

At the appropriate place, insert the following:

SEC. . STUDY OF INTERSTATE SLUDGE TRANSPORT.

(a) DEFINITIONS.—In this section:
(1) SEWAGE SLUDGE.—The term “sewage sludge”—

(A) means solid, semisolid, or liquid residue generated during the treatment of domestic sewage in a treatment works; and

(B) includes—

(i) domestic septage;
(ii) scum or a solid removed in a primary, secondary, or advanced wastewater treatment process; and
(iii) material derived from sewage sludge (as otherwise defined in this paragraph); but

(C) does not include—

(i) ash generated during the firing of sewage sludge (as otherwise defined in this paragraph) in a sewage sludge incinerator; or
(ii) grit or screenings generated during preliminary treatment of domestic sewage in a treatment works.

(2) SLUDGE.—The term “sludge” has the meaning provided in section 1004 of the Solid Waste Disposal Act (42 U.S.C. 6903).

(b) STUDY.—Not later than 3 years after the date of enactment of this Act, the Administrator of the Environmental Protection Agency shall conduct a study, and report to Congress on the results of the study, to determine—

(1) the quantity of sludge (including sewage sludge) that is being transported across State lines; and

(2) the ultimate disposition of the transported sludge.

Mr. BAUCUS. Mr. President, this amendment also is acceptable.

The PRESIDING OFFICER. If there is no further debate, the question is on agreeing to the amendment.

The amendment (No. 1073) was agreed to.

Mr. FEINGOLD addressed the Chair.

The PRESIDING OFFICER. The Senator from Wisconsin.

Mr. FEINGOLD. I ask unanimous consent to speak as in morning business.

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

**THE BUDGET RESOLUTION AND
MEDICARE**

Mr. FEINGOLD. Mr. President, I appreciate the comments of the junior Senator from Massachusetts with regard to the question of including the Presidential checkoff for campaigns in the budget resolution. It is an important program for our elections being free and fair in this country, and it does not belong in the budget resolution. I intend to comment on that more as we get into the budget resolution itself. I am grateful to the junior Senator from Massachusetts for those remarks and for his constant dedication to try to do something about this really awful system of financing campaigns that we have in this country.

Mr. President, I rise at this time to offer a few comments on the debate that really does belong as part of the budget resolution, and that is the debate that has been taking place about Medicare. I would like to share my own perspective on the direction we ought to pursue.

As we consider the budget resolution, presumably starting next week, this will be one of the two or three most central issues that we debate. As the Senator from Nebraska [Mr. KERREY] noted on the floor last week, the Medicare debate has been obviously politicized in quick order. That should not surprise us given the nature of the program and especially how it is viewed by millions of Americans. It is a valued program. The presence of the White House Conference on Aging last week certainly had an impact on what was said, and said by Members of both parties.

Mr. President, the White House conference also gave me an opportunity—a great opportunity—to talk to many of the leading aging activists from Wisconsin on the issue. I found their thoughts interesting. I think Wisconsin has one of the best groups of advocates for sound and compassionate policies for the elderly in the country. They always give the straight view. They tell me not only what is good for the elderly but what is good for society as a whole, including their children and grandchildren.

In a meeting I had with most of the Wisconsin delegates to the White House Conference on Aging, there was a clear consensus that some changes do need to be made to Medicare. But there was also agreement, Mr. President, that those changes to Medicare have to be done in a certain way. We need to “cut smart,” not “cut mean,” as we look to keep the Medicare hospital insurance fund solvent and reduce the pressure on the Federal deficit.

It bears emphasizing that there are these two features with respect to the Medicare problem—both the solvency of Medicare and the impact of Medicare on the Federal budget deficit.

As every Medicare beneficiary knows, there are two parts to Medicare called part A and part B. Part A is what is formally known as hospital insurance. It pays some of the costs of hospitalization, certain related inpatient care, as well as skilled nursing facility care and home health care. I should add—and I have always been somewhat distressed by this—it does not cover chronic or long-term care in that part of the program. Other than copayments and deductibles, part A services are paid from the hospital insurance trust fund, which itself is funded from payroll taxes.

Mr. President, it is this hospital insurance trust fund that is in jeopardy, and it is expected to be insolvent by the year 2002. The other part of the program, part B, is the supplementary medical insurance program that covers doctors' fees, most outpatient and some other related services. Part B is partially funded by the monthly premiums that beneficiaries pay, but most of the part B program is funded from the Federal budget.

Mr. President, some are characterizing the cuts they expect to propose to Medicare as being needed to keep Medi-

care solvent. That portrayal is entirely misleading, as, of course, it is meant to be; for though some changes are needed to keep the hospital insurance fund solvent, that trust fund is not the whole story. Medicare is also slated for cuts as part of the broader effort to reduce the deficit, possibly leading to a balanced budget.

So let us be clear within this body and to all Americans, the goal here of those who want to cut Medicare drastically is not just to make the fund solvent, they want to use a lot of those billions of dollars to deal with our national deficit problem.

Mr. President, I make this point because I fear that the political spin doctors who have chosen to depict Medicare cuts as being apart and separate from the rest of the budget are really doing a great disservice to the cause of deficit reduction itself. And there is no other issue I care more about or work harder on than reducing the Federal deficit.

In an effort to minimize the political fallout that surely will come from cuts to Medicare, I fear they may undermine any chance for a real budget package that will achieve the consensus it must have if we are going to make the politically tough decisions needed to actually balance the Federal budget.

Mr. President, my message is that we have to be honest with the American people on what is really going on with Medicare. Medicare clearly does have an impact on the budget. Part of the reason cuts are being proposed in that area does stem from our Federal budget deficit, and rightly so. Medicare does have to be on the table as we look at the budget. I will say, Mr. President, Medicare is not Social Security. It has to be considered along with other areas of Federal spending. In fact, I have sponsored legislation that has included some specific, targeted Medicare cuts.

Medicare cuts were part of the 82-point plan to reduce the Federal deficit that I used and created during my campaign for the U.S. Senate in 1992.

More importantly, I have voted for legislation that contained significant, but specific, targeted cuts to Medicare twice during the 103d Congress. The reconciliation legislation we passed as part of the President's deficit reduction package included nearly \$60 billion in Medicare cuts. This is not some new idea. It is not as if Medicare has not already, in effect, given at the office. It has already been hit to the tune of \$60 billion just 2 years ago.

Mr. President, I also voted for, and was pleased to be a cosponsor of, the bipartisan Kerrey-Brown deficit reduction package. It also included significant, specific Medicare cuts on top of the \$60 billion that was included in the President's deficit reduction package.

Yes, Mr. President, I am willing again to vote for certain Medicare cuts if they are appropriate and do not cut at the heart of the health care of the people who need Medicare.

But while Medicare needs to be on the table as we search for ways to reduce the deficit, we have to ensure that any changes make sense both within the context of the Medicare program itself and in the broader context of our entire Federal budget. For just as Medicare clearly has an impact on the Federal deficit, Medicare beneficiaries and Medicare providers should not be asked to fund other political or policy priorities apart from the goal of reducing the Federal deficit.

So I am concerned, Mr. President, that those who argue the loudest for a balanced budget tend to be the people who are the first to demand massive tax cuts and not decreases but increases in Federal spending. I do not think the use of Medicare cuts to do those two things is appropriate in the context of this budget resolution.

Mr. President, I want to be one of the people on this floor to say that neither political party is blameless in this regard. Both Republicans and Democrats have argued for increased defense spending and for tax cuts at the same time they are out here promising a balanced budget and saying that their top priority is a balanced budget amendment.

We cannot argue that changes to Medicare are needed to lower the deficit and then devote our very scarce resources to tax cuts and defense increases.

Again, Mr. President, I am willing to support certain further cuts to Medicare to bring the Medicare trust fund into balance, and even, where appropriate, to help reduce the Federal budget deficit.

That is not something I would say about Social Security. I will say it about Medicare. I am not willing to support cuts to Medicare, however, to fund an irresponsible tax cut and increase our bloated defense budget.

Looking to the Medicare Program for cuts will be hard enough. It would be far better to be making changes to Medicare as part of comprehensive health care reform. In my view, Mr. President, that would be my first choice as the health care reform debate illustrated powerfully last year.

The cost-shifting takes place because of Medicare, and Medicare mushrooms health care costs. Making changes to Medicare unilaterally as we apparently will do in this budget this year, outside of comprehensive reforms to the entire health care system, I am afraid invites even more of the cost-shifting.

I am afraid, though, Mr. President, to be realistic, there is no sign that comprehensive health care reform will be before the Senate in the 104th Congress. That complicates the job of finding savings in Medicare and limits what to expect in the way of potential savings.

Nevertheless, Mr. President, I want to say today and be specific that there are changes in Medicare that can and should be made. For example, we could consider making some changes to the Medicare home health care benefit.

For example, I am willing to consider requiring a modest copayment on those home health services as long as adequate provision is made for those with lower incomes. Proposals I have seen for 20 percent copayment may be too high. Maybe they are looking at a 5-or-10-percent copayment, making sure that those who cannot afford it are taken care of. It could at least be on the table.

Moreover, Mr. President—again to be specific, not just talking in the abstract about Medicare cuts—let me acknowledge that some have suggested that we might move to have a prospective payment system for home health care providers under which Medicare would reimburse services on a per episode basis. Some say that would not harm people and would be more efficient and save money. Given the dramatic rise in the number of visits per person served on the Medicare home health benefit in recent years, such a change might make sense. It certainly is something we should examine.

Mr. President, I want to also remind my colleagues that a great deal of the increase in the utilization we see in the Medicare home health care benefit has been the direct result of previous policy changes to Medicare that were also supposed to create savings. It did not work that way, in part, because of changes to Medicare patients who are being discharged from hospitals quicker and sicker than they used to be. In many cases, Medicare policies have just moved the site of care from the hospital to the home, with the resulting increase in home health care benefit utilization.

I am pleased that much of the care can be given in the home, but we have to be realistic about the cause and effect resulting from Medicare changes. It should serve as a caution to all as we seek to find savings in Medicare, we should not just make a cut here and find out we are paying the same or more through Medicare at another location. That does not accomplish anything either for Medicare, the people who benefit from it, or for the goal of reducing the Federal deficit.

Mr. President, in other areas there may again be more room for modifications, to the way, for example, we make payments to hospitals for capital-related costs of inpatient service. Some have argued that those capital-related rates reflect erroneous inflation forecasts, and adjustments ought to be made to account for the errors.

This sounds like the kind of specific cut in Medicare that does not go to the heart of Medicare, does not harm the individual's ability to get the care they need, but the inefficiency and excesses of the way the system is set up. These should be at the top of our list, not at the bottom.

During last year's health care reform debate, this kind of modification was considered. I think it deserves review again.

Mr. President, one change that must be a high priority also, is to ask wealthier beneficiaries to shoulder more of the cost of part B services, relieving taxpayers of some of the subsidy they are now providing, which amounts to about 75 percent of the full value of the Medicare part B premium.

I proposed that in 1992 as part of my deficit reduction proposal, and I recall the comments made by the majority leader that those with higher incomes ought to be asked to pay a little more for part B services. So that should be on the table.

We should also consider making changes to eliminate so-called formula-driven overpayments for hospital outpatient services. The Medicare part B copayment of 20 percent is intended to lower the cost of Medicare to taxpayers on a dollar-for-dollar basis. For every dollar of copayment made by a beneficiary, Medicare's own liability is supposed to drop by \$1. It is my understanding there are anomalies in the Medicare reimbursement formula for certain outpatient hospital service. The result, Mr. President, is that the liability to Medicare is just greater than it should be.

So we are talking here about real ways to save dollars to achieve our deficit reduction goals without scaring the people in this country who need the basic Medicare services, like the possible changes to inpatient capital-related payment rates. This matter was debated during the health care reform debate last session. We did not get it done. We did not get these cuts implemented. We could be getting the benefit and savings of those today if we had acted then instead of waiting until now.

Some suggested we change the formula-driven overpayments. Again, I want the specific ideas on the table for the people of this Congress and for the whole country to examine.

Mr. President, I am willing to consider proposals that provide incentives to seniors to select managed care alternatives. There are other changes that I would certainly be willing to consider.

Mr. President, I do want to say a few other things about changes that do not make sense. Some we should not be doing. For example, shifting Medicare costs on the backs of those with very low income not only unfairly burdens those least able to bear additional costs, but, again, to the extent it swells Medicaid costs, all it will do is transfer the tax burden from the Federal taxpayers to the State taxpayers.

Of course, that is a convenient result for our Federal budget writers, but not an improvement for the taxpayers back home in Wisconsin or Minnesota.

Mr. President, I mentioned the Kerrey-Brown package as legislation which I supported and which also contains specific and significant Medicare cuts. As I have noted before on this floor, the process, Mr. President, the

process by which Senator KERREY of Nebraska and Senator BROWN of Colorado and others put together this package was, to me, a model of bipartisan cooperation.

We did not hear much about it during the 1994 campaign. People assumed that everything that happens out here is partisan. But that is not what I have found. There are people in this body who do want to get together on a bipartisan basis to solve the deficit problem. They have done it. They have put a lot of time into it. They are willing to do it again.

For my part, I came away from that process greatly encouraged that there were Senators on both sides of the aisle who were willing to band together to find some common ground in reducing the deficit, even if it meant bucking the partisan political rhetoric of their respective parties.

Mr. President, I believe that in this 104th Congress we can achieve that kind of bipartisanship again, and I want to signal today as we move into next week of the budget resolution, that I am not only ready but very eager to participate in that bipartisan effort. I yield the floor.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. GRAMS). The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. KEMPTHORNE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

ORDER OF PROCEDURE

Mr. KEMPTHORNE. Mr. President, I ask unanimous consent to be allowed to go forward as though in morning business.

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

HONORING A COURAGEOUS YOUNG GIRL, AND CARING COMMUNITY

Mr. KEMPTHORNE. Mr. President, I would like to spend just a moment talking about a courageous young girl in my hometown of Boise, ID.

Nine-year-old Susie Hamilton, a bright, vivacious, and loving girl suffers from a rare and deadly form of leukemia. She has been in and out of hospitals in Boise, Salt Lake City, and Seattle for the past 8 months. A bone marrow transplant is her last hope for life.

Mr. President, Susie is blessed with two outstanding parents who are leaders in the community. Her father, Steve, is a Boise Fire Department battalion chief, dedicated to saving lives. I have worked with him personally on a variety of projects. Her mother, Becky, works at Boise Cascade Corp. Both have spent many long hours away from their jobs to tend to Susie's needs.

There have been some rough times for Susie, Steve, and Becky. I would

like to read from a newspaper column by Tim Woodward in the Idaho Statesman, who wrote about this family:

Leukemia alone is bad enough, but there were other heartbreaks. When a match was found for a donor after hundreds of tests, the donor turned out to have hepatitis. Susie got it through a transfusion. Last month, she had to have a lung removed. When a doctor praised her courage, she whispered, "What choice, do I have? I want to live."

The community has responded, raising over \$12,000 to offset medical bills. Today there is a silent auction at Susie's school to raise money. Boise firefighters have switched shifts so Steve can spend time with Susie. Boise Cascade has given Becky as much time off as she needs, and has even given the family use of the corporate jet to fly to Seattle.

This ribbon I am wearing, Mr. President, is just one more sign of the community's willingness to rally around their neighbor. Members of the police and fire departments, sheriff's department, workers at Boise Cascade, Susie's classmates and teachers, employees at city hall, and others in Boise are wearing these ribbons to show their support for the family.

I would like to read this letter I just received from Susie's grandmother, Barbara Dennett:

My Granddaughter, Susie, was diagnosed with adult leukemia in October of 1994 and since then has endured prolonged hospitalization for chemotherapy and several surgery's in Salt Lake. Susie is now in Seattle undergoing preparations for a bone-marrow transplant. This is her only chance to overcome the leukemia—her only hope for survival.

After searching for 8 months for a bone marrow match, isn't it ironic that on this 50th anniversary of World War II's death and horror, a German soldier will be the donor to save the life of a little 9 year old girl in America. I believe this to be a noteworthy occasion.

This soldier was scheduled to go out on maneuvers, which would delay the bone marrow transplant 15 more days, but chose to make himself available for the draw instead stating he did not wish for her to suffer a minute longer than necessary. His bone marrow will be hand delivered from Germany to Seattle. Hand carried, the transplant will begin the minute it arrives.

Thank you for your time and consideration in seeing that President Clinton receives this information. When I told Susie, that every one was praying for her all over the world, she ask "even the President of the United States?" How could I answer with anything other than "yes, even the President". A card or call from him would go a long way in helping her believe that we are all telling her the truth when we say that there is always hope that she will be well again and a bright future lies ahead.

Mr. President, I ask unanimous consent to enter this letter into the RECORD. I also ask unanimous consent that the newspaper article be printed in the RECORD.

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

SPECIAL 9-YEAR-OLD TOUCHES A CITY'S HEART

(By Tim Woodward)

If you've seen a Boise firefighter lately, you may have noticed he was wearing a purple ribbon on his uniform.

They're wearing purple at City Hall, too. The mayor, city council members and other office workers all have purple ribbons pinned to their clothing.

Purple ribbons dot lapels at the Boise Cascade Corp., the Ada County Sheriff's Department, Life Care Center, hospitals, doctors' offices, Highlands School.

The ribbons are symbols of support for a kid who has had more bad luck than any 9-year-old deserves. Susie Hamilton has a rare and deadly form of leukemia. She has been out of hospitals nine days in the past eight months. A bone marrow transplant is her last hope for life.

Steve Hamilton, Susie's father, is a battalion chief with the Boise Fire Department. Hamilton has dedicated his life to saving lives. Now his fellow firefighters are helping him in the fight to save his daughter's life.

When Susie got sick, the firefighters donated shifts so her father could be with her. When she needed a marrow donor, the firefighters raised \$4,000 and added 527 names to the donor registry.

Susie's mother, Becky Hamilton, works at Boise Cascade. The company not only extended her leave time, it flew the family to Seattle in a corporate jet when Susie needed to see a specialist there.

On May 12, the fire department, Boise Cascade employees, the sheriff's department, Highlands School and civic groups will sponsor a silent auction to raise money for medical expenses. Businesses have donated raft trips, airplane rides, bicycles and other prizes. The auction will be at Highlands, Susie's school.

"Everywhere we go, whether it's the hospital in Salt Lake or the one in Seattle, the people we work with are just amazed at the support network we have in Boise," Steve Hamilton said. "They say it's unheard of in this day and age to have that kind of community involvement."

So far, Boiseans have donated more than \$12,000 to the Susie Hamilton Leukemia Account (200 N. 4th St, Boise, ID 83702). Velma Morrison dropped by last week with a check for \$2,500.

One of Susie's grandmothers helped her write a children's book. "Lillie the Laughing Giraffe Loses Her Spots and That's No Laughing Matter" will go on sale May 12. Boise's Legendary Publishing Co. donated its services. All of the proceeds will be used for Susie's medical expenses.

"Boise is known as the City of Trees, but to me it's the city of love," Susie said. ". . . I've learned a lot about love and friendship and caring since I got sick. I want to thank everyone who has helped me—my friends, my family and people I'll never get a chance to meet."

Leukemia alone is bad enough, but there were other heartbreaks. When a match was found for a donor after hundreds of tests, the donor turned out to have hepatitis. Susie got it through a transfusion.

Last month, she had to have a lung removed. When a doctor praised her courage, she whispered, "What choice do I have? I want to live."

The search for a donor was worldwide. The winner: a soldier in the German army. The transplant will be May 10, in Seattle.

Hundreds of people will be thinking about a brave little girl that day.

They'll be saying prayers, wearing purple ribbons, hoping a miracle will save a life that has touched a city's heart.