

That is why we authorized the study. What we are asking the advocates to do, to use the information that we have available to us and pick the best policy path rather than one that simply happens to be expedient because we are in a hurry to be out of here at the end of the fiscal year.

This is wrong, and this bill should be defeated for that reason, certainly not because of the subject matter.

Mr. Speaker, I yield back the balance of my time.

Mr. HANSEN. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Utah [Mr. HANSEN] that the House suspend the rules and pass the bill, H.R. 4073.

The question was taken.

Mr. VENTO. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 5 of rule I and the Chair's prior announcement, further proceedings on this motion will be postponed.

GENERAL LEAVE

Mr. HANSEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on H.R. 4073, the bill just passed.

The SPEAKER pro tempore (Mr. KINGSTON). Is there objection to the request of the gentleman from Utah?

There was no objection.

INDIAN HEALTH CARE IMPROVEMENT TECHNICAL CORRECTIONS ACT OF 1996

Mr. YOUNG of Alaska. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 544) providing for the concurrence by the House with an amendment in the amendment of the Senate to H.R. 3378.

The Clerk read as follows:

H. RES. 544

Resolved, That upon adoption of this resolution the bill (H.R. 3378) to amend the Indian Health Care Improvement Act to extend the demonstration program for direct billing of Medicare, Medicaid, and other third party payors, with the Senate amendment thereto, shall be considered to have been taken from the Speaker's table to the end that the Senate amendment thereto be, and the same are hereby, agreed to with an amendment as follows:

In lieu of the matter proposed to be inserted by the Senate to the text of the bill, insert the following:

SECTION 1. SHORT TITLE; REFERENCE.

(a) SHORT TITLE.—This Act may be cited as the "Indian Health Care Improvement Technical Corrections Act of 1996".

(b) REFERENCES.—Whenever in this Act an amendment or repeal is expressed in terms of an amendment to or repeal of a section or other provision, the reference shall be considered to be made to a section or other provision of the Indian Health Care Improvement Act.

SEC. 2. TECHNICAL CORRECTIONS IN THE INDIAN HEALTH CARE IMPROVEMENT ACT.

(a) DEFINITION OF HEALTH PROFESSION.—Section 4(n) (25 U.S.C. 1603(n)) is amended—

(1) by inserting "allopathic medicine," before "family medicine"; and

(2) by striking "and allied health professions" and inserting "an allied health profession, or any other health profession".

(b) INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.—Section 204(b) of the Indian Health Care Improvement Act (25 U.S.C. 1613a(b)) is amended—

(1) in paragraph (3)—

(A) in subparagraph (A)—

(i) by striking the matter preceding clause (i) and inserting the following:

"(3)(A) The active duty service obligation under a written contract with the Secretary under section 338A of the Public Health Service Act (42 U.S.C. 2541) that an individual has entered into under that section shall, if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice, by service—";

(ii) by striking "or" at the end of clause (iii); and

(iii) by striking the period at the end of clause (iv) and inserting "; or";

(B) by redesignating subparagraphs (B) and (C) as subparagraphs (C) and (D), respectively;

(C) by inserting after subparagraph (A) the following new subparagraph:

"(B) At the request of any individual who has entered into a contract referred to in subparagraph (A) and who receives a degree in medicine (including osteopathic or allopathic medicine), dentistry, optometry, podiatry, or pharmacy, the Secretary shall defer the active duty service obligation of that individual under that contract, in order that such individual may complete any internship, residency, or other advanced clinical training that is required for the practice of that health profession, for an appropriate period (in years, as determined by the Secretary), subject to the following conditions:

"(i) No period of internship, residency, or other advanced clinical training shall be counted as satisfying any period of obligated service that is required under this section.

"(ii) The active duty service obligation of that individual shall commence not later than 90 days after the completion of that advanced clinical training (or by a date specified by the Secretary).

"(iii) The active duty service obligation will be served in the health profession of that individual, in a manner consistent with clauses (i) through (v) of subparagraph (A).";

(D) in subparagraph (C), as so redesignated, by striking "prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) by service in a program specified in subparagraph (A)" and inserting "described in subparagraph (A) by service in a program specified in that subparagraph"; and

(E) in subparagraph (D), as so redesignated—

(i) by striking "Subject to subparagraph (B)," and inserting "Subject to subparagraph (C)."; and

(ii) by striking "prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m)" and inserting "described in subparagraph (A)";

(2) in paragraph (4)—

(A) in subparagraph (B), by striking the matter preceding clause (i) and inserting the following:

"(B) the period of obligated service described in paragraph (3)(A) shall be equal to the greater of—"; and

(B) in subparagraph (C), by striking "(42 U.S.C. 254m(g)(1)(B))" and inserting "(42 U.S.C. 2541(g)(1)(B))"; and

(3) in paragraph (5), by adding at the end the following new subparagraphs:

"(C) Upon the death of an individual who received an Indian Health Scholarship, any obligation of that individual for service or payment that relates to that scholarship shall be canceled.

"(D) The Secretary shall provide for the partial or total waiver or suspension of any obligation of service or payment of a recipient of an Indian Health Scholarship if the Secretary determines that—

"(i) it is not possible for the recipient to meet that obligation or make that payment;

"(ii) requiring that recipient to meet that obligation or make that payment would result in extreme hardship to the recipient; or

"(iii) the enforcement of the requirement to meet the obligation or make the payment would be unconscionable.

"(E) Notwithstanding any other provision of law, in any case of extreme hardship or for other good cause shown, the Secretary may waive, in whole or in part, the right of the United States to recover funds made available under this section.

"(F) Notwithstanding any other provision of law, with respect to a recipient of an Indian Health Scholarship, no obligation for payment may be released by a discharge in bankruptcy under title 11, United States Code, unless that discharge is granted after the expiration of the 5-year period beginning on the initial date on which that payment is due, and only if the bankruptcy court finds that the nondischarge of the obligation would be unconscionable.".

(c) CALIFORNIA CONTRACT HEALTH SERVICE DEMONSTRATION PROGRAM.—Section 211(g) (25 U.S.C. 1621j(g)) is amended by striking "1993, 1994, 1995, 1996, and 1997" and inserting "1996 through 2000".

(d) EXTENSION OF CERTAIN DEMONSTRATION PROGRAM.—Section 405(c)(2) (25 U.S.C. 1645(c)(2)) is amended by striking "September 30, 1996" and inserting "September 30, 1998".

(e) GALLUP ALCOHOL AND SUBSTANCE ABUSE TREATMENT CENTER.—Section 706(d) (25 U.S.C. 1665e(d)) is amended to read as follows:

"(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated, for each of fiscal years 1996 through 2000, such sums as may be necessary to carry out subsection (b)."

(f) SUBSTANCE ABUSE COUNSELOR EDUCATION DEMONSTRATION PROGRAM.—Section 711(h) (25 U.S.C. 1665j(h)) is amended by striking "1993, 1994, 1995, 1996, and 1997" and inserting "1996 through 2000".

(3) HOME AND COMMUNITY-BASED CARE DEMONSTRATION PROGRAM.—Section 821(i) (25 U.S.C. 1680k(i)) is amended by striking "1993, 1994, 1995, 1996, and 1997" and inserting "1996 through 2000".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Alaska [Mr. YOUNG] and the gentleman from American Samoa [Mr. FALEOMAVAEGA] each will control 20 minutes.

The Chair recognizes the gentleman from Alaska [Mr. YOUNG].

Mr. YOUNG of Alaska. Mr. Speaker, I yield myself such time as I may consume.

(Mr. YOUNG of Alaska asked and was given permission to revise and extend his remarks and include extraneous material.)

Mr. YOUNG of Alaska. Mr. Speaker, H.R. 3378 was passed by the House earlier this year, sent to the other body, amended by the other body and sent

back to us for further action. The other body amended the bill to make technical amendments to certain provisions in the Health Care Improvement Act and authorized several Indian Health care demonstration programs, the year 2000.

Mr. Speaker, I include for the RECORD a letter dated September 25 from Chairman THOMAS J. BLILEY, Jr. This letter explains the support of the gentleman from Virginia [Mr. BLILEY] for 3378, as amended.

The letter referred to follows:

HOUSE OF REPRESENTATIVES,
COMMITTEE ON COMMERCE,
Washington, DC, September 25, 1996.

Hon. DON YOUNG,
Chairman, Committee on Resources,
U.S. House of Representatives,
Washington, DC.

DEAR MR. CHAIRMAN: The Senate recently passed an amended version of H.R. 3378, a bill to amend the Indian Health Care Improvement Act to extend the demonstration program for direct billing of Medicare, Medicaid, and other third party payors. I remain concerned about the implications of passing this measure, but appreciate your interest in having it move forward, since the projects would otherwise expire September 30, 1996.

It is my understanding that the Committee on Resources would like to bring the measure up for Floor consideration, with an amendment negotiated among the House Committee on Commerce, the House Committee on Resources, and the Senate Committee on Indian Affairs. Based on our agreement to drop section 2(b)(1)(A)(iv), and to include in the record of the debate the statement regarding scholarship paybacks, the Committee on Commerce will not object to Floor consideration of H.R. 3378.

By participating in this process of expending consideration of H.R. 3378, this Committee does not waive its jurisdictional interest in the matter. Although I understand a conference of this measure is unlikely, I reserve the right to seek conferees on issues within the jurisdiction of the Commerce Committee during any House-Senate conference that may be convened.

I want to thank you and your staff for your cooperation in this process. I would appreciate your including this letter as part of the record during consideration of this bill by the House.

Sincerely,

THOMAS J. BLILEY, Jr., *Chairman.*

Mr. Speaker, in conclusion I note that the managers have amended the other body's amendment to delete certain language which we feel is unnecessary.

Mr. Speaker, H.R. 3378 is an important piece of legislation which has been admitted and then readmitted. It is a good bill, and I urge my colleagues to give it full support.

Mr. Speaker, H.R. 3378 was passed by this House earlier this year, sent to the other body, amended by the other body, and sent back to us for further action.

The other body amended the bill to make technical amendments to certain provisions of the Indian Health Care Improvement Act and to reauthorize several Indian health care demonstration programs through the year 2000.

Among the technical amendments to the Indian Health Care Improvement Act made by

the other body was legislation which clarifies that the Secretary may waive or modify the service obligation requirements, under the Indian health scholarship program, in a case of extreme hardship or for other good cause.

In the past, the Secretary has granted a small number of such waivers, in accord with National Health Service Corps regulations. This change clarifies that this authority may be exercised specifically for the Indian health service scholarship program.

Other than for severe hardship circumstances, such waivers have been considered in particular in cases where service has been performed by Indian health scholarship awardees in certain recruitment and training programs in academic institutions. In these cases, an individual scholarship awardee has served in a significant capacity in a program, funded by the Indian Health Service, designed to attract and retain American Indian and Alaska Native students in health professions training.

In recognition of the enormous need for such recruitment and retention activities, it has been decided in a small number of cases that such service can be substituted, in whole or in part, for direct provision of health care.

The managers emphasize that the primary purpose for the Indian health scholarship program is to increase the number of individuals providing direct health care to American Indian and Alaska Native people in areas and at facilities where access to health care is difficult or limited. Thus, service in such a capacity should remain the principal way that scholarship payback obligations are fulfilled.

However, the managers recognize the importance of stronger, more targeted, and more aggressive recruitment and retention of American Indian and Alaska Native students into health care training, and that such efforts may be enhanced by having an Indian health scholarship recipient serve in such a program.

When the major duties and responsibilities of an individual, who already has received training through an Indian health scholarship, are the recruitment and training of Indian health professionals, that individual may be contributing to the purpose of the scholarship program through increasing the number of available health care providers, even though that individual is not providing health care personally.

Thus, there may be a small number of cases where such service is a good cause to waive or offset the scholarship service obligation.

It has come to the attention of the managers that both the Indian Health Service and a number of tribal organizations have identified the need for greater flexibility in assessing payback obligations to best serve the health care needs of Indian people.

The managers emphasize, in granting this additional flexibility to the Secretary, that they expect this avenue of fulfilling scholarship obligations to be limited.

Most Indian health scholarship recipients will fulfill their service obligations by providing direct health care, and the Secretary is expected to exercise significant caution and considerable judgment in using this new authority.

It must not be forgotten that direct health care service to Indian people, in addition to successfully having completed a health profes-

sions program, is a key component contributing to any individual's ability to recruit students.

In conclusion, I note that the managers have amended the other body's amendment to delete certain language which we feel is unnecessary.

Mr. Speaker, H.R. 3378 is an important piece of legislation which has been amended and then reamended. It is a good bill and I urge my colleagues to give it their full support.

Mr. Speaker, I reserve the balance of my time.

Mr. FALEOMAVAEGA. Mr. Speaker, I yield myself such time as I may consume.

(Mr. FALEOMAVAEGA asked and was given permission to revise and extend his remarks.)

Mr. FALEOMAVAEGA. Mr. Speaker, H.R. 3378, under suspension of the rules last month, was properly discharged by the Committee on Commerce, and of course it was passed by this committee. We are again amending the provisions of H.R. 3378 in the process of sending it back to the Senate.

Mr. Speaker, H.R. 3378 extends for 2 years a demonstration project authorized in section 405 of the Indian Health Care Improvement Act that allows four Indian hospitals to bill HCFA directly for Medicaid reimbursement rather than go through the Indian Health Service, which will save them time and money.

The Senate renamed our bill the Indian Health Care Improvement Act Technical Corrections Act of 1996 and added six new provisions. Five were noncontroversial, and one of these provisions Mr. Speaker, includes alleopathic medicine within the act's definition of health professions; the second amendment also extended the California Contract Health Services Demonstration Project through the year 2000. Another amendment also extends the funding through the year 2000 and authorizes the appropriation of such sums as necessary to fund the Gallup Alcohol and Substance Abuse Treatment Center. Furthermore, Mr. Speaker, the amendments also extend funding through the year 2000 for the Substance Abuse Counselor Education Program; another amendment continues funding for the year 2000 for the home and community-based care demonstration program.

The sixth amendment, Mr. Speaker, alters the requirements of the Indian Health Care Service Professional Scholarship Program. The amendment allows scholarship recipients to meet their service obligations by serving as an academic institution where the recipient's primary responsibility is the recruitment of other Indian medical students. The amendment also allows the Secretary to waive obligations for extreme hardships or for other good cause. The amendment also allows for release of a recipient's obligation for bankruptcy and cancels a recipient's obligation upon death.

Mr. Speaker, we in the Committee on Commerce had a problem with the portion of the amendment that allows scholarship recipients to pay back their debt by working in an academic setting where their primary responsibility is the recruitment of more Indians. The problem is that Indians do not have enough medical care on their reservations, and this amendment offers somewhat of a loophole for scholarship recipients to avoid working on reservations by living and working at universities.

Mr. Speaker, after reviewing these hardship cases of health professionals who thought that they were getting credit for doing recruitment, we agree those cases were better dealt with on a case-by-case basis under a Secretarial waiver authority rather than by a large loophole. The amendments grant the Secretary waiver authority for hardship and good cause, so we all agreed to strike the academic recruitment language from the bill, and the managers state their concerns on the floor.

Mr. Speaker, with the above concerns discussed earlier relative to the legislation, I support the amendments that we have now agreed to with the other side, and I ask my colleagues to support this legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. YOUNG of Alaska. Mr. Speaker, I yield myself such time as I may consume.

I will compliment the gentleman on the statement. He and I worked very closely on these issues in committee, and he is a great friend of Alaska natives and most people involved in American native group.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. FALEOMAVEGA. Mr. Speaker, I have no additional speakers at this time. I urge the adoption of this measure, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Alaska [Mr. YOUNG] that the House suspend the rules and agree to the resolution, House Resolution 544.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. YOUNG of Alaska. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution just agreed to.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Alaska?

There was no objection.

SUSTAINABLE FISHERIES ACT

Mr. YOUNG of Alaska. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 39) to amend the Magnuson Fishery Conservation and Management Act to authorize appropriations, to provide for sustainable fisheries, and for other purposes.

The Clerk read as follows:

S. 39

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Sustainable Fisheries Act”.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Amendment of Magnuson Fishery Conservation and Management Act.

TITLE I—CONSERVATION AND MANAGEMENT

Sec. 101. Findings; purposes; policy.

Sec. 102. Definitions.

Sec. 103. Authorization of appropriations.

Sec. 104. Highly migratory species.

Sec. 105. Foreign fishing and international fishery agreements.

Sec. 106. National standards.

Sec. 107. Regional fishery management councils.

Sec. 108. Fishery management plans.

Sec. 109. Action by the Secretary.

Sec. 110. Other requirements and authority.

Sec. 111. Pacific community fisheries.

Sec. 112. State jurisdiction.

Sec. 113. Prohibited acts.

Sec. 114. Civil penalties and permit sanctions; rebuttable presumptions.

Sec. 115. Enforcement.

Sec. 116. Transition to sustainable fisheries.

Sec. 117. North Pacific and northwest Atlantic Ocean fisheries.

TITLE II—FISHERY MONITORING AND RESEARCH

Sec. 201. Change of title.

Sec. 202. Registration and information management.

Sec. 203. Information collection.

Sec. 204. Observers.

Sec. 205. Fisheries research.

Sec. 206. Incidental harvest research.

Sec. 207. Miscellaneous research.

Sec. 208. Study of contribution of bycatch to charitable organizations.

Sec. 209. Study of identification methods for harvest stocks.

Sec. 210. Review of Northeast fishery stock assessments.

Sec. 211. Clerical amendments.

TITLE III—FISHERIES FINANCING

Sec. 301. Short title.

Sec. 302. Individual fishing quota loans.

Sec. 303. Fisheries financing and capacity reduction.

TITLE IV—MARINE FISHERY STATUTE REAUTHORIZATIONS

Sec. 401. Marine fish program authorization of appropriations.

Sec. 402. Interjurisdictional Fisheries Act amendments.

Sec. 403. Anadromous fisheries amendments.

Sec. 404. Atlantic coastal fisheries amendments.

Sec. 405. Technical amendments to maritime boundary agreement.

Sec. 406. Amendments to the Fisheries Act.

SEC. 2. AMENDMENT OF MAGNUSON FISHERY CONSERVATION AND MANAGEMENT ACT.

Except as otherwise expressly provided, whenever in this Act an amendment or re-

peal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Magnuson Fishery Conservation and Management Act (16 U.S.C. 1801 et seq.).

TITLE I—CONSERVATION AND MANAGEMENT

SEC. 101. FINDINGS; PURPOSES; POLICY.

Section 2 (16 U.S.C. 1801) is amended—

(1) by striking subsection (a)(2) and inserting the following:

“(2) Certain stocks of fish have declined to the point where their survival is threatened, and other stocks of fish have been so substantially reduced in number that they could become similarly threatened as a consequence of (A) increased fishing pressure, (B) the inadequacy of fishery resource conservation and management practices and controls, or (C) direct and indirect habitat losses which have resulted in a diminished capacity to support existing fishing levels.”;

(2) by inserting “to facilitate long-term protection of essential fish habitats,” in subsection (a)(6) after “conservation.”;

(3) by adding at the end of subsection (a) the following:

“(9) One of the greatest long-term threats to the viability of commercial and recreational fisheries is the continuing loss of marine, estuarine, and other aquatic habitats. Habitat considerations should receive increased attention for the conservation and management of fishery resources of the United States.

“(10) Pacific Insular Areas contain unique historical, cultural, legal, political, and geographical circumstances which make fisheries resources important in sustaining their economic growth.”;

(4) by striking “principles;” in subsection (b)(3) and inserting “principles, including the promotion of catch and release programs in recreational fishing;”;

(5) by striking “and” after the semicolon at the end of subsection (b)(5);

(6) by striking “development.” in subsection (b)(6) and inserting “development in a non-wasteful manner; and”;

(7) by adding at the end of subsection (b) the following:

“(7) to promote the protection of essential fish habitat in the review of projects conducted under Federal permits, licenses, or other authorities that affect or have the potential to affect such habitat.”;

(8) in subsection (c)(3)—

(A) by striking “promotes” and inserting “considers”; and

(B) by inserting “minimize bycatch and” after “practical measures that”;

(9) striking “and” at the end of paragraph (c)(5);

(10) striking the period at the end of paragraph (c)(6) and inserting “; and”; and

(11) adding at the end of subsection (c) a new paragraph as follows:

“(7) to ensure that the fishery resources adjacent to a Pacific Insular Area, including resident or migratory stocks within the exclusive economic zone adjacent to such areas, be explored, developed, conserved, and managed for the benefit of the people of such area and of the United States.”.

SEC. 102. DEFINITIONS.

Section 3 (16 U.S.C. 1802) is amended—

(1) by redesignating paragraphs (2) through (32) as paragraphs (5) through (35) respectively, and inserting after paragraph (1) the following:

“(2) The term ‘bycatch’ means fish which are harvested in a fishery, but which are not sold or kept for personal use, and includes economic discards and regulatory discards. Such term does not include fish released