

Whereas it is in the interest of the United States and other nations to have the dispute resolved peacefully; and

Whereas the International Court of Justice in The Hague was established to promote the peaceful resolution of international disputes in conformity with international law: Now, therefore, be it

Resolved, That it is the sense of the Senate that the Government of Greece and the Government of Turkey should—

(1) submit to the International Court of Justice in The Hague the dispute of such governments over sovereignty to the islet in the Aegean Sea called Imia by Greece and Kardak by Turkey; and

(2) agree to be bound by the decision of the Court with respect to the dispute.

Mr. SPECTER. Mr. President, for thousands of years, the Aegean Sea, and the Eastern Mediterranean as a whole, has been a critical geopolitical region. I believe it is in the national interest of the United States to have the countries in this region resolve their disputes peacefully. As former Assistant Secretary of State Richard Holbrook recently noted, "you cannot have the southern flank of NATO in constant tension without having strategic instability, which will ultimately wreck NATO."

Unfortunately, Greece and Turkey—both members of NATO, and both allies of the United States—have been locked in bitter conflict for many hundreds of years. The case of Cyprus is a tragic recent example. I am concerned that in such a climate of hostility, relatively minor disputes could erupt into major conflict. It could be a war which would spread to that area.

The most recent manifestation of tension between Greece and Turkey centers on Imia and other islets in the Aegean. The sovereignty questions are quite complex, and involve treaties and other agreements signed after World War I and World War II, including the Paris Peace Treaty of 1947, the Italo-Turkish Agreement of 1932, and the 1923 Lausanne Peace Treaty. Simply put, each nation claims the islet of Imia, called Kardak by Turkey, as part of its national territory.

However, I believe that this dispute should be resolved in the International Court of Justice [ICJ] at The Hague. The ICJ was established to promote the peaceful resolution of international disputes in conformity with international law. The dispute over the islet of Imia is, in my judgment, an ideal candidate for adjudication by The Hague.

It is for that reason I am submitting this sense of the Senate resolution, which calls upon Greece and Turkey to submit their dispute to the ICJ, and agree to be bound by the decision of the court. The Eastern Mediterranean is a region of critical importance. I believe that it is essential to resolve conflict peacefully, and to work with the countries of the region to resolve key issues in a way that is consistent with the rule of law. This resolution, in my judgment, is a critical first step in ensuring that relatively minor conflicts do not escalate into major ones.

Mr. President, I will read the resolve clause of the resolution:

That it is the sense of the Senate that the Government of Greece and the Government of Turkey should—

(1) submit to the International Court of Justice in The Hague the dispute of such governments over sovereignty to the islet in the Aegean Sea called Imia by Greece and Kardak by Turkey; and

(2) agree to be bound by the decision of the Court with respect to that dispute.

AMENDMENTS SUBMITTED

THE HEALTH INSURANCE REFORM ACT OF 1996

THOMAS AMENDMENT NO. 3673

(Ordered to lie on the table.)

Mr. THOMAS submitted an amendment intended to be proposed by him to the bill (S. 1028) to provide increased access to health care benefits, to provide increased portability of health care benefits, to provide increased security of health care benefits, to increase the purchasing power of individuals and small employers, and for other purposes; as follows:

At the end of the bill, insert the following new section:

SEC. . PAYMENTS TO HEALTH MAINTENANCE ORGANIZATIONS AND COMPETITIVE MEDICAL PLANS.

(a) IN GENERAL.—Section 1876(a) of the Social Security Act (42 U.S.C. 1395mm(a)) is amended to read as follows:

"(a)(1)(A) The Secretary shall annually determine, and shall announce (in a manner intended to provide notice to interested parties) not later than August 1 before the calendar year concerned—

"(i) a per capita rate of payment for individuals who are enrolled under this section with an eligible organization which has entered into a risk-sharing contract and who are entitled to benefits under part A and enrolled under part B, and

"(ii) a per capita rate of payment for individuals who are so enrolled with such an organization and who are enrolled under part B only.

For purposes of this section, the term 'risk-sharing contract' means a contract entered into under subsection (g) and the term 'reasonable cost reimbursement contract' means a contract entered into under subsection (h).

"(B) The annual per capita rate of payment for each medicare payment area (as defined in paragraph (5)) shall be equal to the adjusted capitation rate (as defined in paragraph (4)), adjusted by the Secretary for—

"(i) individuals who are enrolled under this section with an eligible organization which has entered into a risk-sharing contract and who are enrolled under part B only; and

"(ii) such risk factors as age, disability status, gender, institutional status, and such other factors as the Secretary determines to be appropriate so as to ensure actuarial equivalence. The Secretary may add to, modify, or substitute for such factors, if such changes will improve the determination of actuarial equivalence.

"(C) In the case of an eligible organization with a risk-sharing contract, the Secretary shall make monthly payments in advance and in accordance with the rate determined under subparagraph (B) and except as provided in subsection (g)(2), to the organization

for each individual enrolled with the organization under this section.

"(D) The Secretary shall establish a separate rate of payment to an eligible organization with respect to any individual determined to have end-stage renal disease and enrolled with the organization. Such rate of payment shall be actuarially equivalent to rates paid to other enrollees in the payment area (or such other area as specified by the Secretary).

"(E)(i) The amount of payment under this paragraph may be retroactively adjusted to take into account any difference between the actual number of individuals enrolled in the plan under this section and the number of such individuals estimated to be so enrolled in determining the amount of the advance payment.

"(ii)(I) Subject to subclause (II), the Secretary may make retroactive adjustments under clause (i) to take into account individuals enrolled during the period beginning on the date on which the individual enrolls with an eligible organization (which has a risk-sharing contract under this section) under a health benefit plan operated, sponsored, or contributed to by the individual's employer or former employer (or the employer or former employer of the individual's spouse) and ending on the date on which the individual is enrolled in the plan under this section, except that for purposes of making such retroactive adjustments under this clause, such period may not exceed 90 days.

"(II) No adjustment may be made under subclause (I) with respect to any individual who does not certify that the organization provided the individual with the explanation described in subsection (c)(3)(E) at the time the individual enrolled with the organization.

"(F)(i) At least 45 days before making the announcement under subparagraph (A) for the year, the Secretary shall provide for notice to eligible organizations of proposed changes to be made in the methodology or benefit coverage assumptions from the methodology and assumptions used in the previous announcement and shall provide such organizations an opportunity to comment on such proposed changes.

"(ii) In each announcement made under subparagraph (A) for a year, the Secretary shall include an explanation of the assumptions (including any benefit coverage assumptions) and changes in methodology used in the announcement in sufficient detail so that eligible organizations can compute per capita rates of payment for individuals located in each county (or equivalent medicare payment area) which is in whole or in part within the service area of such an organization.

"(2) With respect to any eligible organization which has entered into a reasonable cost reimbursement contract, payments shall be made to such plan in accordance with subsection (h)(2) rather than paragraph (1).

"(3) Subject to subsections (c)(2)(B)(ii) and (c)(7), payments under a contract to an eligible organization under paragraph (1) or (2) shall be instead of the amounts which (in the absence of the contract) would be otherwise payable, pursuant to sections 1814(b) and 1833(a), for services furnished by or through the organization to individuals enrolled with the organization under this section.

"(4)(A) For purposes of this section, the 'adjusted capitation rate' for a medicare payment area (as defined in paragraph (5)) is equal to the greatest of the following:

"(i) The sum of—

"(I) the area-specific percentage for the year (as specified under subparagraph (B) for the year) of the area-specific adjusted capitation rate for the year for the medicare payment area, as determined under subparagraph (C), and

“(II) the national percentage (as specified under subparagraph (B) for the year) of the input-price-adjusted national adjusted capitation rate for the year, as determined under subparagraph (D),

multiplied by a budget neutrality adjustment factor determined under subparagraph (E).

“(ii) An amount equal to—

“(I) in the case of 1997, 80 percent of the input-price-adjusted national adjusted capitation rate for the year, as determined under subparagraph (D); and

“(II) in the case of a succeeding year, the amount specified in this clause for the preceding year increased by the national average per capita growth percentage specified under subparagraph (F) for that succeeding year.

“(iii) An amount equal to—

“(I) in the case of 1997, 102 percent of the annual per capita rate of payment for 1996 for the medicare payment area (determined under this subsection, as in effect on the day before the date of enactment of the Health Insurance Reform Act of 1995; and

“(II) in the case of a subsequent year, 102 percent of the adjusted capitation rate under this subsection for the area for the previous year.

“(B) For purposes of subparagraph (A)(i)—

“(i) for 1997, the ‘area-specific percentage’ is 90 percent and the ‘national percentage’ is 10 percent,

“(ii) for 1998, the ‘area-specific percentage’ is 85 percent and the ‘national percentage’ is 15 percent,

“(iii) for 1999, the ‘area-specific percentage’ is 80 percent and the ‘national percentage’ is 20 percent,

“(iv) for 2000, the ‘area-specific percentage’ is 75 percent and the ‘national percentage’ is 25 percent, and

“(v) for a year after 2000, the ‘area-specific percentage’ is 70 percent and the ‘national percentage’ is 30 percent.

“(C) For purposes of subparagraph (A)(i), the area-specific adjusted capitation rate for a medicare payment area—

“(i) for 1997, is the average of the annual per capita rates of payment for the area for 1994 through 1996, after adjusting the 1994 and 1995 rates of payment to 1996 dollars, increased by the national average per capita growth percentage for 1997 (as defined in subparagraph (F)); or

“(ii) for a subsequent year, is the area-specific adjusted capitation rate for the previous year determined under this subparagraph for the area, increased by the national average per capita growth percentage for such subsequent year.

“(D)(i) For purposes of subparagraph (A)(i) and subparagraph (A)(ii), the input-price-adjusted national adjusted capitation rate for a medicare payment area for a year is equal to the sum, for all the types of medicare services (as classified by the Secretary), of the product (for each such type of service) of—

“(I) the national standardized adjusted capitation rate (determined under clause (ii)) for the year,

“(II) the proportion of such rate for the year which is attributable to such type of services, and

“(III) an index that reflects (for that year and that type of services) the relative input price of such services in the area compared to the national average input price of such services.

In applying subclause (III), the Secretary shall, subject to clause (iii), apply those indices under this title that are used in applying (or updating) national payment rates for specific areas and localities.

“(ii) In clause (i)(I), the ‘national standardized adjusted capitation rate’ for a year is equal to—

“(I) the sum (for all medicare payment areas) of the product of (aa) the area-specific adjusted capitation rate for that year for the area under subparagraph (C), and (bb) the average number of standardized medicare beneficiaries residing in that area in the year; divided by

“(II) the total average number of standardized medicare beneficiaries residing in all the medicare payment areas for that year.

“(iii) In applying this subparagraph for 1997—

“(I) medicare services shall be divided into 2 types of services: part A services and part B services;

“(II) the proportions described in clause (i)(II) for such types of services shall be—

“(aa) for part A services, the ratio (expressed as a percentage) of the national average annual per capita rate of payment for part A for 1996 to the total average annual per capita rate of payment for parts A and B for 1996, and

“(bb) for part B services, 100 percent minus the ratio described in item (aa);

“(III) for part A services, 70 percent of payments attributable to such services shall be adjusted by the index used under section 1886(d)(3)(E) to adjust payment rates for relative hospital wage levels for hospitals located in the payment area involved; and

“(IV) for part B services—

“(aa) 66 percent of payments attributable to such services shall be adjusted by the index of the geographic area factors under section 1848(e) used to adjust payment rates for physicians’ services furnished in the payment area, and

“(bb) of the remaining 34 percent of the amount of such payments, 70 percent shall be adjusted by the index described in subclause (III).

The Secretary may continue to apply the rules described in this clause (or similar rules) for 1998.

“(E) For each year, the Secretary shall compute a budget neutrality adjustment factor so that the aggregate of the payments under this section shall be equal to the aggregate payments that would have been made under this section if the area-specific percentage for the year had been 100 percent and the national percentage had been 0 percent.

“(F) In this section, the ‘national average per capita growth percentage’ is equal to the percentage growth in medicare fee-for-service per capita expenditures, which the Secretary shall project for each year.

“(5)(A) In this section, except as provided in subparagraph (C), the term ‘medicare payment area’ means a county, or equivalent area specified by the Secretary.

“(B) In the case of individuals who are determined to have end stage renal disease, the medicare payment area shall be specified by the Secretary.

“(C)(i) Upon written request of the Chief Executive Officer of a State for a contract year (beginning after 1997) made at least 7 months before the beginning of the year, the Secretary shall adjust the system under which medicare payment areas in the State are otherwise determined under subparagraph (A) to a system which—

“(I) has a single statewide medicare payment area,

“(II) is a metropolitan based system described in clause (iii), or

“(III) which consolidates into a single medicare payment area noncontiguous counties (or equivalent areas described in subparagraph (A)) within a State.

Such adjustment shall be effective for payments for months beginning with January of the year following the year in which the request is received.

“(ii) In the case of a State requesting an adjustment under this subparagraph, the Secretary shall adjust the payment rates otherwise established under this section for medicare payment areas in the State in a manner so that the aggregate of the payments under this section in the State shall be equal to the aggregate payments that would have been made under this section for medicare payment areas in the State in the absence of the adjustment under this subparagraph.

“(iii) The metropolitan based system described in this clause is one in which—

“(I) all the portions of each metropolitan statistical area in the State or in the case of a consolidated metropolitan statistical area, all of the portions of each primary metropolitan statistical area within the consolidated area within the State, are treated as a single medicare payment area, and

“(II) all areas in the State that do not fall within a metropolitan statistical area are treated as a single medicare payment area.

“(iv) In clause (iii), the terms ‘metropolitan statistical area’, ‘consolidated metropolitan statistical area’, and ‘primary metropolitan statistical area’ mean any area designated as such by the Secretary of Commerce.

“(6) Subject to subsections (c)(2)(B)(ii) and (c)(7), if an individual is enrolled under this section with an eligible organization having a risk-sharing contract, only the eligible organization shall be entitled to receive payments from the Secretary under this title for services furnished to the individual.”

(b) EFFECTIVE DATE.—The amendment made by this section shall take effect on October 1, 1996.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON INDIAN AFFAIRS

Mr. HATCH. Mr. President, I ask unanimous consent that the Committee on Indian Affairs be authorized to conduct three (3) consecutive hearings during the session of the Senate on Wednesday, April 17, Thursday, April 18, and Friday, April 19, 1996, on the President's budget request for fiscal year 1997 for Indian programs and related budgetary issues from fiscal year 1996. The hearings will be held at 1:30 p.m. each day in room 485 on the Russell Senate Office Building.

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

COMMITTEE ON LABOR AND HUMAN RESOURCES

Mr. HATCH. Mr. President, I ask unanimous consent that the Committee on Labor and Human Resources be authorized to meet in executive session during the session of the Senate on Wednesday April 17, 1996, at 9:30 a.m.

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

COMMITTEE ON RULES AND ADMINISTRATION

Mr. HATCH. Mr. President, I ask unanimous consent that the Committee on Rules and Administration be authorized to meet during the session of the Senate on Wednesday, April 17, 1996, beginning at 10 a.m. until business is completed, to hold a hearing on campaign finance reform.

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

SELECT COMMITTEE ON INTELLIGENCE

Mr. HATCH. Mr. President, I ask unanimous consent that the Select