

the United States, attracting attendance in excess of 14 million people, making the motor sports industry one of the most widely attended of all U.S. sports. And equally important, as an economic engine, sales of motor vehicle performance and appearance enhancement parts and accessories annually exceeds \$15 billion, and employ nearly 500,000 people.

Mr. President, Senate Concurrent Resolution 44 seeks to authorize the Specialty Equipment Market Association, in consultation with the Architect of the Capitol and the Capitol Police Board, to conduct an event to showcase innovative automotive technology and motor sports vehicles on the Grounds of the Capitol on May 15 of this year.

I hope my colleagues will share in the recognition of the motor sports industry and support Senate Concurrent Resolution 44.

I yield the floor.

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

The PRESIDING OFFICER. The clerk will call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

BALANCED BUDGET DOWNPAYMENT ACT, II

The Senate continued with the consideration of the bill.

AMENDMENT NO. 3513, AS MODIFIED

Mr. COATS. Mr. President, earlier this morning I proposed a unanimous-consent request to modify the amendment which I had offered last week, on Thursday, to the legislation that the Senate is currently considering. We have had some discussion with the Senator from California and others regarding this. I believe we have resolved concerns relative to this modification, at least regarding offering the unanimous-consent request.

So I now repeat my unanimous-consent request to modify the pending amendment to H.R. 3019.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

The amendment (No. 3513), as modified, is as follows:

At the appropriate place, insert the following:

SEC. . ESTABLISHMENT OF PROHIBITION AGAINST ABORTION-RELATED DIS- CRIMINATION IN TRAINING AND LI- CENSING OF PHYSICIANS.

Part B of title II of the Public Health Service Act (42 U.S.C. 238 et seq.) is amended by adding at the end the following section:

"ABORTION-RELATED DISCRIMINATION IN GOVERNMENTAL ACTIVITIES REGARDING TRAINING AND LICENSING OF PHYSICIANS

"SEC. 245. (a) IN GENERAL.—The Federal Government, and any State or local government that receives Federal financial assistance, may not subject any health care entity to discrimination on the basis that—

"(1) the entity refuses to undergo training in the performance of induced abortions, to

require or provide such training, to perform such abortions, or to provide referrals for such training or such abortions;

"(2) the entity refuses to make arrangements for any of the activities specified in paragraph (1); or

"(3) the entity attends (or attended) a post-graduate physician training program, or any other program of training in the health professions, that does not (or did not) perform induced abortions or require, provide or refer for training in the performance of induced abortions, or make arrangements for the provision of such training.

"(b) ACCREDITATION OF POSTGRADUATE PHYSICIAN TRAINING PROGRAMS.—

"(1) IN GENERAL.—In determining whether to grant a legal status to a health care entity (including a license or certificate), or to provide such entity with financial assistance, services or other benefits, the Federal Government, or any State or local government that receives Federal financial assistance, shall deem accredited any post-graduate physician training program that would be accredited but for the accrediting agency's reliance upon an accreditation standard that requires an entity to perform an induced abortion or require, provide, or refer for training in the performance of induced abortions, or make arrangements for such training, regardless of whether such standard provides exceptions or exemptions. The government involved shall formulate such regulations or other mechanisms, or enter into such agreements with accrediting agencies, as are necessary to comply with this subsection.

"(2) RULES OF CONSTRUCTION.—

"(A) IN GENERAL.—With respect to subclauses (I) and (II) of section 705(a)(2)(B)(i) (relating to a program of insured loans for training in the health professions), the requirements in such subclauses regarding accredited internship or residency programs are subject to paragraph (1) of this subsection.

"(B) EXCEPTIONS.—This section shall not—

"(i) prevent any health care entity from voluntarily electing to be trained, to train, or to arrange for training in the performance of, to perform, or to make referrals for induced abortions; or

"(ii) prevent an accrediting agency or a Federal, State or local government from establishing standards of medical competency applicable only to those individuals who have voluntarily elected to perform abortions.

"(c) DEFINITIONS.—For purposes of this section:

"(1) The term 'financial assistance', with respect to a government program, includes governmental payments provided as reimbursement for carrying out health-related activities.

"(2) The term 'health care entity' includes an individual physician, a postgraduate physician training program, and a participant in a program of training in the health professions.

"(3) The term 'postgraduate physician training program' includes a residency training program."

Mr. COATS. Mr. President, let me just state, during our discussion last Thursday on this amendment, which I will describe in a moment, questions were raised by the Senator from Maine relative to some language and the interpretation of that language as it affected a portion of the bill providing for an exemption to the accreditation standards based on a conscience or moral clause relative to performing abortion.

We have discussed that question over the weekend and made some clarifications in that language, which is the purpose of the modification. The Senator from Maine spoke this morning and the Senator from Tennessee spoke, relative to the procedures of the Accrediting Council for Graduate Medical Education, its involvement in accrediting medical providers and medical training programs, and support for the Coats amendment to this particular bill.

Let me describe that very briefly. The problem that we had here is that, prior to 1996, the ACGME, which is the American Council on Graduate Medical Education, did not require hospitals or ob/gyn residency programs to perform induced abortions or train to perform induced abortions. That was done on a voluntary basis. Until 1996, hospitals were only required to train residents to manage medical and surgical complications of pregnancy, that is those situations where treatment of life-threatening conditions to the mother or complications of a spontaneous abortion, miscarriage, or stillbirth, was part of the medical training.

At the same time, 43 States have had in place statutes, as well as the Federal Government, to protect individual residents in hospitals from having to perform on a mandatory basis, or having to train on a mandatory basis, for the performance of induced abortions or abortion on demand. These procedures generally apply regardless of the reason to refuse to perform an abortion.

Then in 1996, the Accrediting Council on Graduate Medical Education changed its standards, indicating that failure to provide training for induced abortions could lead to loss of accreditation for these hospitals and for these training programs.

The reason this is important is that a great deal of Federal funding is tied to this accreditation. The Medicare reimbursement is tied to accreditation, loan deferral provisions are tied to accreditation, and a number of other federally provided support for hospital providers and for training programs for ob/gyn and others are tied to the accreditation. So, if the accreditation is removed, these institutions could lose their Federal funds.

So the language that I offered in the bill that we offered to the Senate basically said that, one, we do not think it is right that the Federal Government could discriminate against hospitals or ob/gyn residents simply because they choose, on a voluntary basis, not to perform abortions or receive abortion training, for whatever reason. For some it would be religious reasons; for some it would be moral reasons; for some it could be practical reasons; for some hospitals it could be economic reasons. There are a whole range of reasons why a provider may choose not to engage in this mandatory practice.

But at the same time, we did not feel that it was proper for us to mandate to a private, although somewhat quasi-

public, accrediting agency how they determine their accrediting standards. We do not want to prevent ACGME from changing its standards. It has every right, even though I do not agree with all of its requirements, to set its own standards.

Second, we do not want to prevent those who voluntarily elect to perform abortions from doing so. Nobody is prevented in this legislation from voluntarily receiving abortion training or from voluntarily offering that training in their hospital, nor do we prevent the Government from relying on those accreditation standards. I think you can make a case that the Government, by relying on a quasi-public entity for accreditation, may be too narrowly restricting in scope in terms of determination on Federal reimbursement, but we are not addressing that issue.

So this legislation does not prevent the Government from relying on the ACGME for accreditation. We do not prevent the Government from requiring training of those who voluntarily elect to perform abortions.

What we do do is attempt to protect the civil rights of those who feel that they do not want to participate in mandatory abortion training or performance of abortions. That is a civil right that I think deserves to be provided and is provided in this legislation.

It is a fundamental civil right, as a matter of conscience, as a matter of moral determination, as a matter of any other determination, as to whether or not this procedure, which is controversial to say the least, ought to be mandated and whether that is a proper procedure for those who then are forced to participate in programs in order to receive reimbursement from the Federal Government for various forms of support. We do not believe that it is.

There was some question about the so-called conscience and morals clause that was included in the accrediting standards, but we had testimony before our committee from a number of individuals who felt that that exception language was unnecessarily restrictive for those who felt, because they were a secular hospital or because they were residents in a training program at a secular hospital, that conscience-clause exception would not protect them from the loss of accreditation or protect their basic civil rights.

I have just some examples of that. The University of Texas Medical Branch at Galveston wrote to us essentially saying, and I quote:

Those involved in resident education at the University of Texas Medical Branch made a decision in the mid 1970's not to teach elective abortion as part of our curriculum. This decision was based, originally, on concerns other than moral issues. We encountered two significant problems with our Pregnancy Interruption Clinic, or PIC as it was known at the time. First, the PIC was a money loser. Since there was no reimbursement for elective abortions from either State funds or Medicaid a great deal of expense of the PIC was underwritten by faculty professional in-

come. Faculty income was used without regard to the moral concerns of individual faculty members who generated the income. A second problem was more significant and involved faculty, resident, and staff morale. Individuals morally opposed to performing elective abortions were not required to participate. This led to a perception, by trainees performing abortions, that they were carrying a heavier clinical load than trainees not performing abortions. As fewer and fewer residents choose to become involved in the PIC, this perceived maldistribution of work became a significant morale issue. Morale problems also spilled over to nursing and clerical personnel with strong feelings about the PIC. It is a gross understatement to say that elective abortion is intensely polarizing. Because of bad feelings engendered by a program that was a financial drain, the PIC was closed.

So here is a respected hospital, the University of Texas at Galveston, which basically said the moral, conscience reasons were not basically the reasons why this particular hospital chose not to participate in the program.

They followed that up with a letter, which I will quote again. They said:

Because we are a secular institution, and a state supported university, we would have no recourse under the new ACGME "conscience clause," except to provide such instruction to our trainees. The ACGME "conscience clause," providing an opportunity to invoke a moral exemption to teaching elective abortion, is restricted to institutions with moral or religious prohibitions on abortion. It does nothing to protect the faculty at State-run universities.

I have a similar letter from Mt. Sinai Hospital:

Your amendment is desperately needed to protect the rights of faculty; students and residents who have no desire to participate in abortion training but who do not work in religious or public hospitals.

Since our institution would not, therefore, "qualify" as one with a moral or legal objection—

Therefore, the moral and conscience clause would not protect them.

Albany Medical Center in New York offers the same, and the list could go on and on.

So, essentially, what we are saying here is that the amendment that I am offering is clearly one which is designed to protect the basic civil rights of providers and medical students in training who elect, for whatever reason, whether it is a moral or conscience reason or whether it is an economic, social or other reason, not to perform abortions.

We do not believe that it is proper for the Federal Government to deny funds on the basis of lack of accreditation if that lack of accreditation is based on the decision of a provider or a program that they do not want to participate in a mandatory training procedure for induced abortions.

I am pleased we were able to work out language with the Senator from Maine, which addressed her concerns to make sure that we did not prohibit ACGME from accrediting or not accrediting, because there are other reasons why facilities might not deserve

accreditation. Federal funds certainly should not flow to those hospitals and to those programs that do not meet up to basic medical standards that the Government requires for its reimbursement.

By the same token, we do not think that injecting a forced or mandatory induced abortion procedure on these institutions, for whatever reason, is appropriate. That is the basis of the amendment. The amendment has now been offered. It has the support of the Senator from Maine.

The Senator from Tennessee, Dr. FRIST, spoke this morning. He certainly knows more about these procedures and more about the medical concerns than this Senator from Indiana. He has looked this bill over very, very carefully and believes that the language incorporated in the Coats amendment is most appropriate, and he is supportive of that. I think that is a solid endorsement from someone who clearly understands the issue in great depth and understands the accrediting process, supports that process, but believes there ought to be this exemption.

Mr. President, I have not yet asked for the yeas and nays on this. My understanding is that the vote will be ordered, along with other votes, after 2 p.m. So I will now ask for the yeas and nays for this amendment.

The PRESIDING OFFICER (Mr. SMITH). Is there a sufficient second? There appears to be a sufficient second. There is a sufficient second.

The yeas and nays were ordered.

Mr. COATS. Mr. President, I yield the floor.

The PRESIDING OFFICER. The time of the Senator from Indiana has expired.

Mrs. BOXER addressed the Chair.

The PRESIDING OFFICER. The Senator from California is recognized for 15 minutes.

Mrs. BOXER. I wanted to clarify that. I know we lost some time here. So I have 15 minutes remaining to discuss both amendments, is that correct, Mr. President?

The PRESIDING OFFICER. The Senator is correct.

Mrs. BOXER. Thank you very much, Mr. President.

I want to explain why it was that it took the Senate extra time to get to this point of debating these amendments. The modified amendment came to the attention of my staff, in its final form, late last night. I was on a plane coming back from California, where I had a full schedule. When I returned at midnight, clearly, it was too late to contact my colleagues, and, therefore, I needed some time to really read the amendment and understand its implications, because the amendment, as modified, is of grave concern to me.

The longer I have to look at this amendment, the more concerned I am about it. I would like to explain to my colleagues why. Before I do that, I want to explain also that those in this

community who support a woman's right to choose strongly oppose the Coats amendment. Those groups—who oppose this amendment are the Women's Legal Defense Fund, the National Abortion Federation; the American Association of University Women; the National Women's Law Center; Planned Parenthood, and the National Abortion Reproductive Rights Action League.

I think it is very, very clear why. It is because if you look at what could happen as a result of the Coats amendment, you quickly come to the conclusion, Mr. President, that theoretically—and we hope it would not happen—but it is possible under this amendment that every single medical school in this country could stop teaching their residents how to perform safe, legal abortions and still get Federal funding.

I really do feel that is the intent because I know there are those in this Senate, and I have great respect for them, who would like to outlaw a woman's right to choose. They cannot do it up front, so they try to do it in every which way they can. This is just one more example like they said, if the woman is in the military she cannot get a safe abortion in a military hospital. This is the kind of theory that you see being practiced on the floor. I say to my friends, they have every right to do this. I respect their right to do it. But I strongly disagree.

Under current circumstances, for a medical school with an ob/gyn Residency training program to get Federal funds they must teach their residents how to perform safe, legal abortions unless the institution has a religious or moral objection, called a conscience clause. I fully support that conscience clause. I do not believe that any institution that has a religious or moral problem should have to teach their residents how to perform safe, legal abortions. However, under this modified amendment by Senator COATS, any institution can stop teaching abortion and still get the Federal funds even if they have no religious or moral objection.

For example, let us suppose the anti-choice community targets a particular hospital or medical school and day after day stands outside there protesting and demanding that they stop, and finally the institution throws up its hands and says, "You know, it isn't worth it. We will still get our Federal funds. We'll just stop teaching how to perform safe, legal abortions."

What does that mean? It seems to me that as long as abortion is legal in this country—and it is legal under *Roe versus Wade*, and it has been upheld to be legal by the Court—what we are doing here is very dangerous to women's lives, because if we do not have physicians who know how to perform these safe abortions, we are going to go back to the days of the back alley.

My friends, I have lived through those years, and no matter how many people think you can outlaw a woman's

right to choose, in essence, even when abortions were illegal in this country, they happened. They happened in back alleys. They happened with hangers. Women bled to death and women died. We need doctors to know how to perform safe, legal abortions. It is very, very important.

What if a woman is raped? What if she is a victim of incest, and she is in an emergency circumstance, and they cannot find a doctor who knows how to do a safe, legal abortion? That is the ultimate result of this. That is why so many organizations who care about women, in my opinion, are opposing this amendment.

We need trained and competent people to take care of the women of this country. If they have a religious or moral problem, I strongly support their right not to have to learn how to perform such an abortion. But if they have no conscience problem, if the institution has no conscience problem, it is in the best interests of all of us that we have doctors who are trained, competently, to perform surgical abortions until there is another way for a woman to exercise her right to choose that is safe.

I ask the Chair, how much time do I have remaining?

The PRESIDING OFFICER. The Senator has 9 minutes, 45 seconds remaining.

Mrs. BOXER. I ask that the President advise me when I have 5 minutes remaining. I will retain those 5 minutes.

AMENDMENT NO. 3508

Mrs. BOXER. Mr. President, I have an amendment that I ask for the yeas and nays on right now, if I might, dealing with the District of Columbia. I ask for the yeas and nays on that amendment.

The PRESIDING OFFICER. Is there a sufficient second? There appears to be a sufficient second. There is a sufficient second.

The yeas and nays were ordered.

(Mr. COATS assumed the chair.)

Mrs. BOXER. I want to thank my colleague for allowing me to have an up-or-down vote. It is quite simple. Mr. President, in this country called America, there are 3,049 counties and 19,100 cities. It seems to me extraordinary that in this bill that is before us, there is only one entity that is singled out and only one entity that is told that it cannot use its locally raised funds to help a poor woman obtain an abortion.

We already have strict control on the use of Federal funds. No Federal Medicaid funds may be used by any city, county, State or entity for abortion. But we have no stricture on what a local government can do, except in this bill where we tell Washington, DC, they cannot use their own property taxes to help such a poor woman, they cannot use fines they collected to help such a poor woman. I think it is a rather sad situation.

I know my colleagues will get up here and say, "We think we can tell

Washington, DC, to do whatever we want it to do." If we want to do that with Federal funds, that certainly is an argument, but not with their own locally raised funds.

So, Mr. President, what I simply do by my amendment, by adding the word "Federal" my amendment clarifies a point. My amendment guarantees that Washington, DC, will be treated as every other city and every other county in this country. They may not use Federal funds—although, by the way, I object to that, but I know I do not have the votes to overturn that situation—but I am hoping that we can get the votes to stand up and say that local people can decide these matters on their own.

What always interests me in this Republican Congress is, we hear speech after speech about "Let the local people decide, let the States decide. Why should Big Brother come into cities and localities and States and decide for them?" Yet, when it comes to this issue, somehow this philosophy goes flying out the window and we are going to tell a local elected body how they should treat the poor women in their community.

Now, a woman's right to choose is the law of the land. But if she is destitute and she is in trouble, it is very hard for her to exercise that legal right. And if the locality of Washington, DC, wants to help her, I do not think we should stop them.

Thank you, very much. I reserve the remainder of my time.

Mrs. MURRAY. Mr. President, I rise in strong support of the amendment offered by my colleague from California, Senator BOXER. I am proud to be a cosponsor of this measure and I urge all of my colleagues to do the right thing and vote for our amendment.

Since 1980, Congress has prohibited the use of Federal funds appropriated to the District of Columbia for abortion services for low-income women, with the exception for cases of rape, incest, and life endangerment.

From 1988 to 1993 Congress also prohibited the District from using its own locally raised revenues to provide abortion services to its residents. I am pleased that for fiscal year 1994 and 1995 Congress voted to lift the unfair restriction on the use of locally raised revenues, and allow the District to decide how to spend its own locally raised moneys.

There is language in this bill that would coerce the District into returning to the pre-1994 restrictions. This bill is a step backward, and we shouldn't allow it to pass. Congress does not restrict the use of dollars raised by the State of Washington or by New York, Texas, California or any other State—because Congress does not appropriate those funds.

Why should our Nation's capital be the solitary exception? It shouldn't be the exception, Mr. President, and our amendment ensures the District of Columbia will have the same rights as

every locality—every county and city—to determine how to spend locally-raised revenue.

I know why the District is being targeted in this way. And so does every woman, and so should every American. This is just another of the many attempts by some Members of Congress to chip away and take away a woman's right to choose.

It sure is ironic. That in this Congress, where the mantra has been "States know best" month after month, the majority party now wants to micro manage DC's financial decisions.

Mr. President, restricting the ability of the District to determine how it is going to spend its locally raised revenue is the "Congress knows best" approach at its worst. I find it so very hypocritical that virtually every debate over the past year has touted local flexibility and vilified Washington, DC's presence in policy making.

We should allow the District the same right as all other localities—to choose how to use their locally raised revenue. We should not single out our Nation's capital. We should pass the Boxer amendment.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The Chair informs the Senator the time will be charged to the Senator unless she asks unanimous consent that her remaining time be reserved.

Mrs. BOXER. I make a unanimous-consent request that my remaining time be reserved.

The PRESIDING OFFICER. The Senator has 6 minutes 6 seconds remaining, and that time will be reserved.

The quorum call will be charged to no one at this particular point.

The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. SPECTER. Mr. President, I have sought recognition for a few moments this morning to speak in morning business for a period not to exceed 5 minutes. I ask unanimous consent that I may be permitted to do that.

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

The Senator is recognized to speak up to 5 minutes.

Mr. SPECTER. I thank the Chair.

(The remarks of Mr. SPECTER pertaining to the introduction of legislation are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. SPECTER. Mr. President, before yielding the floor, I have been asked to take a limited leadership role here.

PROVIDING FOR THE EXCHANGE OF LANDS WITHIN ADMIRALTY ISLAND NATIONAL MONUMENT

Mr. SPECTER. Mr. President, I ask unanimous consent that the Senate

proceed to the immediate consideration of Calendar No. 213, H.R. 1266.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 1266) to provide for the exchange of lands within Admiralty Island National Monument, and for other purposes.

The PRESIDING OFFICER. Is there objection to the immediate consideration of the bill?

There being no objection, the Senate proceeded to consider the bill.

Mr. MURKOWSKI. Mr. President, I rise to join with the senior Senator from Alaska to urge my colleagues to support H.R. 1266.

This bill ratifies a land exchange agreement in Alaska between the Forest Service and the Kennecott Greens Creek Mining Co. The agreement will help provide 300 jobs in Alaska, promote sound economic and environmentally responsible resource development, and further the interest of land consolidation on conservation systems in the Tongass National Forest.

Mr. President, this bill has bipartisan support. Chairman DON YOUNG was the author of the bill in the House and as a result of his efforts, the bill passed the House of Representatives with support from the ranking member of the Resource Committee. Chairman DON YOUNG deserves credit for his hard work on this bill.

In the Senate, the Greens Creek Land Exchange was reported out the Energy and Natural Resources Committee by unanimous consent. The bill is supported by the Forest Service and local environmental organizations.

Mr. President, let me explain the history of the Greens Creek Mine and this agreement. The Greens Creek Mine was located under the mining laws while the area was still part of the general National Forest area. As you may know, in 1980 the area became part of the Admiralty Island National Monument through the enactment of the Alaska National Interest Lands Conservation Act [ANILCA]. Because this mine had world-class potential, Congress made special provisions in the act to ensure that the mine could go forward.

I was pleased to participate in the opening ceremonies of the Greens Creek Mine. The mine provided high-paying jobs to Juneau residents and supported the local economy. Unfortunately, low metal prices caused the temporary closure of the mine in April 1993. Kennecott worked diligently to reorient its mining development plan to permit the mine to reopen. In fact, they recently announced plans to reopen the mine during the next several months.

Mr. President, this land exchange is the combination is a 10-year effort by Kennecott to deal with one of the problems created by the special management regime in ANILCA. Although that regime permitted the perfection and patenting of certain claims, it did

not provide an adequate time for exploration of all the area of mineral potential surrounding the Greens Creek Mine.

Since Kennecott determined that it would be unable to fully explore all the areas of interest during the 5-year time period it was allowed to provide exploration under ANILCA, it has been searching for a way to explore these areas.

They have engaged in a multiyear negotiation with the Forest Service to develop a land exchange which would permit access to the area in a manner which is compatible with the monument designation provided by Congress in 1980.

In other words, the land exchange allows exploration under strict environmental regulations. The terms of the exchange require Kennecott to utilize its existing facilities to the maximum extend possible to ensure minimal changes to the existing footprint.

Additionally, the development of any areas once explored would be under the same management regime by which Kennecott developed the existing Greens Creek Mine.

This land exchange also provides other major benefits to the Government, the community, and the environment.

At the end of mining, Kennecott will revert its existing patented claims and any other claims which it holds on Admiralty Island to the Federal Government.

Kennecott will also fund the acquisition of over 1 million dollars' worth of inholdings in the Admiralty Island National Monument and other conservation system units in the Tongass.

Finally, the exchange improves the likelihood that 300 jobs will return to the Juneau area for many years to come.

Mr. President, the Greens Creek Land Exchange is good policy. I congratulate Kennecott and the Forest Service for negotiating a fair agreement and urge the President to sign the bill as soon as possible.

Mr. SPECTER. Mr. President, I ask unanimous consent that the bill be deemed read a third time, passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be placed at the appropriate place in the RECORD.

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

So the bill (H.R. 1266) was considered and passed.

Mr. SPECTER. Mr. President, I make the request of the clerk, who is asking me to do that on behalf of leadership, to discount any personalized knowledge as to the complexities which we have ruled upon.

I have been asked to further make this request for unanimous consent.

AMENDING THE FEDERAL FOOD, DRUG, AND COSMETIC ACT

Mr. SPECTER. Mr. President, I ask unanimous consent that the Labor