

REPEAL OF SECTION 434 OF THE PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT OF 1996

• Mr. MOYNIHAN. Mr. President, on September 16, I introduced legislation to repeal section 434 of the recently enacted Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Section 434 provides that:

Notwithstanding any other provision of Federal, State, or local law, no State or local government entity may be prohibited, or in any way restricted, from sending to or receiving from the Immigration and Naturalization Service (INS) information regarding the immigration status, lawful or unlawful, of an alien in the United States.

This provision conflicts with an executive order, issued by the mayor of New York in 1985, prohibiting city employees from reporting suspected illegal aliens to the Immigration and Naturalization Service unless the alien has been charged with a crime. The executive order, which according to a report in the September 12, 1996, New York Times is similar to local laws in other States and cities, was intended to ensure that fear of deportation does not deter illegal aliens from seeking emergency medical attention, reporting crimes, and so forth.

On September 8, 1995, during Senate consideration of H.R. 4, the Work Opportunity Act of 1995, Senators SANTORUM and NICKLES offered this provision as an amendment. The amendment was adopted by a vote of 91 to 6. The Senators who voted "no" were: AKAKA, CAMPBELL, INOUE, MOSELEY-BRAUN, MOYNIHAN, and SIMON.

Four of these six—Senators AKAKA, MOSELEY-BRAUN, SIMON, and the Senator from New York—were also among the 11 Democrats who voted against H.R. 4 when it passed the Senate 11 days later on September 19, 1995. The provision remained in H.R. 3734, the welfare bill recently signed by President Clinton.

Last week, Mayor Rudolph W. Giuliani of New York announced that the city planned to challenge section 434 of the new welfare law in court.●

FISCAL YEAR 1997 TRANSPORTATION APPROPRIATIONS—HIGHWAY OBLIGATION AUTHORITY

• Mr. D'AMATO. Mr. President, the Senate completed action on the conference report for the Department of Transportation and related agencies appropriations bill yesterday, voting out the legislation 85 to 14. That bill, H.R. 3675, contained funding for the various transportation programs that this Nation undertakes—aviation, Coast Guard, highways, railroads, and transit. All in all, H.R. 3675 is a good bill for the United States and for the State of New York. However, Mr. President, as occurs in most pieces of legislation, it is not entirely perfect. In this respect, I must raise issue with a provi-

sion that was contained in the final version of this bill that will have serious adverse consequences on the State of New York.

When we considered this bill on the Senate floor in July, an amendment was debated and ultimately adopted that would require the Secretary of Transportation and the Secretary of the Treasury to investigate and report back to the Congress on the impact of and need to remedy an accounting error that was made in 1994 with respect to the crediting of receipts to the Highway Trust Fund. If uncorrected, this error had the potential to change the Federal highway obligation authority in a manner that would reconfigure highway funding for a number of States, allocating more dollars to States where the dollars were not supposed to go and away from States where the dollars were supposed to be allocated. The amendment that passed in the Senate corrected this error.

During the conference with the House of Representatives, this provision was not supported by a majority of conferees and was subsequently dropped. Even efforts to hold States harmless for the coming fiscal year because of this error were not agreed upon. Because of this, we are back where we started before the adoption of the amendment, with this accounting glitch in place and certain States in our Nation facing the denial of funding they deserve.

Unfortunately, New York is one of those States that will be denied its rightful amount of highway funding. The calculations that I have seen indicate that this uncorrected error will cost New York more than \$100 million in Federal highway dollars that it should rightfully receive. This is not a small amount of money by any stretch. It is roughly 11 percent of the total highway funding New York should receive in the coming fiscal year. However, because of this accounting error, and because efforts to correct this error were not agreed upon in conference, those who travel New York's roadways will bear the brunt of this 11-percent cut.

It would be an understatement to say that I am displeased that this simple error was not able to be corrected in order to prevent any adverse impact on highway users in New York. However, the members of the conference committee were not inclined to accept the Senate amendment. While I do not agree with the decision by the conferees it is by no means an issue that has been solved.

In 1997, the Congress will be facing a multitude of issues involving the reauthorization of the Intermodal Surface Transportation Efficiency Act [ISTEA]. Issues involving funding allocations for the individual States will most assuredly be heavily discussed in the course of negotiations over any reauthorization bill. Perhaps this par-

ticular issue may need to be revisited in the context of that reauthorization. In the meantime, it still demands the attention and the action of the administration. Therefore, I intend to work with my colleagues whose States are similarly impacted as New York in an effort to remedy this Treasury Department accounting error.●

NIH REVITALIZATION ACT OF 1996

• Mrs. KASSEBAUM. Mr. President, due to time constraints, the report for the National Institutes of Health Revitalization Act of 1996, S. 1897, was filed prior to the receipt of the cost estimate from the Congressional Budget Office. The following is a letter from the Congressional Budget Office scoring the National Institutes of Health Revitalization Act of 1996, S. 1897. I ask unanimous consent that this letter be printed in the RECORD.

The letter follows:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 19, 1996.

Hon. NANCY LANDON KASSEBAUM,
Chairman, Committee on Labor and Human Resources, U.S. Senate, Washington, DC.

DEAR MADAM CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for S. 1897, the National Institutes of Health Revitalization Act of 1996, as reported by the Committee on Labor and Human Resources on September 9, 1996.

Enactment of S. 1897 could affect direct spending. Therefore, pay-as-you-go procedures would apply to the bill.

If you wish further details on this estimate, we will be pleased to provide them.

Sincerely,
JAMES L. BLUM
(For June E. O'Neill, Director).

Enclosure.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: S. 1897.
2. Bill title: National Institutes of Health Revitalization Act of 1996.
3. Bill status: As reported by the Committee on Labor and Human Resources on September 9, 1996.
4. Bill purpose: S. 1897 would extend expiring provisions, eliminate duplicated or unnecessary advisory boards and reports, codify certain existing programs, and create new programs within the National Institutes of Health (NIH).
5. Estimated cost to the Federal Government: Assuming appropriation of the necessary funds, CBO estimates that the federal government would spend \$31.6 billion over the fiscal years 1997-2002 period to implement the provisions of S. 1897.

Table 1 summarizes the estimated authorizations and outlays that would result from S. 1897. The table provides the total authorizations and outlays under two different sets of assumptions. The first set of assumptions adjusts the estimated amounts for projected inflation after 1996, while the second set makes no allowance for projected inflation.

The bill could not affect direct spending by establishing the National Fund for Health Research. But S. 1897 does not specify a revenue source for this new trust fund, and no direct spending could occur until it receives funding.

TABLE 1.—ESTIMATED BUDGETARY IMPACT OF S. 1897

(By fiscal year, in millions of dollars)

	1996	1997	1998	1999	2000	2001	2002
SPENDING SUBJECT TO APPROPRIATIONS ACTION							
Spending under current law:							
Budget authority	8,042	36	37				
Estimated outlays	7,673	4,518	756	34	10		
WITH ADJUSTMENT FOR INFLATION							
Proposed changes:							
Authorization level		10,222	10,518	10,858			
Estimated outlays		4,431	9,394	10,607	6,103	1,016	33
Spending under S. 1897:							
Authorization level	8,042	10,258	10,556	10,858			
Estimated outlays	7,673	8,950	10,150	10,641	6,113	1,016	33
WITHOUT ADJUSTMENT FOR INFLATION							
Proposed changes:							
Authorization level		10,132	10,132	10,169			
Estimated outlays		4,390	9,183	10,118	5,745	953	31
Spending under S. 1897:							
Authorization level	8,042	10,168	10,169	10,169			
Estimated outlays	7,673	8,909	9,939	10,152	5,755	953	31

The cost of this bill fall within function 550.

6. Basis of the estimate: Most of the authorizations in the bill are for "such sums as may be necessary." For these, the estimated costs for 1997–1999 are based on 1996 appropriations (with and without adjustments for inflation). The authorization for general activities of the National Cancer Institute and the authorizations for the National Institute on Aging, the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, the National Institute of Mental Health, the National Library of Medicine, and Parkinson's research are for specified amounts for 1997 and such sums as may be necessary for 1998 and 1999. For these programs, the estimated costs in 1998 and 1999 are based on the 1997 authorization, with and without adjustments for inflation.

The authorized amount for the pediatric research initiative is 450 million over the whole 1997–1999 period. Finally, S. 1897 would authorize for diabetes research each year from 1997 through 1999 the amount appropriated for this purpose in 1996 increased by 25 percent.

The estimate reflects these specific authorizations. Table 2 displays the authorizations estimated for each program with adjustments for inflation.

TABLE 2.—ESTIMATED AUTHORIZATION LEVELS WITH ADJUSTMENTS FOR INFLATION

(By fiscal year, in millions of dollars)

	1997	1998	1999
TITLE I AND II—PROVISIONS RELATING TO THE NATIONAL INSTITUTES OF HEALTH AND TO THE NATIONAL RESEARCH INSTITUTES			
Director's Discretionary Fund	12	12	13
Children's Vaccine Initiative	19	19	20
Research on Osteoporosis, Paget's Disease, and Related Bone Disorders	120	124	128
National Human Genome Research Institute ¹	175	180	185
TITLE III—SPECIFIC INSTITUTES AND CENTERS			
National Cancer Institute:			
Institute reauthorizations	3,456	3,560	3,664
DES study ²	8	9	9
National Heart Lung and Blood Institute	1,600	1,647	1,695
National Institute of Allergy and Infectious Diseases:			
Research regarding tuberculosis	0	0	38
Terry Bein community-based AIDS research initiative	26	27	27
National Institute of Child Health and Human Development:			
Research centers for contraception and infertility	5	5	5
National Institute on Aging	550	567	583
National Institute on Alcohol Abuse and Alcoholism	330	340	350
National Institute on Drug Abuse	480	494	508
National Institute of Mental Health	750	772	794
National Center for Research Resources:			
Authorizations—biomedical and behavioral research facilities	21	21	22
General clinical research centers	150	155	159
Enhancement awards	1	1	1
National Library of Medicine	160	165	170
TITLE IV, V, AND VI—AWARDS AND TRAINING, AIDS RESEARCH, AND GENERAL PROVISIONS			
AIDS Loan Repayment Program and Increase in Maximum Repayment	1	1	1

TABLE 2.—ESTIMATED AUTHORIZATION LEVELS WITH ADJUSTMENTS FOR INFLATION—Continued

(By fiscal year, in millions of dollars)

	1997	1998	1999
General Loan Repayment Program	2	2	2
Clinical Research Assistance ³	1	1	1
Comprehensive Plan for Expenditure of AIDS Appropriations	1,453	1,499	1,547
Emergency AIDS discretionary fund	10	11	11
National Research Service Awards	408	421	435
National Foundation for Biomedical Research	(4)	(4)	(4)
Establishment of a Pediatric Research Initiative	17	17	17
Diabetes Research	387	387	387
Parkinson's Research	80	80	80
Total	10,222	10,518	10,858

¹ S. 1897 would create the National Human Genome Research Institute and transfer to it all obligations and balances of the National Center for Human Genome Research. In addition, the bill would provide the authorization estimated above.

² The National Institute of Child Health and Human Development and the National Institute of Environmental Health Sciences also participate in the DES program. However, approximately 80 percent of the program's spending is attributable to the National Cancer Institute.

³ The amounts shown include both the costs that would result from the expansion of the loan programs in Title IV as well as their authorization under Title VI. In addition, the bill currently authorizes the loan program regarding clinical researchers indefinitely. However, it is CBO's understanding that the committee intended to provide authorization only through 1999.

⁴ Costs of less than \$500,000.

Titles I and II

Director's Discretionary Fund. S. 1897 would authorize appropriations, of such sums as may be necessary over the 1997–1999 period for the Director's discretionary fund within the Office of the Director of NIH. The fund enables the Director to respond to emerging research opportunities and health priorities. In addition, the Director uses the funds to support several awards and seminars. Funding for these activities in 1996 was \$11 million.

Children Vaccine Initiative. The bill would also reauthorize the Children's Vaccine Initiative, extending funding through 1999. The National Institute on Allergy and Infectious Disease (NIAID), the National Institute on Child Health and Human Development, and the National Institute on Aging are also included in this initiative, but currently NIAID is the only institute participating. If funding at the 1996 level adjusted for inflation, CBO estimates this program would cost \$57 million over the three-year period.

Osteoporosis, Paget's Disease and Related Bone Disorders. The bill would also reauthorize through 1999 the coordinated research program on osteoporosis, Paget's disease, and related bone disorders. This program is coordinated by the Directors of the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the National Institute on Aging, the National Institute of Dental Research, and the National Institute of Diabetes and Digestive and Kidney Diseases, and includes participation by several of the other institutes and centers. If funded at the 1996 level adjusted for inflation, this program

would cost \$372 million over the three-year period.

National Human Genome Research Institute. S. 1897 would create the National Human Genome Research Institute and transfer to it all functions, employees, assets, liabilities, contracts, and records that the National Center for Human Genome Research (NCHGR) performed and held before the enactment of this legislation. Giving the NCHGR the status of an institute would allow it to make awards of \$100,000 or less without Advisory Council approval, to establish less extensive and time-consuming clearance requirements in the publication process; to complete for funds solely designated for research performed by institutes; and other freedoms. The bill would authorize this institute from 1997 through 1999. Based on the 1996 appropriation for the NCHGR adjusted for inflation, CBO estimates this authorization would cost \$450 million over the three-year period.

Title III

Reauthorizations. This title would reauthorize all of the institutes and centers of NIH through 1999. The estimated authorizations with adjustments for inflation are shown in Table 2. They total \$23.3 billion over the 1997–1999 period.

DES Program. S. 1897 would reauthorize from 1997 through 1999 the DES program, which conducts and supports research and training, the dissemination of health information, and other programs with respect to the diagnosis and treatment of conditions associated with exposure to the drug diethylstilbestrol (DES). Participating institutes include the National Cancer Institute, the National Institute of Child Health and Human Development, and the National Institute of Environmental Health Sciences. In 1996, 80 percent of the spending occurred in the National Cancer Institute. CBO estimates this provision would cost \$26 million over the three-year period, assuming appropriations at the 1996 level adjusted for inflation.

General Clinical Research Centers. The bill would codify the existing General Clinical Research Centers and authorize them from 1997 through 1999. The Director of the National Center for Research Resources (NCRR) awards grants for these centers, which provide the infrastructure for clinical research. The centers support clinical studies and career development in all settings of the hospital or academic medical center involved. Funding for this program in 1996 was \$146 million.

Enhancement Awards. The bill would also require the Director of NCRR to create two grant programs called the Clinical Research Career Enhancement Award and the Innovative Medical Science Award. The Clinical Research Enhancement Awards would support

individual careers in clinical research, with grants not to exceed \$130,000 per year per grant. The Innovative Medical Science Awards would support individual clinical research projects, with grants not to exceed \$100,000 per year per grant. The Director of NIH, together with the Director of the NCRR, would establish a peer review mechanism to evaluate applications for clinical research fellowships, Clinical Research Enhancement Awards, and Innovative Medical Science Awards. The bill would authorize these programs from 1997 through 1999. Based on information provided by the NCRR, CBO estimates these grants would cost \$3 million over the three-year period.

Titles IV, V, and VI

Loan Repayment Programs. S. 1897 would raise the maximum amount given to NIH to repay the educational loans of qualified health professionals who agree to conduct AIDS research, contraception and infertility research, and research generally as employees of NIH. The maximum loan repayment amount for clinical researchers would also be raised. The maximum loan repayment for each year of service would be increased from \$20,000 to \$35,000. Based on the number of researchers that would be affected by the loan repayment increase, CBO estimates increasing the maximum loan amount would cost \$1 million over the three-year period. In addition, the bill would reauthorize from 1997–1999 the loan repayment program for research with respect to AIDS. If funded at the 1996 level, CBO estimates the authorization would cost \$2 million over the three-year period.

The bill would also establish a general loan repayment program. Like the other loan repayment programs, the Secretary of HHS would act through the Director of NIH and enter into agreements with qualified health professionals to conduct research identified by the Director. The Federal government would repay not more than \$35,000 of the principal and interest of the educational loans of such professionals for each year of service. The loan repayment agreement would be for a minimum of two years. The bill authorizes funding for this program from 1997 through 1999. The Office of the Director projects that it would spend approximately \$1.5 million per year as a result of this program. Based on this information, CBO estimates this new loan repayment program would cost \$5 million over the three-year period.

S. 1897 would increase the cumulative number of contracts permitted for scholarships and loan repayments for the undergraduate scholarship program of the National Research Institutes and the loan repayment program for clinical researchers. Under current law, 50 such contracts are authorized from 1994 through 1996; the bill would increase the cumulative limit to 100 for the 1994 through 1999 period. It would also reauthorize these programs from 1997 through 1999. Based on past spending by these programs, CBO estimates that adding 50 contracts would cost \$3 million over the 1997–1999 period.

AIDS Research. S. 1897 would reauthorize comprehensive AIDS research by the institutes and the AIDS emergency discretionary fund from 1997 through 1999. The emergency discretionary fund is used by the Director of the Office of AIDS Research to fund additional AIDS research the Director determines is needed. Assuming that appropriations are provided at the 1996 level adjusted for inflation, CBO estimates this provision would cost a total of \$4,530 million over the three-year period.

National Research Service Awards. The bill would reauthorize the National Research

Service Awards from 1997 through 1999. These awards are given for biomedical and behavioral research and training at NIH, at public and nonprofit entities, and for pre-doctoral and post-doctoral training of individuals to undertake biomedical and behavioral research. The Office of the Director estimates that NIH will spend \$395 million on these awards in 1996. Assuming this level of spending adjusted for inflation, CBO estimates this provision would cost \$1,265 million over the three-year period.

National Foundation for Biomedical Research. The bill would reauthorize the National Foundation of Biomedical Research, a nonprofit corporation, from 1997 through 1999. It was established by the Secretary of HHS to support NIH and advance collaboration with biomedical researchers from universities, industry, and nonprofit organizations. The foundation is currently in the initial stages of operation. NIH is requesting \$200,000 for 1997 for this foundation and expects to need a similar level of funding for each of the fiscal years 1998 and 1999. Based on this information, CBO estimates the cost of this proposal would be less than \$1 million over the three-year period.

National Fund for Health Research. The bill would establish the National Fund for Health Research. This fund would consist of amounts transferred to it and interest earned on it. The amount in the fund would be distributed each year to all of the research institutes and centers of NIH, provided that appropriations in that year are not less than those of the prior year. This provision would set up this account in the Treasury, but would not establish a source of funding for it. When and if a source of income is established for this trust fund, NIH would apparently have the authority to spend amounts in the fund, including interest earnings, without appropriations action. This would be direct spending, but CBO has no basis for estimating the amount of such spending until the source of revenues for the fund is established.

Pediatric Research Initiative. S. 1897 would require the Secretary to establish, within the Office of the Director of NIH, a Pediatric Research Initiative that would be headed by the Director. The initiative would encourage increased support for pediatric biomedical research within the NIH, enhance collaborative multi-disciplinary research among the institutes, increase pediatric research demonstrating how to improve the quality of children's health care while reducing cost, and develop clinical trials and information to promote the safe and effective use of prescription drugs in the pediatric population. The Director would have discretion in the allocation of assistance among the institutes, among the types of grants, and between basic and clinical research. The bill would authorize \$50 million for the 1997–1999 period.

Diabetes Research. The bill would reauthorize and expand funding for the conduct and support of research related to diabetes by the NIH. The majority of this spending occurs within the National Institute of Diabetes and Digestive Kidney Diseases. S. 1897 would provide for each year from 1997 through 1999 the amount appropriated for this purpose in 1996 increased by 25 percent. In 1996, NIH spent \$309 million on research related to diabetes, if appropriations are made for the full authorized amount, this research would cost \$1,160 million over the three-year period.

Program for Parkinson's Disease. The bill would also require the Director of NIH to establish a program for the conduct and support of research and training concerning Parkinson's disease. The Director would coordinate research among all of the national research institutes conducting Parkinson's

research and would convene a research planning conference at least every two years.

The Director would also be required to establish two grant programs pertaining to Parkinson's disease. The first would award up to 10 Core Center Grants to encourage the development of innovative multi-disciplinary research and provide training concerning Parkinson's disease. Support for a center would not be provided for a period longer than five years, but support could be extended after a review. The second grant program would support innovative proposals leading to significant breakthroughs in Parkinson's research.

S. 1897 would authorize \$80 million for 1997 and such sums as necessary for 1998 and 1999 for the Parkinson's disease program. CBO estimates the cost of this provision to be \$248 million over the three-year period, assuming adjustments for inflation.

7. Pay-as-you-go considerations: S. 1897 could affect direct spending by establishing the National Fund for Health Research. The bill does not establish a source of funding for it, but when and if a source of income is established, NIH would have the authority to spend amounts in the fund. Such spending would include any interest earned by the fund and would occur without appropriations action. This would be direct spending, but CBO has no basis for estimating the amount of such spending until the source of revenues for the fund is established.

8. Estimated cost to State and local governments: This bill contains no intergovernmental mandates as defined in the Unfunded Mandates Reform Act of 1995 (Public Law 104-4) and would impose no cost on state, local, or tribal governments. Some of the funds made available by this bill for research activities would go to state and local governments, particularly public universities.

9. Estimated cost to the private sector: The bill would impose no new private-sector mandates as defined in Public Law 104-4.

10. Estimate comparison: None.

11. Previous estimate: None.

12. Estimate prepared by: Federal Cost Estimate: Cyndi Dudzinski (226-9010); Impact on State, Local, and Tribal Governments: John Patterson (225-3220); Impact on the Private Sector: Linda Bilheimer (225-2673).

13. Estimate approved by: Robert A. Sunshine, for Paul N. Van de Water, Assistant Director for Budget Analysis.●

TRIBUTE TO GEORGE SHAFFER ON COMPLETION OF HIS TERM AS PRESIDENT OF THE INDEPENDENT INSURANCE AGENTS OF AMERICA

● Mr. DOMENICI. Mr. President, I rise today to pay tribute to a fellow New Mexican and personal friend, George Shaffer of Albuquerque, who is nearing completion of his 1-year term as president of the Independent Insurance Agents of America [IIAA]. The closure of Mr. Shaffer's term as the elected leader of the Nation's largest insurance trade association will be the crowning accomplishment of a career filled with many years of distinguished service to IIAA, and to its 300,000 members across the country.

George has enjoyed an outstanding career as an independent insurance agent. After holding several elective offices in the New Mexico State association of IIAA, George became New Mexico's representative to IIAA's national board of State directors in 1982,