

from whom testimony may be required are authorized to testify and to produce documents in the case of Triangle MLP United Partnership v. United States, except concerning matters for which a privilege should be asserted.

Sec. 2. That the Senate Legal Counsel is authorized to represent Charles Stek, Rebecca Wagner, and any other employee of the Senate in connection with the testimony authorized by this resolution.

AMENDMENTS SUBMITTED

THE NATIONAL AERONAUTICS AND SPACE ADMINISTRATION ACT FOR FISCAL YEAR 1996

PRESSLER AMENDMENT NO. 2939

Mrs. KASSEBAUM (for Mr. PRESSLER) proposed an amendment to the bill (S. 1048) to authorize appropriations for fiscal year 1996 to the National Aeronautics and Space Administration for human space flight; science, aeronautics, and technology; mission support; and inspector general; and other purposes.

On page 46, line 2, after "Center" insert a comma and the following: "and of which \$2,000,000 shall be allocated in fiscal year 1996, and such sums as are necessary thereafter, for the operation of the Upper Midwest Aerospace Consortium (UMAC) of institutions in the Upper Great Plains Region for the purpose of making information derived from Mission to Planet Earth data available to the general public".

On page 57, line 18, strike "shall" and insert "is authorized to".

On page 57, line 25, strike "The" and insert "If initiated, the".

On page 58, line 15, strike "Within" and insert "If this project is initiated, then within".

NOTICE OF HEARINGS

COMMITTEE ON SMALL BUSINESS

Mr. BOND. Mr. President, I wish to announce that the Senate Committee on Small Business will hold a joint hearing with the House Committee on Small Business on "the report of SBA's Chief Counsel of Advocacy on the Cost of Regulations on Small Business" on Tuesday, October 24, 1995, at 10 a.m., in room G50 of the Dirksen Senate Office Building.

For further information, please contact Keith Cole at 224-5175.

SPECIAL COMMITTEE ON AGING

Mr. COHEN. Mr. President, I wish to announce that the Special Committee on Aging will hold a hearing on Thursday, October 26, 1995, at 9:30 a.m., in room 628 of the Dirksen Senate Office Building. The hearing will discuss quality of care in nursing homes.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY

Mr. HELMS. Mr. President, I ask unanimous consent that the Commit-

tee on Agriculture, Nutrition, and Forestry be allowed to meet during the session of the Senate on Thursday, October 19, 15 9:00 a.m., in SR-332, to consider the nomination of Mr. Michael V. Dunn to be assistant secretary for marketing and regulatory programs and to be a member of the board of directors for the Commodity Credit Corporation, and Mr. John David Carlin to be assistant secretary for congressional relations.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS

Mr. HELMS. Mr. President, I ask unanimous consent that the full Committee on Environment and Public Works be granted permission to conduct a hearing Thursday, October 19, 1995, at 9:00 a.m. on S. 1316, the Safe Drinking Water Act Amendment of 1995.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON SMALL BUSINESS

Mr. HELMS. Mr. President, I ask unanimous consent that the Committee on Small Business be authorized to meet during the session of the Senate on Thursday, October 19, 1995, at 9:30 a.m., in room 428A Russell Senate Office Building, to conduct a hearing focusing on revitalizing America's rural and urban communities.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

Mr. HELMS. Mr. President, I ask unanimous consent that the Subcommittee on Oversight and Investigations of the Committee on Energy and Natural Resources be granted permission to meet during the session of the Senate on Thursday, October 19, 1995, for purpose of conducting a subcommittee hearing which is scheduled to begin at 9:30 a.m. The purpose of this hearing is to examine the role of the council on environmental quality in the decision-making and management processes of agencies under the committee's jurisdiction—Department of the Interior, Department of Energy, and U.S. Forest Service.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON TERRORISM, TECHNOLOGY, AND GOVERNMENT INFORMATION

Mr. HELMS. Mr. President, I ask unanimous consent that the Subcommittee on Terrorism, Technology and Government Information of the Senate Committee on the Judiciary, be authorized to meet during a session of the Senate on Thursday, October 19, 1995, at 10:00 a.m., in Senate Hart room 216, on Ruby Ridge incident.

The PRESIDING OFFICER. Without objection, it is so ordered.

ADDITIONAL STATEMENTS

HEALTH CARE ANTIFRAUD AND ABUSE EFFORTS

• Mr. COHEN. Mr. President, over the last week there has been substantial criticism levied against the health care fraud and abuse provisions contained in the House Medicare and Medicaid reform proposals. Unfortunately, some of the headlines and attacks imply that all Republican Budget Reconciliation legislation is soft on fraud and abuse.

Headlines such as "GOP Medicare Bill Seen to Favor Fraud," and "GOP Plan to Ease Medicare Fraud Rules 'Terrible,' May Go," and "Beneath Surface, Health Care Plan Is Offering Boons" are leading the public to believe that all Republican Medicare proposals are going light on those who are ripping off Medicare while honest Medicare providers and some beneficiaries are being asked to make sacrifices to save Medicare.

As the author of fraud and abuse provisions in the Senate reconciliation bill that was recently marked up by the Finance Committee, I feel that I must set the record straight, at least as it concerns the Senate version.

I commend the Senate Finance Committee and the Senate leadership for its strong commitment to tough anti-fraud measures. Many law enforcement officials have indicated to me that the Senate bill contains the toughest and most comprehensive—but fair—health care antifraud bills to come out in decades. It pains me to see headlines stating that Republican efforts on health care fraud fall short.

Let me tell you about what my Senate colleagues and I have incorporated in the Senate budget reconciliation bill. My legislation:

Creates an antifraud program to coordinate Federal, State, and local law enforcement efforts to combat fraud and abuse;

Appropriates a mandatory \$200 million in fiscal year 1996 for antifraud investigators and auditors with a 15-percent increase every year thereafter for 7 years;

Makes it mandatory for the Secretary of Health and Human Services to exclude individuals from receiving payment from Medicare and Medicaid when convicted of felonies relating to health care fraud and allows the Secretary to exclude individuals convicted of a criminal misdemeanor related to a health care offense;

Sets minimum periods of exclusion from Medicare and Medicaid payments;

Allows the Secretary to exclude individuals who have direct or indirect ownership or control interest of 5 percent or more in an entity—or is an officer or managing employee—if the entity is already excluded from Medicare or Medicaid;

Allows the HHS Secretary to impose intermediate sanctions on a Medicare HMO if the HMO fails to carry out the contract such as in quality of care

areas. These penalties range from \$10,000 to \$100,000 depending on the violation. Suspension of continued enrollment or payments can also be used as sanctions;

Establishes a national health care fraud and abuse data collection program for reporting final adverse actions against health care providers, suppliers, or practitioners. The information in the data base is required to be available to Federal and State government agencies and health plans according to procedures that the Secretary will set by regulation;

Increases civil monetary penalties from \$2,000 to \$10,000 for a number of current fraud and abuse violations;

Adds new prohibited practices to the current law for which civil monetary penalties can be assessed such as: incorrect coding; medically unnecessary services; and persons offering remuneration—including waiving coinsurance and deductible amounts—to induce the individual to order from a particular provider or supplier receiving Medicare or Medicaid;

Allows the HHS Secretary to impose civil monetary penalties of up to \$10,000 per violation for criminal anti-kickback violations;

Establishes enhanced fraud and abuse guidelines to enable the provider community to better comprehend anti-kickback requirements;

Amends the criminal code to include:

A new health care fraud statute;

Forfeiture of property that is obtained from the proceeds traceable to health care fraud;

Injunctive relief on activities related to health care fraud;

Grand jury disclosure for health care fraud proceedings;

Criminal penalties for false statements;

Criminal penalties for obstruction of a criminal investigation;

Criminal penalties for theft or embezzlement;

Criminal penalties for laundering of money used in health care fraud offenses; and

Subpoena authority to the Attorney General for health care fraud cases.

Extends the authority of the State Medicaid fraud units by allowing the units to investigate other Federal fraud abuses at the approval of the relevant Federal agency; and allowing investigation and prosecution in the case of patient abuse in non-Medicaid board and care facilities.

This legislation has received the enthusiastic endorsement of law enforcement and prosecution agencies. At a hearing of the Senate Special Committee on Aging that I chaired this past March, FBI Director Louis Freeh testified:

The legislation . . . addresses for the first time in a comprehensive way not only the problem, but some of the important solutions which we in law enforcement look to . . . Aspects of the bill—the establishment of a fraud and abuse database, the coordination that would be required in antifraud efforts between the Department of Justice and HHS,

the establishment of an antifraud account—are tremendously innovative and helpful tools . . . A straightforward health care fraud statute would simplify prosecution of these cases and greatly enhance the ability of law enforcement to attack this problem.

At that same hearing that I convened on health care fraud and abuse, the HHS Inspector General June Gibbs Brown testified:

We strongly support the bill . . . which proposes a number of innovative ways to address health care fraud and abuse . . . strengthening existing legal remedies for addressing fraud and abuse, amending current criminal laws, as well as enhancing administrative sanction authorities available to the Department such as civil monetary penalties and program exclusions which would aid in the fight against health care fraud and abuse.

The health care fraud provisions contained in the Senate bill have received endorsements and support from the National Association of Attorneys General and the Medicaid fraud control units. In addition, we worked very closely with the Department of Justice to create a fair, workable proposal that cracks down on fraud while not penalizing honest health care providers.

Once more, the Senate provisions save billions of taxpayers dollars without cutting services or raising taxes. Specifically the antifraud provisions yield over \$4 billion in savings.

In addition, many of my colleagues both Republican and Democratic have supported and encouraged this bill for a long time including the majority leader, the chairmen of the Budget Committee, the Banking Committee, the Veterans' Committee, and the Appropriations Committee. I am also pleased to point out that several of my colleagues from the other side of the aisle have cosponsored this antifraud legislation, including Senators PRYOR, NUNN, BRADLEY, GRAHAM, and MOSELEY-BRAUN.

Mr. President, that is why I stand before the Senate today to respond to this onslaught directed at the House provisions. We in the Senate have worked too hard and too long to come up with a strong health care antifraud and abuse bill, that not even the most partisan among us could attack. We must not, Mr. President, let ourselves get wrapped up in the criticism that is being directed at the House provisions.

It is my understanding that the House has made some changes to its earlier proposals in order to toughen its response to health care fraud. Specifically, provisions have been added to toughen criminal sanctions against fraudulent health care providers. While I am very pleased that the House leadership took this step, I still have strong concerns regarding some remaining provisions in the House bill that could severely weaken our efforts to combat health care fraud.

I thank my colleagues for all their longstanding support on this issue and for letting me have the opportunity to set the record straight. •

LUNCH OF STONES

• Mr. LEAHY. Mr. President, today on Capitol Hill a number of religious organizations concerned with hunger in the United States are gathering to highlight what I believe is one of the great injustices being perpetrated in the name of welfare reform in this Congress.

Most of my colleagues, I believe, had the best of intentions when they voted for H.R. 4, the welfare reform package. But I am very concerned with the impact of the final welfare reform package on the nutritional safety net for children, families, and senior citizens. Quite simply, under either the House or Senate versions of this bill, more children will go hungry.

The majority of the savings in the Senate version of welfare reform have come out of nutrition programs, whose main beneficiaries are children. H.R. 4 contains a little bit of reform. But even the Senate version contains a whole lot of cuts—more than \$30 billion in total cuts, including more than \$20 billion in reduced nutrition benefits to children alone. Less than one-half of 1 percent of the bill's savings come from anti-fraud provisions, according to CBO estimates. Over half of the savings come from across-the-board cuts, and another 12 percent of the savings come from households with high utility costs.

Under the Senate bill, by 2002, a working-poor family of four supported by a full-time minimum wage worker would lose \$324 a year in food stamp benefits from the across-the-board benefit reductions, according to the Center on Budget and Policy Priorities. An elderly SSI recipient, typically a poor woman living alone, would lose \$228 a year—that's a 32-percent reduction.

The Senate bill also contains an optional block grant that will allow States to cancel the national nutritional safety net, divert funds away from food, and slash benefits during a recession.

Wrongheaded as it is, however, the Senate version is actually preferable in many ways to the House version of H.R. 4. The House bill repeals school lunches, school breakfasts, WIC, the Child and Adult Care Food Program, and other programs for children. These are among the great success stories of public policy in the 20th century. Conservative House Republicans seem to say, "If it works—but it does not fit our ideology—break it." I am pleased that many moderates of both parties are rebelling against this position.

The House bill would replace real food with junk food in school cafeterias. It would reduce food stamp benefits so they no longer pay for a decent diet. It would end scientifically based nutritional supplements for pregnant women. It would cancel the guarantee of free meals for poor schoolchildren.

This is bad public policy, and it is immoral. If we are going to turn school lunches into junk-food bonanzas and