:

''(II) in the case of certified nurse-midwife services or certified midwife services furnished in a hospital which has a teaching program described in clause (i)(II), such services may be furnished as provided under section 1842(b)(7)(E) and section 1861(b)(8);''.

(5) AMOUNT OF PAYMENT.—Section 1833(a)(1)(k) of such Act (42 U.S.C. 1395l(K)) is amended—

(A) by inserting ''and certified midwife services'' after ''certified nurse-midwife services''; and

(B) by striking ''65 percent'' each place it appears and inserting ''95 percent''.

(6) ASSIGNMENT OF PAYMENT.—The first sentence of section 1842(b)(6) of such Act (42 U.S.C. 1395u(b)(6)) is amended—

(A) by striking ''and (F)'' and inserting ''(F)''; and

(B) by inserting before the period the following: ''(G) in the case of certified nurse-midwife services or certified midwife services under section 1961(s)(2)(L), payment may be made in accordance with subparagraph (A), except that payment may also be made to such person or entity (or to the agent of such person or entity) as the certified nurse-midwife or certified midwife may designate under an agreement between the certified nurse-midwife or certified midwife and such person or entity (or the agent of such person or entity);

(7) CLARIFICATION REGARDING PAYMENTS UNDER PART B FOR SUCH SERVICES FURNISHED IN TEACHING HOSPITALS.—(A) Section 1842(b)(7) of such Act (42 U.S.C. 1395u(b)(7)) is amended—

(i) in subparagraphs (A) and (C), by inserting ''or, for purposes of subparagraph (E), the conditions described in section 1861(b)(8),'' after ''section 1861(b)(7),''; and

(ii) by adding at the end the following new subparagraph:

''(E) In the case of certified nurse-midwife services or certified midwife services furnished to a patient in a hospital with a teaching program approved as specified in section 1861(b)(6) but which does not meet the conditions described in section 1861(b)(8), the provisions of subparagraphs (A) through (C) shall apply with respect to a certified nurse-midwife or a certified midwife respectively under this subparagraph as they apply to a physician under subparagraphs (A) through (C).''.

(B) Not later than 180 days after the date of the enactment of this Act, the Secretary shall prescribe regulations to carry out the amendments made by subparagraph (A).

SEC. 3. MEDICARE PAYMENT FOR FREESTANDNG BIRTH CENTER SERVICES.

(a) FREESTANDING BIRTH CENTER SERVICES, FREESTANDING BIRTH CENTER DEFINED.—

(1) IN GENERAL.—(A) Section 1861(gg) of the Social Security Act (42 U.S.C. 1395x(gg)), as amended in section 2(a)(1), is amended by adding at the end the following new paragraphs:

''(5) The term 'freestanding birth center services' means items and services furnished by a freestanding birth center (as defined in paragraph (6)) and such items and services furnished as an incident to the freestanding birth center's service as would otherwise be covered if furnished by a physician or as an incident to a physician's service.

''(6) the term 'freestanding birth center' means a facility, institution, or site (other than a rural health clinic, critical access hospital, or a sole community hospital) (A) in which births are planned to occur (outside the mothers's place of residence), (B) in which comprehensive health care services are furnished, and (C) which has been approved by the Secretary or accredited by an organization recognized by the Secretary for purposes of accrediting freestanding birth centers. Such term does not include a facility, institution, or site that is a hospital or an ambulatory surgical center, unless with respect to ambulatory surgical centers, the State law or regulation that regulates such centers also regulates freestanding birth centers in the State.''.

(B) The heading in section 1861(gg) of such Act (42 U.S.C. 1359x(gg)), as amended in section 2(b)(2), is further amended by adding at the end the following:

''; Freestanding Birth Center Services''.

(2) MEDICAL AND OTHER SERVICES.—Section 1861(s)(2)(L) of such Act (42 U.S.C. 1395x(s)(2)(L)), as amended in section 2(b)(1), is further amended—

(A) by inserting ''(i)'' after ''(L)'';

(B) by adding ''and'' after the semicolon; and

(C) by adding at the end the following new clause:

''(ii) freestanding birth center services;''.

(b) PART B BENEFIT.—

(1) IN GENERAL.—Section 1832(a)(2)(B)(iii) of such Act (42 U.S.C. 1395k(a)(2)(B)(iii)), as amended in section 2(b)(4), is further amended by inserting ''freestanding birth center services,'' after ''certified midwife services,''.

(2) AMOUNT OF PAYMENT.—Section 1833(a)(1) of such Act (42 U.S.C. 1395l(a)(1)) is amended—

(A) by striking ''and (S)'' and inserting in lieu thereof ''(S)''; and

(B) by inserting before the semicolon the following new subparagraph: '', and (T) with respect to freestanding birth center services under section 1861(s)(2)(L)(ii), the amount paid shall be made on an assignment-related basis and shall be 80 percent of the lesser of (i) the actual charge for the services or (ii) an amount established by the Secretary for purposes of this subparagraph, such amount being 95 percent of the Secretary's estimate of the average total payment made to hospitals and physicians during 1997 for charges for delivery and pre-delivery visits, such amounts adjusted to allow for regional variations in labor costs; except that (I) such estimate shall not include payments for diagnostic tests, drugs, or the cost associated with the transfer of a patient to the hospital or the physician whether or not separate payments were made under this title for such tests, drugs, or transfers, and (II) such amount shall be updated by applying the single conversion factor for 1998 under section 1848(d)(1)(C)''.

SEC. 4. INTERIM, FINAL REGULATIONS.

Except as provided in section 2(b)(7)(B), in order to carry out the amendments made by this Act in a timely manner, the Secretary of Health and Human Services may first promulgate regulations, that take effect on an interim basis, after notice and pending opportunity for public comment, by not later than 6 months after the date of the enactment of this Act.

FOREIGN OPERATIONS, EXPORT FINANCING, AND RELATED PROGRAMS APPROPRIATIONS ACT, 2000

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, August 2, 1999

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2606) making appropriations for foreign operations, export financing, and related programs for the fiscal year ending September 30, 2000, and for other purposes:

Ms. JACKSON-LEE of Texas. Mr. Chairman, I rise in opposition to this amendment offered by Representative BURTON. This amendment terminates United States bilateral aid to India for human rights reasons.

The Burton amendment is wrong on several fronts. In the wake of the recent Pakistani incursion across the line of control, the U.S. and India have a new opportunity to build a broad-based relationship. Instead of applauding India for the admirable restraint shown in the recent Kashmir crisis, this amendment would punish India by cutting humanitarian assistance.

India has been working to address its human rights record. As evidenced by the most recent State Department Country Reports on Human Rights, India has received high marks for its significant improvement. The report praised India for its substantial progress and for its Independent National Human Rights Commission. Despite the continued dispute over the future of Kashmir, India continues to allow the International Committee of the Red Cross to visit prisons in Kashmir.

India the world's largest democracy has a strong and vibrant democracy. Despite the relative youth of this democracy it features an independent judiciary, free press and political parties. The Indian press has been at the forefront in investigating human rights violations.

In a few short months, most Indians will exercise one of the greatest hallmarks of democracy, the right to vote. In the world's largest exercise of democracy, more than 250 million people will vote and more than 100 national regional parties will participate in this national election for India.

The best way we can influence our democratic allies is to continue our nation to nation dialogue. Punitive damages will only serve to hinder the progress that has been made in the relations between the United States and India. During the last year this relationship has resulted in an increased dialogue on nuclear nonproliferation, a firmer understanding of Southeast Asia security concerns, and an increase in constructive trade between our two nations. And we must encourage India and Pakistan to seek peace not war.

A ''yes'' vote on the Burton amendment would send the wrong message at the wrong time. We do not want to be responsible for undercutting peace and stability in the region. I respectfully ask my colleagues to vote ''no'' on the Burton amendment and let us continue the dialogue with India.

AMERICAN INVENTORS PROTECTION ACT OF 1999

SPEECH OF

HON. HOWARD COBLE

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. COBLE. Mr. Speaker, in light of eleventh-hour negotiations on a final suspension version of H.R. 1907, which the House of Representatives passed on August 4, 1999, changes have been made to the bill which are not reflected in the committee report that was filed. I therefore intend that this document supplement the report for purposes of detailing a more accurate legislative history of H.R. 1907. It should be noted that the later-adopted changes to the suspension version primarily concern title II, title V, and title VI, to which these supplementary comments will be confined. Changes to other sections of the bill are technical.

TITLE II—FIRST INVENTOR DEFENSE

Generally. Title II strikes an equitable balance between the interests of U.S. inventors who have invented and commercialized business methods and processes, many of which until recently were thought not to be patentable, and U.S. or foreign inventors who later patent the methods and processes. The title creates a defense for inventors who have reduced an invention to practice in the U.S. at least one year before the patent filing date of another, typically later, inventor and commercially used the invention in the U.S. before the filing date. A party entitled to the