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POM-447. A resolution adopted by the Interstate Oil and Gas Compact Commission relative to the Arctic National Wildlife Refuge; to the Committee on Energy and Natural Resources.

POM-448. A resolution adopted by the Southern Governors' Association relative to the Endangered Species Act; to the Committee on Environment and Public Works.

POM-449. A resolution adopted by the Arkansas Wildlife Federation relative to water resources management; to the Committee on Environment and Public Works.

POM-450. A resolution adopted by the board of commissioners of Columbus County, NC, relative to welfare reform; to the Committee on Finance.

POM-451. A petition from a citizen of the State of Texas relative to a Constitutional Convention; to the Committee on the Judiciary.

POM-452. A resolution adopted by the council of the city of Atlanta, GA, relative to drug abuse prevention programs; to the Committee on Labor and Human Resources.

POM-453. A concurrent resolution adopted by the legislature of the State of Mississippi; to the Committee on the Judiciary.

SENATE CONCURRENT RESOLUTION No. 547

A concurrent resolution post-ratifying amendment XIII to the Constitution of the United States prohibiting the practice of slavery within the United States except as punishment for a crime whereof the party shall have been duly convicted; and for related purposes.

Whereas, the Thirty-Eighth Congress of the United States, on February 1, 1865, by the required vote of two-thirds of the membership of both houses thereof, did propose to the legislatures of the several states an amendment to the Constitution of the United States which reads as follows:

"AMENDMENT XIII

"Section 1. Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction.

"Section 2. Congress shall have power to enforce this article by appropriate legislation."; and

Whereas, Amendment XIII officially became part of the United States Constitution

on December 6, 1865, when the General Assembly of the State of Georgia furnished that amendment's pivotal twenty-seventh ratification, there being at the time thirty-six states in the Union; and

Whereas, it is common for state legislatures to continue to act upon amendments to the U.S. Constitution well after those amendments have already received a sufficient number of ratifications in order to become part of that document; and

Whereas, with specific regard to Amendment XIII, subsequent to the Georgia General Assembly's approval, that amendment was then post-ratified by the legislatures of eight other states which were part of the Union during that era, including that of Delaware in February of 1901, some thirty-five years after Amendment XIII had already been adopted, and that of Kentucky in March of 1976, well over a full century after Amendment XIII had been established as part of our nation's highest law; and

Whereas, with respect to Amendment XIII, Mississippi, until now, has been the only state which was part of the Union well before and long after Amendment XIII was proposed and ratified whose legislature has denied approval of that important amendment to the U.S. Constitution; and

Whereas, the people of present-day Mississippi strongly condemn the unconscionable practice of slavery and firmly believe that it is fitting and proper that official action be taken now to finally place upon Amendment XIII the special approval of the State of Mississippi: Now, therefore, be it

Resolved by the Mississippi State Senate, the House of Representatives concurring therein, That Amendment XIII to the Constitution of the United States, quoted above and transmitted by resolution of the Thirty-Eighth Congress be, and the same hereby is, postratified by the Legislature of the State of Mississippi be it further

Mississippi; be it further Resolved, That Chapter CVIII, General Laws of 1865, in which the Mississippi Legislature, on December 4, 1865, refused to ratify Amendment XIII, is hereby specifically rescinded; and be it further

Resolved, That the Secretary of State of the State of Mississippi transmit properly-attested copies of this concurrent resolution to the Archivist of the United States, pursuant to Pub. L. 98-497; to the Vice-President of the United States, as presiding officer of the U.S. Senate; to the Speaker of the U.S. House of Representatives; to both U.S. Senators and to all five U.S. Representatives from Mississippi with the request that this concurrent resolution's text be reproduced in its entirety in the Congressional Record.

EXECUTIVE REPORTS OF COMMITTEES

The following executive reports of committees were submitted:

By Mr. CHAFEE, from the Committee on Environment and Public Works:

Kathleen A. McGinty, of Pennsylvania, to be a Member of the Council on Environmental Quality to which position she was appointed during the last recess of the Senate.

(The above nomination was reported with the recommendation that she be confirmed, subject to the nominee's commitment to respond to requests to appear and testify before any duly constituted committee of the Senate.)

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. THOMPSON:

S. 1358. A bill to authorize the Secretary of Transportation to issue a certificate of documentation with appropriate endorsement for employment in the coastwise trade for the vessel *Carolyn*, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. SIMPSON:

S. 1359. A bill to amend title 38, United States Code, to revise certain authorities relating to management and contracting in the provision of health care services; to the Committee on Veterans Affairs.

By Mr. BENNETT (for himself, Mr. Dole, Mr. Leahy, Mrs. Kassebaum, Mr. Kennedy, Mr. Frist, Mr. Simon, Mr. Hatch, Mr. Gregg, Mr. Stevens, Mr. Jeffords, Mr. Kohl, Mr. Daschle, and Mr. Feingold):

S. 1360. A bill to ensure personal privacy with respect to medical records and health care-related information, and for other purposes; to the Committee on Labor and Human Resources.

By Mr. MOYNIHAN (for himself, Mr. COCHRAN, and Mr. SIMPSON):

S.J. Res. 39. A joint resolution to provide for the appointment of Howard H. Baker, Jr. as a citizen regent of the Board of Regents of the Smithsonian Institution; to the Committee on Rules and Administration.

S.J. Res. 40. A joint resolution to provide for the appointment of Anne D'Harnoncourt as a citizen regent of the Board of Regents of the Smithsonian Institution; to the Committee on Rules and Administration.

S.J. Res. 41. A joint resolution to provide for the appointment of Louis Gerstner as a citizen regent of the Board of Regents of the Smithsonian Institution; to the Committee on Rules and Administration.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. SIMPSON:

S. 1359. A bill to amend title 38, United States Code, to revise certain authorities relating to management and contracting in the provision of health care services; to the Committee on Veterans' Affairs.

THE VETERANS HEALTH CARE MANAGEMENT AND CONTRACTING FLEXIBILITY ACT OF 1995

• Mr. SIMPSON. Mr. President, it is a great pleasure for me, as chairman of the Senate Veterans' Affairs Committee, to introduce today the Veterans Health Care Management and Contracting Flexibility Act of 1995. This legislation, Mr. President, would free the Department of Veterans Affairs [VA] from a number of statutory restrictions which unnecessarily limit its authority to contract for health carerelated services. It would also ease and clarify current reporting requirements which excessively impede VA's ability to manage its own affairs.

What this bill would accomplish is best understood by considering, first, the health care environment within which all health care providers—including VA—must operate today, and then the state of the law under which VA attempts to so operate. If there is any certainty today with respect to health care, it is this: those who pay for health care—whether those payers

be State or Federal Government agencies, insurance carriers or health maintenance organizations, or better informed consumers drawing, perhaps some day, from health savings accounts or simply from their own bank accounts—will no longer tolerate the unrestrained cost inflation that they have been forced to put up with in the past. All health care providers, therefore, are now—and will continue to be—under unprecedented pressure to rein in costs and find operating efficiencies so that they can compete in an increasingly cost sensitive environment.

In light of these realities, all now agree that health care providers must restrain the growth of-or affirmatively cut-costs. One sure way of doing that is to share certain resources—including, but not necessarily limited to, high tech medical resources—lest there be wasteful duplications in expenditures and effort within local markets. For example, it has become increasingly common for one hospital or practice group to sell, for example, Magnetic Resonance Imaging [MRI] services to another, while buying other diagnostic services from the same purchaser.

Like any health care provider, VA medical centers ought to be able to share, buy and swap all sorts of services with other community providers. But they cannot fully capitalize on such opportunities under current law.

Presently, VA can only share or purchase "medical" services. It cannot share or purchase other critical services, for example, risk assessment services, that all health care providers must either buy or provide "in house." Even within the narrow authority allowing only "medical" services to be shared or purchased, there is an unnecessary restriction. VA cannot purchase or share any medical resource; it can only purchase or share "specialized" medical resources.

And that is not all, Mr. President; there is further restriction imposed upon VA. VA medical centers are not free to purchase from, or share with, any and all health care providers they might find in the local community. They can only "partner up" with—and, here, I quote from statute—"healthcare facilities (including organ banks, blood banks, or similar institutions), research centers, or medical schools." 38 U.S.C. §8153. This restrictive legal rubric does not extend to VA authority to enter into sensible sharing arrangements with other potential partners such as HMOs, insurance carriers or other "health plans," or with individual physicians or other individual service providers.

One provision of my bill, Mr. President, would cut through this legal thicket by expanding significantly VA's current sharing authority. In summary, VA would be authorized to share, purchase or swap any resources with any local provider. VA could enter into contracts for any and all "health

care resources," a term which is considerably broader than the "specialized medical resource" limitation under which VA now operates. That term would include such resources, but would also include nonspecialized "hospital care," "any other health-care service," and any other "health-care support or administration resource."

Further, VA would be authorized to buy from, or share with, any "non-Departmental health care provider"—a term which would include the "health-care facilities" and "research centers and medical schools" with which VA may not contract, but which would also include other "organizations, institutions, or other entities or individuals that furnish health-care resources," and also "health care plans and insurers."

Thus, Mr. President, my bill seeks to open up to VA an entire new world of potential sharing partners and sharing opportunities. While VA would not have totally unfettered authority to buy and sell services—for example, VA would be required to ensure that any such arrangements not diminish services made available to its veteran patients—it is my intention that VA be freed from restrictions which were applied when VA tried to do everything itself "in-house." There was a time. perhaps, when VA could afford to try to be everything to everyone, but it cannot do so now. No modern provider can afford that mentality today.

I note for the RECORD, \check{Mr} . President, that VA has requested the expanded legal authority that I propose today. But it has done so in the context of a much larger bill, S. 1345, that I introduced at VA's request on October 19, 1995. The main thrust of S. 1345 is so-called "eligibility reform," that is, a broad scale revision of current statutes defining who shall be eligible for what VA medical services. That issue, Mr. President, is an extremely thorny one inasmuch as, lying at its very center, are very difficult judgements about who shall have priority over whom in securing VA health care in a period of limited resources. The Committee on Veterans' Affairs intends to take this critical issue up, but it will take time to sort out conflicting claims to priority to such limited resources. I think we ought to proceed now to streamline the statutes that restrict VA's sharing authority-an action which, in my view, can be taken now, and will made sense whether or not we are able to accomplish "eligibility reform."

My bill would do more, Mr. President. As I have pointed out, VA now has authority—though authority that is, in my view, too narrow—to contract for "specialized medical resources." Even so, however, VA medical centers are statutorily barred from "contracting out" the very same services. 38 U.S.C. §8110(c). In addition, they may not contract out activities that are "incident to direct patient care." Id. Finally, VA medical centers may contract out other "activities" at VA