

(b) Subcommittee Meetings: At subcommittee business meetings, a majority of the subcommittee members, at least one of whom is a member of the minority party, constitutes a quorum for conducting business.

(c) Continuing Quorum: Once a quorum as prescribed in subsections (a) and (b) has been established, the committee or subcommittee may continue to conduct business.

(d) Reporting: No measure or matter may be reported to the Senate by the committee unless a majority of committee members cast votes in person.

(e) Hearings: One member constitutes a quorum for conducting a hearing.

RULE 3. HEARINGS

(a) Announcements: Before the committee or a subcommittee holds a hearing, the chair of the committee or subcommittee shall make a public announcement and provide notice to members of the date, place, time, and subject matter of the hearing. The announcement and notice shall be issued at least one week in advance of the hearing, unless the chair of the committee or subcommittee, with the concurrence of the ranking minority member of the committee or subcommittee, determines that there is good cause to provide a shorter period, in which event the announcement and notice shall be issued at least twenty-four hours in advance of the hearing.

(b) Statements of Witnesses:

(1) A witness who is scheduled to testify at a hearing of the committee or a subcommittee shall file 100 copies of the written testimony at least 48 hours before the hearing. If a witness fails to comply with this requirement, the presiding officer may preclude the witness' testimony. This rule may be waived for field hearings, except for witnesses from the Federal Government.

(2) Any witness planning to use at a hearing any exhibit such as a chart, graph, diagram, photo, map, slide, or model must submit one identical copy of the exhibit (or representation of the exhibit in the case of a model) and 100 copies reduced to letter or legal paper size at least 48 hours before the hearing. Any exhibit described above that is not provided to the committee at least 48 hours prior to the hearing cannot be used for purpose of presenting testimony to the committee and will not be included in the hearing record.

(3) The presiding officer at a hearing may have a witness confine the oral presentation to a summary of the written testimony.

(4) Notwithstanding a request that a document be embargoed, any document that is to be discussed at a hearing, including, but not limited to, those produced by the General Accounting Office, Congressional Budget Office, Congressional Research Service, a Federal agency, an Inspector General, or a non-governmental entity, shall be provided to all members of the committee at least 72 hours before the hearing.

RULE 4. BUSINESS MEETINGS: NOTICE AND FILING REQUIREMENTS

(a) Notice: The chair of the committee or the subcommittee shall provide notice, the agenda of business to be discussed, and the text of agenda items to members of the committee or subcommittee at least 72 hours before a business meeting. If the 72 hours falls over a weekend, all materials will be provided by close of business on Friday.

(b) Amendments: First-degree amendments must be filed with the chair of the committee or the subcommittee at least 24 hours before a business meeting. After the filing deadline, the chair shall promptly distribute all filed amendments to the members of the committee or subcommittee.

(c) Modifications: The chair of the committee or the subcommittee may modify the

notice and filing requirements to meet special circumstances, with the concurrence of the ranking member of the committee or subcommittee.

RULE 5. BUSINESS MEETINGS: VOTING

(a) Proxy Voting:

(1) Proxy voting is allowed on all measures, amendments, resolutions, or other matters before the committee or a subcommittee.

(2) A member who is unable to attend a business meeting may submit a proxy vote on any matter, in writing, orally, or through personal instructions.

(3) A proxy given in writing is valid until revoked. A proxy given orally or by personal instructions is valid only on the day given.

(b) Subsequent Voting: Members who were not present at a business meeting and were unable to cast their votes by proxy may record their votes later, so long as they do so that same business day and their vote does not change the outcome.

(c) Public Announcement:

(1) Whenever the committee conducts a rollcall vote, the chair shall announce the results of the vote, including a tabulation of the votes cast in favor and the votes cast against the proposition by each member of the committee.

(2) Whenever the committee reports any measure or matter by rollcall vote, the report shall include a tabulation of the votes cast in favor of and the votes cast in opposition to the measure or matter by each member of the committee.

RULE 6. SUBCOMMITTEES

(a) Regularly Established Subcommittees: The committee has four subcommittees: Clean Air, Wetlands, and Climate Change; Transportation, Infrastructure, and Nuclear Safety; Fisheries, Wildlife, and Water; and Superfund, Toxics, Risk and Waste Management.

(b) Membership: The committee chair, after consulting with the ranking minority member, shall select members of the subcommittees.

RULE 7. STATUTORY RESPONSIBILITIES AND OTHER MATTERS

(a) Environmental Impact Statements: No project or legislation proposed by any executive branch agency may be approved or otherwise acted upon unless the committee has received a final environmental impact statement relative to it, in accordance with section 102(2)(C) of the National Environmental Policy Act, and the written comments of the Administrator of the Environmental Protection Agency, in accordance with section 309 of the Clean Air Act. This rule is not intended to broaden, narrow, or otherwise modify the class of projects or legislative proposals for which environmental impact statements are required under section 102(2)(C).

(b) Project Approvals:

(1) Whenever the committee authorizes a project under Public Law 89-298, the Rivers and Harbors Act of 1965; Public Law 83-566, the Watershed Protection and Flood Prevention Act; or Public Law 86-249, the Public Buildings Act of 1959, as amended; the chairman shall submit for printing in the Congressional Record, and the committee shall publish periodically as a committee print, a report that describes the project and the reasons for its approval, together with any dissenting or individual views.

(2) Proponents of a committee resolution shall submit appropriate evidence in favor of the resolution.

(c) Building Prospectuses:

(1) When the General Services Administration submits a prospectus, pursuant to section 7(a) of the Public Buildings Act of 1959,

as amended, for construction (including construction of buildings for lease by the government), alteration and repair, or acquisition, the committee shall act with respect to the prospectus during the same session in which the prospectus is submitted.

A prospectus rejected by majority vote of the committee or not reported to the Senate during the session in which it was submitted shall be returned to the GSA and must then be resubmitted in order to be considered by the committee during the next session of the Congress.

(2) A report of a building project survey submitted by the General Services Administration to the committee under section 11(b) of the Public Buildings Act of 1959, as amended, may not be considered by the committee as being a prospectus subject to approval by committee resolution in accordance with section 7(a) of that Act. A project described in the report may be considered for committee action only if it is submitted as a prospectus in accordance with section 7(a) and is subject to the provisions of paragraph (1) of this rule.

(d) Naming Public Facilities: The committee may not name a building, structure or facility for any living person, except former Presidents or former Vice Presidents of the United States, former Members of Congress over 70 years of age, or former Justices of the United States Supreme Court over 70 years of age.

RULE 8. AMENDING THE RULES

The rules may be added to, modified, amended, or suspended by vote of a majority of committee members at a business meeting if a quorum is present.

HEALTH CARE PROFESSIONALS AS VOLUNTEERS

Mr. WYDEN. Mr. President, when Americans see people in need, their first instinct is to help. It is the kind of attitude that makes our Nation great. But imagine if you had the knowledge and the tools to help someone in need—but weren't permitted to lend a hand.

Health care professionals all across our country are prevented from donating their services in the free clinics that serve those most desperate for medical care, because these practitioners do not have malpractice coverage that will cover their work in volunteer clinics. Today, I urge Secretary Tommy Thompson and his Department of Health and Human Services to finish a job that Congress started 5 years ago and solve this problem once and for all.

For several years now, doctors and dentists in Oregon have been calling me, saying they want to give back to their communities by volunteering in free clinics, but are not allowed to do so. I also have been contacted by an organization—Volunteers in Medicine—that operates free clinics across the country. They know of many health care providers who want to volunteer but cannot.

When Congress passed the Health Insurance Portability and Accountability Act, or HIPAA, in 1996, one small provision was included, aimed at helping health care providers who wanted to volunteer in free clinics but were concerned about malpractice claims. Section 194 of HIPAA would let free clinics

apply to the Secretary of Health and Human Services to have health providers certified and given immunity from malpractice claims.

This small provision could be a big help to the uninsured and those who count on free clinics for health care. The problem is, this provision of HIPAA has been overlooked and regulations for this section—detailing how the legislation should be implemented—were never written.

I am sending a letter to Secretary Thompson calling on him to get those regulations written and published as soon as possible. This should not be difficult. Legislation passed in 1992, which extended the Tort Claims Act coverage to volunteers in community health centers, can serve as a model.

Congress did the right thing in 1996 in recognizing this problem, but we need to finish the job. Two things need to happen now. We need those regulations published, and Congress needs to appropriate funding for the provision.

This will not solve the problems of the more than 40 million Americans without health insurance, but it sure could make a big difference in making care more accessible. It could make a big difference in the lives of the many health professionals who want to give back to their communities.

I again want to urge Secretary Thompson today to get these regulations published as soon as possible. For my part, I intend to stay on the job to assure his Department has funding for this provision.

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business yesterday, Tuesday, July 24, 2001, the Federal debt stood at \$5,724,984,658,043.75, five trillion, seven hundred twenty-four billion, nine hundred eighty-four million, six hundred fifty-eight thousand, forty-three dollars and seventy-five cents.

One year ago, July 24, 2000, the Federal debt stood at \$5,668,098,000,000, five trillion, six hundred sixty-eight billion, ninety-eight million.

Five years ago, July 24, 1996, the Federal debt stood at \$5,173,226,000,000, five trillion, one hundred seventy-three billion, two hundred twenty-six million.

Ten years ago, July 24, 1991, the Federal debt stood at \$3,551,395,000,000, three trillion, five hundred fifty-one billion, three hundred ninety-five million.

Fifteen years ago, July 24, 1986, the Federal debt stood at \$2,071,116,000,000, two trillion, seventy-one billion, one hundred sixteen million, which reflects a debt increase of more than \$3.5 trillion, \$3,653,868,658,043.75, three trillion, six hundred fifty-three billion, eight hundred sixty-eight million, six hundred fifty-eight thousand, forty-three dollars and seventy-five cents during the past 15 years.

ADDITIONAL STATEMENTS

TRIBUTE TO COLONEL JEFFREY A. WAITE

• Mr. BOND. Mr. President, it is with great pleasure that I rise today to pay special tribute to an outstanding soldier who has distinguished himself in his service to our Nation. Colonel Jeffrey A. Waite will take off his uniform for the last time this month as he retires from the National Guard on July 31st, 2001, following 32 years of service.

Colonel Waite is a fifth generation Missourian who makes our State proud. He began his career by enlisting in the Missouri Army National Guard in 1969 and continued to excel as he climbed through the ranks to Colonel. He imparted his love of the State and to the military to his son, who is now the sixth generation of Waite's to serve our Nation's military. He is a proud Missourian and American.

Colonel Waite completed his initial training at Ft. Bragg, NC and Aberdeen Proving Ground, MD in the spring of 1970 and was commissioned through the Missouri Military Academy Officer Candidate School as a Second Lieutenant of Field Artillery in 1972. He holds a bachelor of science degree in business administration from Southwest Missouri State College and a master of science in business administration from Boston University. In addition, his military education includes the Ordinance Officer Basic and Advanced courses, U.S. Marine Corps Staff Course, U.S. Army Command and General Staff Course, the Air War College, and the Army War College.

Throughout his career, Colonel Waite has held a variety of positions at nearly every level of the Army National Guard. He entered active duty with the National Guard "Captains to Europe" program where he served abroad in Giessen, Germany with the 19th Maintenance Battalion as an Armament Maintenance Officer and Battalion Logistics Officer. Colonel Waite is also to be recognized for his service as Assistant Professor of Military Science, Hofstra University, an important program for developing the soldiers of our future.

Throughout his career, Colonel Waite's level of commitment and service has been recognized and rewarded through numerous decorations and awards. Colonel Waite has demonstrated the utmost patriotism and dedication and has consistently gone above and beyond the call of duty.

Colonel Waite's retirement represents a loss to the both the National Guard Bureau and the Department of Defense. Throughout his career, Colonel Waite made innumerable long-term positive contributions to both the military and our Nation. On behalf of the citizens of Missouri and a grateful Nation, we wish Colonel Jeffrey A. Waite, his wife Lori, and four children all the best for a happy retirement. •

TRIBUTE TO MOUNTAIN VALLEY MEDICAL CLINIC

• Mr. JEFFORDS. Mr. President, right now in my home state of Vermont, a very special institution, the Mountain Valley Medical Clinic, MVMC, in Londonderry, VT, is celebrating 25 years of service. Rural clinics such as Mountain Valley, play a critical role in delivering health care, especially in States as rural as Vermont.

Twenty-five years ago, it was not unusual for communities such as Londonderry, to receive health care through a single practitioner, who served the region. In 1976, as Londonderry's sole practitioner, Dr. Elizabeth Pingree, was retiring, the impending lack of health care in the area became a real concern. A group of involved citizens recognized that people would either be forced to drive great distances to be seen by a physician, or they would go without care. The entire community responded by coming together to create the Mountain Valley Medical Clinic.

The founding fathers, and mothers, of Mountain Valley recognized the rapidly expanding need for improved and broader health care services in the area. With tireless energy, enthusiasm and dedication, these key individuals succeeded in generating widespread support throughout the neighboring communities. They raised funds, developed plans, created a board of volunteers, and opened a state-of-the-art, comprehensive, health care facility to serve area residents and visitors. Additionally, they created an infrastructure that served all citizens regardless of their ability to pay.

Since opening its doors in 1976, more than 300,000 patients have visited this clinic for care. Over the recent decade, more than 11,000 per year have sought medical assistance. Much of the cost of the care has been curtailed by Medicare, Medicaid, or provided without reimbursement. Staying true to its mission, the dedicated staff and volunteer Board of Directors balanced financial losses, each and every year, with the generous support of the community.

As a model rural health care facility, Mountain Valley reminds us that bigger, faster, cheaper, and fancier, do not necessarily translate to better health care. In fact, many part-time residents in this community consider Mountain Valley to be their primary care provider, even though, or perhaps because, they reside in large cities up and down the east coast. I wish other institutions could follow the example of Mountain Valley Health Clinic.

As this noteworthy institution celebrates its 25th anniversary, it remains one of a kind. It is unique among its peers throughout the country for its philosophy and independence, but most of all, because it is the product of so many remarkable people and ideas. It is truly part of the communities it serves. Residents and visitors in the Mountain Valley service area have much to be proud of, and grateful for, with the steadfast medical care given