EC–3425. A communication from the Secretary of Defense, transmitting, pursuant to law, the report under the Inspector General Act from the period October 1, 1995 through March 31, 1996; to the Committee on Governmental Affairs.

PETITIONS AND MEMORIALS

The following petitions and memorials were laid before the Senate and were referred or ordered to lie on the table as indicated:

POM–656. A resolution adopted by the Senate of the Legislature of the Commonwealth of Massachusetts; to the Committee on Governmental Affairs.

''RESOLUTION

''Whereas, at the end of the Korean war in nineteen hundred and fifty-three over eight thousand American troops were unaccounted for; and

''Whereas, historically, the position of the United States Government has been that there were no longer any surviving prisoners of war from the Korean war in North Korea; and

''Whereas, a recent Department of Defense report acknowledges that between ten and fifteen prisoners of war from the Korean war have been sighted, still alive and being held in North Korea; and

''Whereas, many more of the eight thousand troops still unaccounted for may still be alive and held in North Korea; and

''Whereas, recent evidence indicates that these prisoners of the war wish to return to the United States; and

''Whereas, the Korean war has been over for more than forty years and the prisoners are now becoming elderly, making swift action imperative: Now therefore be it

''*Resolved,* That the Massachusetts senate respectfully urges the Congress of the United States to take immediate action to determine the presence of American prisoners of war in North Korea and to ensure the prompt return of any such prisoners to the United States; and be it further

''*Resolved*, That a copy of these resolutions be transmitted forthwith by the clerk of the Senate to the President of the United States, to the Presiding Officer of each branch of Congress and to each Member thereof from the Commonwealth.''

POM–657. A concurrent resolution adopted by the Legislature of the State of Delaware; to the Committee on Labor and Human Resources.

HOUSE CONCURRENT RESOLUTION NO. 38

''Whereas improving patient access to quality health care is a paramount national goal; and

''Whereas the key to improved health care, especially for persons with serious unmet medical needs, is the rapid approval of safe and effective new drugs, biological products, and medical devices; and

''Whereas minimizing the delay between discovery and eventual approval of a new drug, biological product, or medical device derived from research conducted by innovative pharmaceutical and biotechnology companies could improve the lives of millions of Americans; and

''Whereas current limitations on the dissemination of information about pharmaceutical products reduce the availability of information to physicians, other health care professionals, and patients, and unfairly limit the right of free speech guaranteed by the First Amendment to the United States Constitution; and

''Whereas the current rules and practices governing the review of new drugs, biological products, and medical devices by the United States Food and Drug Administration can delay approvals and are unnecessary expensive: Now, therefore be it

Resolved by the house of representatives of the 138th General Assembly of the State of Delaware (the senate concurring therein), That the State Legislature respectfully urges the Congress of the United States to address this important issue by enacting comprehensive legislation to facilitate the rapid review and approval of innovative new drugs, biological products, and medical devices, without compromising patient safety or product effectiveness; and be it further,

''*Resolved*, That copies of this Resolution be transmitted forthwith by the Clerk of the House or Secretary of the Senate to the President of the United States, the Speaker of the United States House of Representatives, and President of the United States Senate, and to each member of the United States Senate and the United States House of Representative.''

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. ROCKEFELLER (for himself and Mr. MACK):

S. 1963. A bill to establish a demonstration project to study and provide coverage of routine patient care costs for medicare beneficiaries with cancer who are enrolled in an approved clinical trial program; to the Committee on Finance.

By Mr. BINGAMAN (for himself and Mr. HOLLINGS):

S. 1964. A bill to amend title XVIII of the Social Security Act to provide for coverage under part B of the medicare program of medical nutrition therapy services of registered dietitians and nutrition professionals; to the Committee on Finance.

By Mr. HATCH (for himself, Mr. BIDEN, Mrs. FEINSTEIN, Mr. GRASSLEY, Mr. SPECTER, Mr. WYDEN, Mr. DEWINE, Mr. HARKIN, Mr. D'AMATO, Mr. KYL, Mr. REID, and Mr. ASHCROFT):

S. 1965. A bill to prevent the illegal manufacturing and use of methamphetamine; ordered held at the desk.

By Mr. CAMPBELL (for himself, Mr. CHAFEE, and Ms. MOSELEY-BRAUN):

S. 1966. A bill to extend the legislative authority for the Black Revolutionary War Patriots Foundation to establish a commemorative work; to the Committee on Energy and Natural Resources.

By Mr. BROWN:

S. 1967. A bill to provide that members of the Armed Forces who performed services for the peacekeeping efforts in Somalia shall be entitled to tax benefits in the same manner as if such services were performed in a combat zone, and for other purposes; to the Committee on Finance.

By Mr. FAIRCLOTH:

S. 1968. A bill to reorder United States budget priorities with respect to United States assistance to foreign countries and international organizations; to the Committee on Foreign Relations.

By Mr. JEFFORDS (for himself, Mr. BRADLEY, Mrs. KASSEBAUM, Mr. KERREY, Mr. COHEN, Mr. BINGAMAN, Mr. CHAFEE, and Mr. WYDEN):

S. 1969. A bill to establish a Commission on Retirement Income Policy; to the Committee on Labor and Human Resources.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. ROCKEFELLER (for himself and Mr. MACK):

S. 1963. A bill to establish a demonstration project to study and provide coverage of routine patient care costs for medicare beneficiaries with cancer who are enrolled in an approved clinical trial program; to the Committee on Finance.

THE MEDICARE CANCER CLINICAL TRIAL COVERAGE ACT OF 1996

Mr. ROCKEFELLER. Mr. President, today, I am introducing legislation to continue the effort to expand treatment options for older Americans who happen to have cancer. I am especially pleased my colleague from Florida, Senator MACK, is joining me as an original cosponsor. Senator MACK is a vigorous and persistent advocate for cancer research and improvements in patient care for those with cancer. He has been fighting this battle for a long time.

Our bipartisan sponsorship, which is just a nice thing to happen around here anyway, is intended to say to the American people, especially to the millions of Medicare beneficiaries with cancer, that we in the Congress are, in fact, very, very serious about trying to be helpful.

Over 1.3 million people will be diagnosed with cancer this year. Over 11,000 of those people, newly diagnosed with cancer, will be people I represent, that is West Virginians. Cancer is, in fact, the second leading cause of death in West Virginia, second only to heart disease. This legislation is aimed at improving Medicare coverage, since Medicare beneficiaries account for more than half of all cancer diagnoses, and 60 percent of all cancer deaths.

Our bill deals with the very specific problem faced by Medicare beneficiaries who are currently prevented from receiving care that may extend or save their lives. To put it very simply and very bluntly, Americans over the age of 65 who are struck with cancer believe they should get the best shot in fighting their disease. The Medicare Cancer Clinical Trial Coverage Act of 1996, which is the bill I am introducing, is a bill to do something very targeted to give older Americans their best shot at fighting cancer. With this bill we want to tackle the frustrating, often anguishing problem faced by older Americans who are unable to participate in cancer clinical trials. Let me explain.

Consider the story of a West Virginian who was treated with an experimental drug for lung cancer, under a research trial approved by the National Cancer Institute. Because Medicare would not cover the cost of hospitalization required to administer the anticancer treatment, he decided he could only pay for one more treatment out of the money from his own pocket. This West Virginian could not bring himself to bankrupt his family, yet getting the additional treatments

might bring the gift of a longer life for him and, obviously, much more stability and happiness for his family. This is a terrible choice that should not have to be made by anybody in this country.

While we still have a long way to go in discovering a cure for cancer, there are constantly popping up reports of exciting new advances in the treatment of cancer. The bad news is that millions of people with cancer cannot take advantage of these path-breaking treatments because they are provided in a setup which is called clinical trials. To insurers, including the Medicare Program, that labels them experimental. In other words, clinical trials are labeled experimental and, therefore, the basis for turning down coverage with no ifs, ands, or buts.

Critics of coverage for clinical trials argue that care provided in trials is purely investigational and too costly. In fact, these trials can provide essential information about which treatments are effective and which ones are not. This is one of the best ways for the health care system to learn about the various advantages and disadvantages of treatment options, including what costs are involved before a certain course is expanded widely or prematurely.

The bill I am introducing today with Senator CONNIE MACK is very careful in pursuing a solution. We lay out a framework for a major demonstration project to come up with the information and the experience needed to then modify Medicare's policy toward clinical trials. With this demonstration we want the Medicare Program to find out more about the costs of covering high-quality clinical trials for its beneficiaries with cancer, and then compare them to the benefits and other results learned through the demonstration. There is truly an urgent need to get on with this study, and then where the findings should take us in changing Medicare's policy toward clinical trials. With new cancer therapies rapidly unfolding, dealing with a disease that its victims are desperately trying to battle, peer-reviewed clinical trials may be the best and only available care.

Cancer researchers themselves—and there is a long list of associations and organizations who support this legislation—are eager to have more older Americans involved in these trials. More needs to be learned about the biological responses to various treatments within different age groups, and this bill can help fill that particular gap.

In our bill we confine the demonstration to covering a select group of high-quality clinical trials. Our criteria say the trials covered under this demonstration have to be the result of top-notch peer review procedures.

This legislation does not write any new policies for Medicare into stone, but it does lay the foundation for a Medicare policy toward cancer treatments that factors in what clinical trials now have to offer. We give the program 5 years to conduct the demonstration, and then we call on the Secretary of HHS to tell Congress how Medicare should or perhaps should not be changed in its policy toward cancer and other kinds of clinical trials.

Many researchers, physicians, patients, and many of us in Congress have already been pushing for more coverage for clinical trials by Medicare and other insurers. In its 1994 report to Congress, a very long-named advisory group—something called the National Cancer Advisory Board's Subcommittee to Evaluate the National Cancer Program—emphasized the need for private insurance and Medicare coverage for approved clinical trials. And we use that report in our bill to create the criteria for what kinds of trials should be covered in the Medicare demonstration that Senator MACK and I are proposing.

I continue to believe that all Americans should be guaranteed access to quality health care. I would love to see Congress acting immediately to ensure that any American struck by cancer, whether age 21 or age 71, could get coverage for treatment in a clinical trial if that is judged the best option for them. Those are highly ambitious goals, and today Senator MACK and I offer this bill as one more incremental step in their direction.

I actually started some years ago with legislation to improve cancer care for Medicare patients. That legislation ended up being enacted in 1993. It was really sort of embarrassingly simple. My legislation required Medicare coverage of oral anticancer drugs if those drugs would otherwise have been covered by Medicare if administered intravenously in a doctor's office. Obviously, the result being cost savings and almost simple beyond belief. But, nevertheless, it was not allowed prior to my legislation.

We changed the law, and now it is allowed. A lot of money is being saved, and people are being helped because they can take an oral drug at home rather than having an injection in a doctor's office. As a result, many Medicare beneficiaries with cancer can take advantage of drugs that they were, in a sense, walled off from before.

The other part of my bill set an uniform standard for Medicare coverage of anticancer drugs. Prior to the enactment of my legislation, there was significant variation in Medicare coverage of anticancer drugs because individual Medicare carriers made their own decisions on coverage. A GAO report found that Medicare's unreliable and inconsistent coverage of accepted off-label uses of cancer drugs forced oncologists to alter their preferred treatment. Now there is clear and consistent Medicare policy regarding coverage of anticancer drugs.

In conclusion, I think it is time again for Congress to take another small, yet crucial, step in improving coverage for elderly cancer patients who deserve every chance they have to battle this horrible disease.

I hope to get the help of colleagues on both sides of the aisle—and I am sure Senator MACK shares this wish with me—to get more supporters to recognize that this urgent need has to be attended to as soon as possible.

Mr. President, I ask unanimous consent that a copy of our bill and a summary of the legislation, along with a list of its supporters, be printed in the RECORD.

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

S. 1963

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Medicare Cancer Clinical Trial Coverage Act of 1996''.

SEC. 2. MEDICARE CANCER PATIENT DEMONSTRATION PROJECT.

(a) ESTABLISHMENT.—Not later than January 1, 1997, the Secretary of Health and Human Services (in this Act referred to as the ''Secretary'') shall establish a demonstration project which provides for payment under the medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) of routine patient care costs—

(1) which are provided to an individual diagnosed with cancer and enrolled in the medicare program under such title as part of the individual's participation in an approved clinical trial program; and

(2) which are not otherwise eligible for payment under such title for individuals who are entitled to benefits under such title.

(b) APPLICATION.—The beneficiary cost sharing provisions under the medicare program, such as deductibles, coinsurance, and copayment amounts, shall apply to any individual participating in a demonstration project conducted under this Act.

(c) APPROVED CLINICAL TRIAL PROGRAM.—For purposes of this Act, the term ''approved clinical trial program'' means a clinical trial program which is approved by—

(1) the National Institutes of Health;

(2) a National Institutes of Health cooperative group or a National Institutes of Health center;

(3) the Food and Drug Administration (in the form of an investigational new drug or device exemption);

(4) the Department of Veterans Affairs;

(5) the Department of Defense; or

(6) a qualified nongovernmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants.

(d) ROUTINE PATIENT CARE COSTS.—

(1) IN GENERAL.—For purposes of this Act, ''routine patient care costs'' shall include the costs associated with the provision of items and services that—

(A) would otherwise be covered under the medicare program if such items and services were not provided in connection with an approved clinical trial program; and

(B) are furnished according to the design of an approved clinical trial program.

(2) EXCLUSION.—For purposes of this Act, ''routine patient care costs'' shall not include the costs associated with the provision of—

(A) an investigational drug or device, unless the Secretary has authorized the manufacturer of such drug or device to charge for such drug or device; or

(B) any item or service supplied without charge by the sponsor of the approved clinical trial program.

SEC. 3. STUDY, REPORT, AND TERMINATION.

(a) STUDY.—The Secretary shall study the impact on the medicare program under title XVIII of the Social Security Act of covering routine patient care costs for individuals with a diagnosis of cancer and other diagnoses, who are entitled to benefits under such title and who are enrolled in an approved clinical trial program.

(b) REPORT TO CONGRESS.—Not later than January 1, 2001, the Secretary shall submit a report to Congress that contains a statement regarding—

(1) any incremental cost to the medicare program under title XVIII of the Social Security Act resulting from the provisions of this Act; and

(2) a projection of expenditures under the medicare program if coverage of routine patient care costs in an approved clinical trial program were extended to individuals entitled to benefits under the medicare program who have a diagnosis other than cancer.

(c) TERMINATION.—The provisions of this Act shall not apply after June 30, 2001.

MEDICARE CANCER CLINICAL TRIAL COVERAGE ACT OF 1996

CURRENT LAW

Medicare generally does not pay for the costs of patient care if they are incurred in the course of a clinical trial. An exception adopted last year allows Medicare coverage of investigational medical devices used in clinical trials, and of the associated medical care, if the FDA determines that the investigational device is similar to a previously approved or cleared device.

PROPOSED CHANGE

The Secretary of HHS would be required to conduct a demonstration project, beginning no later than January 1, 1997, which would study the feasibility of covering patient costs for beneficiaries diagnosed with cancer and enrolled in certain approved clinical trials. Eligibility for coverage would be dependent on approval of the trial design by one of several high quality peer-review organizations, including the National Institutes of Health, the Food and Drug Administration, the Department of Defense, and the Department of Veterans Affairs. No later than January 1, 2001, the Secretary would be required to report to the Congress concerning any incremental costs of such coverage and the advisability of covering other diagnoses under the same circumstances. The demonstration project would sunset on June 30, 2001.

Supported by:

National Coalition for Cancer Survivorship; Candlelighters Childhood Cancer Foundation; Cancer Care, Inc.; National Alliance of Breast Cancer Organizations (NABCO); US TOO International Y–ME National Breast Cancer Organization; American Cancer Society; American Society of Clinical Oncology; American Society of Pediatric Hematology/Oncology; Association of American Cancer Institutes; Association of Community Cancer Centers; Cancer Research Foundation of America; North American Brain Tumor Coalition; Leukemia Society of America; National Breast Cancer Coalition; National Childhood Cancer Foundation; National Coalition for Cancer Research; Oncology Nursing Society; Prostate Cancer Support-group Network; and Society of Surgical Oncology.

By Mr. BINGAMAN (for himself and Mr. HOLLINGS):

S. 1964. A bill to amend title XVIII of the Social Security Act to provide for coverage under part B of the Medicare Program of medical nutrition therapy services of registered dietitians and nutrition professionals; to the Committee on Finance.

THE MEDICAL NUTRITION THERAPY ACT OF 1996

● Mr. BINGAMAN. Mr. President, I introduce the Medical Nutrition Therapy Act of 1996 on behalf of myself and my friend and colleague from South Carolina, Senator HOLLINGS.

This legislation is similar to a bill, H.R. 2247, that was introduced last year in the House by Representative JOSÉ SERRANO. It provides for coverage under part B of the Medicare Program of medical nutrition therapy services which are furnished by or under the supervision of a registered dietitian or nutrition professional.

Mr. President, at a time when the Medicare system is under increasing scrutiny and the Congress and administration are debating how to ensure the long-term stability of the program, I believe that the legislation I am introducing should be an integral part of those debates.

Medical nutrition therapy is the assessment of patient nutritional status followed by therapy, ranging from diet modification to administration of specialized nutrition therapies such as intravenous or tube feedings. It has proven to be a medically necessary and cost-effective way of treating and controlling many diseases and medical conditions, including AIDS, cancer, kidney disease, diabetes, and severe burns. The treatment of all of these conditions and numerous others saves health care costs by speeding recovery and reducing the incidence of complications. This in turn results in fewer hospitalizations, shorter hospital stays, and reduced drug, surgery, and treatment needs.

An analysis of nearly 2,400 case studies submitted by members of American Dietetic Association members showed that on average more than $8,000 per patient can be saved with the intervention of medical nutrition therapy. The July 1995 issue of the American Journal of Medicine highlighted a study that found that the use of a diabetes team, led by an endocrinologist working with a nurse diabetes educator and dietitian, resulted in a 56-percent reduction in length of hospital stays among patients hospitalized with a primary diagnosis of diabetes compared with patients treated by an internist alone. Currently, hospital care of diabetic patients costs an estimated $65 billion a year. The potential 5-day reduction in hospitalization found by this study translates into billions of dollars per year in potential health care savings and that is only the savings related to diabetes treatment. The true saving resulting from the increased use of medical nutrition therapy in other illnesses is substantial and that is why I am here today to offer this legislation.

Mr. President, no consistent policy or approach exists for covering the costs for medical nutrition therapy. In inpatient settings, dietitians' services are often folded into hospital room and board charges and are not reimbursed while equipment and prescribed medical nutritional products are often, but not always, treated in the same manner. In outpatient settings, coverage is inconsistent for both dietitians' services and other nutrition therapies. Medicare and some Medicaid programs cover physician-prescribed medical nutrition therapies as part of a home care therapy benefit. However, professional dietitian services are not covered as a reimbursable expense.

I believe that we need to change this and the legislation I am offering today will achieve that. I also believe that as the relevant studies are developed it will be clearly shown that coverage of medical nutrition therapy of reducing health care expenditures and should be an integral part of any long-term solution to the solvency of the Medicare Program.●

By Mr. HATCH (for himself, Mr. BIDEN, Mrs. FEINSTEIN, Mr. GRASSLEY, Mr. SPECTER, Mr. WYDEN, Mr. DEWINE, Mr. HARKIN, Mr. D'AMATO, Mr. KYL, Mr. REID and Mr. ASHCROFT):

S. 1965. A bill to prevent the illegal manufacturing and use of methamphetamine; ordered held at the desk.

THE COMPREHENSIVE METHAMPHETAMINE CONTROL ACT OF 1996

Mr. HATCH. Mr. President, I rise today to introduce S. 1965, a bipartisan bill to combat the methamphetamine epidemic, a serious and growing public health problem which poses a special threat to our Nation's youth who are abusing the drug in record numbers.

According to the latest information from the Drug Enforcement Administration, 50 percent of the methamphetamine consumed in the United States is illegally imported. The other 50 percent is manufactured illegally in the United States in clandestine labs. Accordingly, any national strategy to combat methamphetamine must target both the source of import and these clandestine labs.

Methamphetamine presents a unique problem in the fight against illegal drugs. It is not grown, but is manufactured from other chemicals, virtually all of which are legally used for other purposes.

Clandestine methamphetamine laboratories manufacture methamphetamine from chemicals with legitimate medical uses. Two of the most common precursor drugs—ephedrine and pseudoephedrine—are common ingredients in cold and cough preparations. Other precursor chemicals include iodine, often used in iodized salt; red phosphorous, often used in the production of matches; and hydrochloric acid, used for a variety of chemical purposes.

In addition, methamphetamine distribution has become a major target of opportunity for sophisticated drug trafficking rings, including vicious, poly-drug organizations in Mexico who have beaten well-trodden paths into the United States. Willing European suppliers provide them with tons of ephedrine, the precursor drug used to manufacture the illegal meth.

These Mexican methamphetamine traffickers are organized—and they do not hesitate to use extreme violence. They showed their true colors when they murdered DEA special agent Richard Fass in Glendale, AZ, in June 1994—just 1 day before he was to be transferred to a new assignment.

Any legislative solution to the meth crisis must, by necessity, balance the need to stem this illegal tide of methamphetamine into the United States against the need to ensure access to precursor chemicals which have legitimate medical uses and upon which millions of Americans rely.

Mr. President, methamphetamine has wreaked havoc across America, especially on communities in the Southwest. And, unfortunately, it is spreading east. It has entered the intermountain west, especially Utah, and is beginning to be seen throughout the rest of the country as well.

An indication of the magnitude of this problem is the fact that methamphetamine emergency room cases are up 256 percent over the 1991 levels, according to the latest information from the Drug Abuse Warning Network.

In 1994, the last year that data were available, there were 17,400 methamphetamine-related emergency visits. In California, methamphetamine seizures are up 518 percent over the 1991 level.

In Utah, we had 56 lab seizures in 1995, up from 13 in 1994. From January through June of this year we have already had 37 lab seizures. Utah has ranked in the top three States in the number of methamphetamine lab seizures for the past 2 years, an alarming trend.

According to the Centers for Disease Control and Prevention, Utah has experienced the second greatest increase in methamphetamine-related admissions in the entire country—a 133-percent increase in admissions between 1992 and 1993.

But statistics don't tell the whole story. This crisis is more than numbers, it involves real people suffering real problems. Let me show you examples of the people behind those numbers.

One of these people is Russell Ray Thompson. After a long day of drinking alcohol and injecting methamphetamine, Thompson shot an unarmed female friend six times with a rifle, leaving her two orphaned children to live with their grandparents.

Another is Connie Richens, from Vernal, UT. As Ms. Richens was preparing to meet her husband at a bowling alley, two men forced themselves into her apartment and slashed her throat four times. Uinta County sheriff's deputies found powdered methamphetamine a few feet from her dead body.

Methamphetamine is a killer. It kills those who abuse it, as well as innocent bystanders. It is the latest outrage perpetrated on American society by those who deal in drugs. We must put a stop to this terrible problem.

At this point, I would like to summarize the major provisions in S. 1965.

The first title contains measures to stop the importation of methamphetamine and precursor chemicals into the United States. We have included a long-arm provision, which imposes a maximum 10-year penalty on the manufacture outside the United States of a list I chemical—which is a chemical that is used to manufacture a controlled substance—with intent to import it into this country.

The second title contains several provisions to control the manufacture of methamphetamine in clandestine labs. It includes an important provision to permit the seizure and forfeiture of list I chemicals that are involved in illegal trafficking. Another provision increases penalties for the manufacture and possession of equipment used to make controlled substances. These provisions will not only impact the manufacture of methamphetamine, but other drugs illegally manufactured as well.

After a great deal of work with the Department of Justice, Senator BIDEN, and the DEA, I have also included a provision that will allow the Attorney General to commence a civil action for appropriate relief to shut down the production and sale of listed chemicals by individuals or companies that knowingly sell precursor agents for the purpose of the illegal manufacture of a controlled substance.

I believe that these provisions are important, as they give law enforcement additional authority to stop the flow of these precursor substances that are diverted for the manufacture of illegal controlled substances and to shut down clandestine labs. This bill gives the law enforcement community the muscle it needs to fight trafficking in methamphetamine and its precursor drugs.

In addition to the provisions I have already outlined, the third title increases penalties for trafficking in methamphetamine and list I precursor chemicals, enhances penalties for the dangerous handling of controlled substances, allows the Government to seek restitution for the clean up of the clandestine laboratory sites from those who created the contamination, and allows for the seizure of the modes of transportation of illegal methamphetamine and list I chemicals.

In developing these provisions, we were cognizant of the fact that the DEA and the administration have stated that one important way to stop meth abuse is to increase the penalties for illegal importation of precursor chemicals. This will reduce the number of domestic, clandestine methamphetamine labs which, in turn, will decrease the availability of this dangerous drug, improve the safety of our neighborhoods, and eliminate a source of environmental damage.

It is an unfortunate consequence of enhanced domestic penalties that some of the domestic labs may relocate to Central and South America. It is my hope that the provisions in this bill requiring additional coordination between the United States and these countries will allow for the development of an international strategy that will combat this problem too.

In particular, fighting this problem effectively is going to require improved cooperation from Mexico. I believe that Congress stands ready to support the administration in international efforts to stem the flow of drugs into the United States.

The fourth title cracks down hard on the ability of rogue companies to sell large amounts of precursor chemicals that are diverted to clandestine labs. Provisions in this title limit the package size that precursor drugs may be sold in at the retail level, and require the product to be packaged in blister packs when technically feasible.

Mr. President, this title contains carefully drafted provisions that balance the need to crack down on precursor chemicals against the need to maintain the availability of drugs such as pseudoephedrine for legitimate purposes. I recognize the need to take measures to decrease the availability of the precursor list I chemicals for diversion to clandestine methamphetamine laboratories. However, in so doing, we must not restrict the ability of law-abiding citizens to use common remedies for colds and allergies, or subject sales of such legal products to onerous recordkeeping at the retail level.

It is no secret that I have been critical of the DEA's proposed regulations in this area. The provisions included in S. 1965, I believe, will achieve our common goal without the negative side effects of the proposed regulations.

In fact, I believe that our provisions with regard to the sale of the precursor chemicals pseudoephedrine and phenylpropanolamine go much farther in preventing the diversion of these products while maintaining their access for legitimate uses. In this bill we lower the single transaction threshold for pseudoephedrine—containing products from 1,000 grams to 24 grams. Our bill also allows the Attorney General to lower this single—transaction limit further, as necessary to prevent the diversion of products to meth labs. That provision was inserted to meet the concerns of Senator FEINSTEIN and others who believe that retail sales are a significant source of precursor drugs for clandestine labs.

Some of my colleagues may have seen an article this morning in USA Today, which leaves one with the impression that retail cough and cold preparations are a significant source of precursor drugs. I have spent a great deal of time studying this issue, consulting extensively with the DEA and State and local law enforcement officials in Utah. I remain unconvinced that legitimate products purchased at the retail level are a significant source of precursor drugs for the manufacture of methamphetamine. Nevertheless, I

have included several provisions in this title that will limit the potential diversion of legitimate products at the retail level to methamphetamine labs.

When this legislation is enacted, I will continue to monitor this situation very closely. If the data show that retail products containing pseudoephedrine and phenylpropanolamine are contributing to the methamphetamine problems, I pledge to revisit this issue next Congress.

In addition, we have strict reporting and recordkeeping provisions for those companies that sell ephedrine, pseudoephedrine and phenylpropanolamine by mail. These provisions - which go far beyond what DEA has proposed to date—will shut down loopholes in current law that allow these products to get to the meth labs.

This bill gets tough on those who divert legitimate products to clandestine methamphetamine labs. I would have it no other way.

In anticipation of questions regarding this provision, I want to underscore that the bill does not apply to dietary supplement products in any way.

Finally, an important title of our legislation improves and expands existing education and research activities related to methamphetamine and other drug abuse. This approach, I feel, is key to the success of a comprehensive drug control policy. Increased emphasis on research, prevention, and treatment go hand in hand with efforts to reduce supply.

Consequently, our bill creates a methamphetamine interagency working group to design, implement, and evaluate a comprehensive methamphetamine education and prevention program. It requires public health monitoring programs to monitor methamphetamine abuse in the United States.

In addition, the legislation calls for a methamphetamine national advisory panel to develop a program to educate distributors of precursor chemicals and supplies to decrease the likelihood of diversion of these products to clandestine laboratories, and creates a suspicious orders task force to improve the reporting of suspicious orders and sales of list I chemicals.

In closing, Mr. President, I want to make clear that the legislation we introduce today represents a consensus position based on literally hundreds of hours of consultations with representatives of Federal, State, and local law enforcement, as well as substance abuse prevention and treatment experts and representatives of manufacturers of legitimate products containing the precursor chemicals.

In particular, I want to recognize the input from the Drug Enforcement Agency and Department of Justice, who have been instrumental in the development of a bill that we all can support.

I want to thank Senator BIDEN for his leadership role in developing this bill and for his willingness to move forward in a bipartisan way so that we can take steps toward addressing this important public health problem this session.

In addition, I want to recognize the significant contributions of Senator WYDEN, who early on indicated his interest in working with me to develop a bipartisan bill, and Senators SPECTER, DEWINE, ASHCROFT, and HARKIN.

Finally, I must also recognize the efforts of Senators FEINSTEIN, GRASSLEY, and KYL. They have contributed significant time and energy to bringing this issue before Congress and are strong advocates for legislation to deal with this problem.

The bill that my colleagues and I rise to introduce today represents a bipartisan, comprehensive response to control the methamphetamine abuse problem in our country. We still have a few issues to work out as this bill moves forward, but I am confident that we can quickly address any remaining areas of concern, so that we can pass this bill this session.

Methamphetamine abuse is a growing threat to the public health of this country. I hope that the Senate can move quickly to pass this bill so we can enact a comprehensive program to stop this problem in its tracks.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1965

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

SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Comprehensive Methamphetamine Control Act of 1996''.

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

SEC. 2. FINDINGS.

The Congress finds the following:

(1) Methamphetamine is a very dangerous and harmful drug. It is highly addictive and is associated with permanent brain damage in long-term users.

(2) The abuse of methamphetamine has increased dramatically since 1990. This increased use has led to devastating effects on individuals and the community, including—

(A) a dramatic increase in deaths associated with methamphetamine ingestion;

(B) an increase in the number of violent crimes associated with methamphetamine ingestion; and

(C) an increase in criminal activity associated with the illegal importation of methamphetamine and precursor compounds to support the growing appetite for this drug in the United States.

(3) Illegal methamphetamine manufacture and abuse presents an imminent public health threat that warrants aggressive law enforcement action, increased research on methamphetamine and other substance abuse, increased coordinated efforts to prevent methamphetamine abuse, and increased monitoring of the public health threat methamphetamine presents to the communities of the United States.

TITLE I—IMPORTATION OF METHAMPHETAMINE AND PRECURSOR CHEMICALS

SEC. 101. SUPPORT FOR INTERNATIONAL EFFORTS TO CONTROL DRUGS.

The Attorney General, in consultation with the Secretary of State, shall coordinate international drug enforcement efforts to decrease the movement of methamphetamine and methamphetamine precursors into the United States.

SEC. 102. PENALTIES FOR MANUFACTURE OF LISTED CHEMICALS OUTSIDE THE UNITED STATES WITH INTENT TO IMPORT THEM INTO THE UNITED STATES.

(a) UNLAWFUL IMPORTATION.—Section 1009(a) of the Controlled Substances Import and Export Act (21 U.S.C. 959(a)) is amended—

(1) in the matter before paragraph (1), by inserting ''or listed chemical'' after ''schedule I or II''; and

(2) in paragraphs (1) and (2), by inserting ''or chemical'' after ''substance''.

(b) UNLAWFUL MANUFACTURE OR DISTRIBUTION.—Paragraphs (1) and (2) of section 1009(b) of the Controlled Substances Import and Export Act (21 U.S.C. 959(b)) are amended by inserting ''or listed chemical'' after ''controlled substance''.

(c) PENALTIES.—Section 1010(d) of the Controlled Substances Import and Export Act (21 U.S.C. 960(d)) is amended—

(1) in paragraph (5), by striking ''or'' at the end;

(2) in paragraph (6), by striking the comma at the end and inserting ''; or''; and

(3) by adding at the end the following:

''(7) manufactures, possesses with intent to distribute, or distributes a listed chemical in violation of section 959 of this title.''.

TITLE II—PROVISIONS TO CONTROL THE MANUFACTURE OF METHAMPHETAMINE

SEC. 201. SEIZURE AND FORFEITURE OF REGULATED CHEMICALS.

(a) PENALTIES FOR SIMPLE POSSESSION.—Section 404 of the Controlled Substances Act (21 U.S.C. 844) is amended—

(1) in subsection (a)—

(A) by adding after the first sentence the following: ''It shall be unlawful for any person knowingly or intentionally to possess any list I chemical obtained pursuant to or under authority of a registration issued to that person under section 303 of this title or section 1008 of title III if that registration has been revoked or suspended, if that registration has expired, or if the registrant has ceased to do business in the manner contemplated by his registration.''; and

(B) by striking ''drug or narcotic'' and inserting ''drug, narcotic, or chemical'' each place it appears; and

(2) in subsection (c), by striking ''drug or narcotic'' and inserting ''drug, narcotic, or chemical''.

(b) FORFEITURES.—Section 511(a) of the Controlled Substances Act (21 U.S.C. 881(a)) is amended—

(1) in paragraphs (2) and (6), by inserting ''or listed chemical'' after ''controlled substance'' each place it appears; and

(2) in paragraph (9), by—

(A) inserting ''dispensed, acquired,'' after ''distributed,'' both places it appears; and

(B) striking ''a felony provision of''.

(c) SEIZURE.—Section 607 of the Tariff Act of 1930 (19 U.S.C. 1607) is amended—

(1) in subsection (a)(3), by inserting ''or listed chemical'' after ''controlled substance''; and

(2) by amending subsection (b) to read as follows:

''(b) As used in this section, the terms 'controlled substance' and 'listed chemical' have the meaning given such terms in section 102 of the Controlled Substances Act (21 U.S.C. 802).''.

SEC. 202. STUDY AND REPORT ON MEASURES TO PREVENT SALES OF AGENTS USED IN METHAMPHETAMINE PRODUCTION.

(a) STUDY.—The Attorney General of the United States shall conduct a study on possible measures to effectively prevent the diversion of red phosphorous, iodine, hydrochloric gas, and other agents for use in the production of methamphetamine. Nothing in this section shall preclude the Attorney General from taking any action the Attorney General already is authorized to take with regard to the regulation of listed chemicals under current law.

(b) REPORT.—Not later than January 1, 1998, the Attorney General shall submit a report to the Congress of its findings pursuant to the study conducted under subsection (a) on the need for and advisability of preventive measures.

(c) CONSIDERATIONS.—In developing recommendations under subsection (b), the Attorney General shall consider—

(1) the use of red phosphorous, iodine, hydrochloric gas, and other agents in the illegal manufacture of methamphetamine;

(2) the use of red phosphorous, iodine, hydrochloric gas, and other agents for legitimate, legal purposes, and the impact any regulations may have on these legitimate purposes; and

(3) comments and recommendations from law enforcement, manufacturers of such chemicals, and the consumers of such chemicals for legitimate, legal purposes.

SEC. 203. INCREASED PENALTIES FOR MANUFACTURE AND POSSESSION OF EQUIPMENT USED TO MAKE CONTROLLED SUBSTANCES.

(a) IN GENERAL.—Section 403(d) of the Controlled Substances Act (21 U.S.C. 843(d)) is amended—

(1) by striking ''(d) Any person'' and inserting ''(d)(1) Except as provided in paragraph (2), any person''; and

(2) by adding at the end the following:

''(2) Any person who, with the intent to manufacture or facilitate to manufacture methamphetamine, violates paragraph (6) or (7) of subsection (a), shall be sentenced to a term of imprisonment of not more than 10 years, a fine of not more than $30,000, or both; except that if any person commits such a violation after one or more prior convictions of that person—

''(A) for a violation of paragraph (6) or (7) of subsection (a);

''(B) for a felony under any other provision of this subchapter or subchapter II of this chapter; or

''(C) under any other law of the United States or any State relating to controlled substances or listed chemicals,

has become final, such person shall be sentenced to a term of imprisonment of not more than 20 years, a fine of not more than $60,000, or both.''.

(b) SENTENCING COMMISSION.—The United States Sentencing Commission shall amend the sentencing guidelines to ensure that the manufacture of methamphetamine in violation of section 403(d)(2) of the Controlled Substances Act, as added by subsection (a), is treated as a significant violation.

SEC. 204. ADDITION OF IODINE AND HYDROCHLORIC GAS TO LIST II.

(a) IN GENERAL.—Section 102(35) of the Controlled Substances Act (21 U.S.C. 802(35)) is amended by adding the end the following:

''(I) Iodine.

''(J) Hydrochloric gas.''.

(b) IMPORTATION REQUIREMENTS.—Iodine shall not be subject to the requirements for listed chemicals provided in section 1018 of the Controlled Substances Import and Export Act (21 U.S.C. 971).

(2) EFFECT OF EXCEPTION.—The exception made by paragraph (1) shall not limit the authority of the Attorney General to impose the requirements for listed chemicals provided in section 1018 of the Controlled Substances Import and Export Act (21 U.S.C. 971).

SEC. 205. CIVIL PENALTIES FOR FIRMS THAT SUPPLY PRECURSOR CHEMICALS.

(a) OFFENSES.—Section 402(a) of the Controlled Substances Act (21 U.S.C. 842(a)) is amended—

(1) in paragraph (9), by striking ''or'' after the semicolon;

(2) in paragraph (10), by striking the period and inserting ''; or''; and

(3) by adding at the end the following:

''(11) to distribute a laboratory supply to a person who uses, or attempts to use, that laboratory supply to manufacture a controlled substance or a listed chemical, in violation of this title or title III, with reckless disregard for the illegal uses to which such a laboratory supply will be put.

As used in paragraph (11), the term 'laboratory supply' means a listed chemical or any chemical, substance, or item, on a special surveillance list published by the Attorney General, which contains chemicals, products, materials, or equipment used in the manufacture of controlled substances and listed chemicals. For purposes of paragraph (11), there is a rebuttable presumption of reckless disregard at trial if a firm distributes or continues to distribute a laboratory supply to a customer where the Attorney General has previously notified, at least two weeks before the transaction(s), the firm that a laboratory supply sold by the firm, or any other person or firm, has been used by that customer, or distributed further by that customer, for the unlawful production of controlled substances or listed chemicals.''

(b) CIVIL PENALTY.—Section 402(c)(2) of the Controlled Substances Act (21 U.S.C. 842(c)(2)) is amended by adding at the end the following:

''(C) In addition to the penalties set forth elsewhere in this title or title III, any business that violates paragraph (11) of subsection (a) shall, with respect to the first such violation, be subject to a civil penalty of not more than $250,000, but shall not be subject to criminal penalties under this section, and shall, for any succeeding violation, be subject to a civil fine of not more than $250,000 or double the last previously imposed penalty, whichever is greater.''.

SEC. 206. INJUNCTIVE RELIEF.

(a) TEN-YEAR INJUNCTION MAJOR OFFENSES.—Section 401(f) of the Controlled Substances Act (21 U.S.C. 841(f)) is amended by—

(1) inserting ''manufacture, exportation,'' after ''distribution,''; and

(2) striking ''regulated''.

(b) TEN-YEAR INJUNCTION OTHER OFFENSES.—Section 403 of the Controlled Substances Act (21 U.S.C. 843) is amended—

(1) in subsection (e), by—

(A) inserting ''manufacture, exportation,'' after ''distribution,''; and

(B) striking ''regulated''; and

(2) by adding at the end the following:

''(f) INJUNCTIONS.—(1) In addition to any penalty provided in this section, the Attorney General is authorized to commence a civil action for appropriate declaratory or injunctive relief relating to violations of this section or section 402.

''(2) Any action under this subsection may be brought in the district court of the United States for the district in which the defendant is located or resides or is doing business.

''(3) Any order or judgment issued by the court pursuant to this subsection shall be tailored to restrain violations of this section or section 402.

''(4) The court shall proceed as soon as practicable to the hearing and determination of such an action. An action under this subsection is governed by the Federal Rules of Civil Procedure except that, if an indictment has been returned against the respondent, discovery is governed by the Federal Rules of Criminal Procedure.''.

SEC. 207. RESTITUTION FOR CLEANUP OF CLANDESTINE LABORATORY SITES.

Section 413 of the Controlled Substances Act (21 U.S.C. 853) is amended by adding at the end the following:

''(q) The court, when sentencing a defendant convicted of an offense under this title or title III involving the manufacture of methamphetamine, may—

''(1) order restitution as provided in sections 3612 and 3664 of title 18, United States Code;

''(2) order the defendant to reimburse the United States for the costs incurred by the United States for the cleanup associated with the manufacture of methamphetamine by the defendant; and

''(3) order restitution to any person injured as a result of the offense as provided in section 3663 of title 18, United States Code.''.

SEC. 208. RECORD RETENTION.

Section 310(a)(1) of the Controlled Substances Act (21 U.S.C. 830(a)(1)) is amended

by striking the dash after ''transaction'' and subparagraphs (A) and (B) and inserting ''for two years after the date of the transaction.''.

SEC. 209. TECHNICAL AMENDMENTS.

Section 102 of the Controlled Substances Act (21 U.S.C. 802) is amended—

(1) in paragraph (34), by amending subparagraphs (P), (S), and (U) to read as follows:

''(P) Iso safrole.

''(S) N–Methylephedrine.

''(U) Hydriodic acid.''; and

(2) in paragraph (35), by amending subparagraph (G) to read as follows:

''(G) 2–Butanone (or Methyl Ethyl Ketone).''.

TITLE III—INCREASED PENALTIES FOR TRAFFICKING AND MANUFACTURE OF METHAMPHETAMINE AND PRECURSORS

SEC. 301. TRAFFICKING IN METHAMPHETAMINE PENALTY INCREASES.

(a) CONTROLLED SUBSTANCES ACT.—

(1) LARGE AMOUNTS.—Section 401(b)(1)(A)(viii) of the Controlled Substances Act (21 U.S.C. 841(b)(1)(A)(viii)) is amended by—

(A) striking ''100 grams or more of methamphetamine,'' and inserting ''50 grams or more of methamphetamine,''; and

(B) striking ''1 kilogram or more of a mixture or substance containing a detectable amount of methamphetamine'' and inserting ''500 grams or more of a mixture or substance containing a detectable amount of methamphetamine''.

(2) SMALLER AMOUNTS.—Section 401(b)(1)(B)(viii) of the Controlled Substances Act (21 U.S.C. 841(b)(1)(B)(viii)) is amended by—

(A) striking ''10 grams or more of methamphetamine,'' and inserting ''5 grams or more of methamphetamine,''; and

(B) striking ''100 grams or more of a mixture or substance containing a detectable amount of methamphetamine'' and inserting ''50 grams or more of a mixture or substance containing a detectable amount of methamphetamine''.

(b) IMPORT AND EXPORT ACT.—

(1) LARGE AMOUNTS.—Section 1010(b)(1)(H) of the Controlled Substances Import and Export Act (21 U.S.C. 960(b)(1)(H)) is amended by—

(A) striking ''100 grams or more of methamphetamine,'' and inserting ''50 grams or more of methamphetamine,''; and

(B) striking ''1 kilogram or more of a mixture or substance containing a detectable amount of methamphetamine'' and inserting ''500 grams or more of a mixture or substance containing a detectable amount of methamphetamine''.

(2) SMALLER AMOUNTS.—Section 1010(b)(2)(H) of the Controlled Substances Import and Export Act (21 U.S.C. 960(b)(2)(H)) is amended by—

(A) striking ''10 grams or more of methamphetamine,'' and inserting ''5 grams or more of methamphetamine,''; and

(B) striking ''100 grams or more of a mixture or substance containing a detectable amount of methamphetamine'' and inserting ''50 grams or more of a mixture or substance containing a detectable amount of methamphetamine''.

SEC. 302. PENALTY INCREASES FOR TRAFFICKING IN LISTED CHEMICALS.

(a) CONTROLLED SUBSTANCES ACT.—Section 401(d) of the Controlled Substances Act (21 U.S.C. 841(d)) is amended by striking the period and inserting the following: ''or, with respect to a violation of paragraph (1) or (2) of this subsection involving a list I chemical, if the government proves the quantity of controlled substance that could reasonably have been manufactured in a clandestine setting using the quantity of list I chemicals possessed or distributed, the penalty corresponding to the quantity of controlled substance that could have been produced under subsection (b).''.

(b) CONTROLLED SUBSTANCE IMPORT AND EXPORT ACT.—Section 1010(d) of the Controlled Substance Import and Export Act (21 U.S.C. 960(d)) is amended by striking the period and inserting the following: '', or, with respect to an importation violation of paragraph (1) or (3) of this subsection involving a list I chemical, if the government proves the quantity of controlled substance that could reasonably have been manufactured in a clandestine setting using the quantity of list I chemicals imported, the penalty corresponding to the quantity of controlled substance that could have been produced under title II.''.

(c) DETERMINATION OF QUANTITY.—

(1) IN GENERAL.—For the purposes of this section and the amendments made by this section, the quantity of controlled substance that could reasonably have been provided shall be determined by using a table of manufacturing conversion ratios for list I chemicals.

(2) TABLE.—The table shall be—

(1) established by the United States Sentencing Commission based on scientific, law enforcement, and other data the Sentencing Commission deems appropriate; and

(2) dispositive of this issue.

SEC. 303. ENHANCED PENALTY FOR DANGEROUS HANDLING OF CONTROLLED SUBSTANCES: AMENDMENT OF SENTENCING GUIDELINES.

(a) IN GENERAL.—Pursuant to its authority under section 994 of title 28, United States Code, the United States Sentencing Commission shall determine whether the Sentencing Guidelines adequately punish the offenses described in subsection (b) and, if not, promulgate guidelines or amend existing guidelines to provide an appropriate enhancement of the punishment for a defendant convicted of such an offense.

(b) OFFENSE.—The offense referred to in subsection (a) is a violation of section 401(d), 401(g)(1), 403(a)(6), or 403(a)(7) of The Controlled Substances Act (21 U.S.C. 841(d), 841(g)(1), 843(a)(6), and 843(a)(7)), in cases in which in the commission of the offense the defendant violated—

(1) subsection (d) or (e) of section 3008 of the Solid Waste Disposal Act (relating to handling hazardous waste in a manner inconsistent with Federal or applicable State law);

(2) section 103(b) of the Comprehensive Environmental Response, Compensation and Liability Act (relating to failure to notify as to the release of a reportable quantity of a hazardous substance into the environment);

(3) section 301(a), 307(d), 309(c)(2), 309(c)(3), 311(b)(3), or 311(b)(5) of the Federal Water Pollution Control Act (relating to the unlawful discharge of pollutants or hazardous substances, the operation of a source in violation of a pretreatment standard, and the failure to notify as to the release of a reportable quantity of a hazardous substance into the water); or

(4) section 5124 of title 49, United States Code (relating to violations of laws and regulations enforced by the Department of Transportation with respect to the transportation of hazardous material).

TITLE IV—LEGAL MANUFACTURE, DISTRIBUTION, AND SALE OF PRECURSOR CHEMICALS

SEC. 401. DIVERSION OF CERTAIN PRECURSOR CHEMICALS.

(a) IN GENERAL.—Section 102(39) of the Controlled Substances Act (21 U.S.C. 802(39)) is amended—

(1) in subparagraph (A)(iv)(I)(aa), by striking ''as'' through the semicolon and inserting '', pseudoephedrine or its salts, optical isomers, or salts of optical isomers, or phenylpropanolamine or its salts, optical isomers, or salts of optical isomers unless otherwise provided by regulation of the Attorney General issued pursuant to section 204(e) of this title;''; and

(2) in subparagraph (A)(iv)(II), by inserting '', pseudoephedrine, phenylpropanolamine,'' after ''ephedrine''.

(b) LEGITIMATE RETAILERS.—Section 102 of the Controlled Substances Act (21 U.S.C. 802) is amended—

(1) in paragraph (39)(A)(iv)(I)(aa), by adding before the semicolon the following: '', except that any sale of ordinary over-the-counter pseudoephedrine or phenylpropanolamine products by retail distributors shall not be a regulated transaction (except as provided in section 401(d) of the Comprehensive Methamphetamine Control Act of 1996)'';

(2) in paragraph (39)(A)(iv)(II), by adding before the semicolon the following: '', except that any sale of products containing pseudoephedrine or phenylpropanolamine, other than ordinary over-the-counter pseudoephedrine or phenylpropanolamine products, by retail distributors shall not be a regulated transaction if the distributor's sales are limited to less than the threshold quantity of 24 grams of pseudoephedrine or 24 grams of phenylpropanolamine in each single transaction'';

(3) by redesignating paragraph (43) relating to felony drug abuse as paragraph (44); and

(4) by adding at the end the following:

''(45) The term 'ordinary over-the-counter pseudoephedrine or phenylpropanolamine product' means any product containing pseudoephedrine or phenylpropanolamine that is—

''(A) regulated pursuant to this title; and

''(B)(i) except for liquids, sold in package sizes of not more than 3.0 grams of pseudoephedrine base or 3.0 grams of phenylpropanolamine base, and that is packaged in blister packs, each blister containing not more than two dosage units, or where the use of blister packs is technically infeasible, that is packaged in unit dose packets or pouches; and

''(ii) for liquids, sold in package sizes of not more than 3.0 grams of pseudoephedrine base or 3.0 grams of phenylpropanolamine base.

''(46)(A) The term 'retail distributor' means—

''(i) with respect to an entity that is a grocery store, general merchandise store, or drug store, a distributor whose activities relating to pseudoephedrine or phenylpropanolamine products are limited almost exclusively to sales, both in number of sales and volume of sales, directly to walk-in customers; and

''(ii) with respect to any other entity, a distributor whose activities relating to ordinary over-the-counter pseudoephedrine or phenylpropanolamine products are limited primarily to sales directly to walk-in customers for personal use.

''(B) For purposes of this paragraph, sale for personal use means the sale of below-threshold quantities in a single transaction to an individual for legitimate medical use.

''(C) For purposes of this paragraph, entities are defined by reference to the Standard Industrial Classification (SIC) code, as follows:

''(i) A grocery store is an entity within SIC code 5411.

''(ii) A general merchandise store is an entity within SIC codes 5300 through 5399 and 5499.

''(iii) A drug store is an entity within SIC code 5912.''.

(c) REINSTATEMENT OF LEGAL DRUG EXEMPTION.—Section 204 of the Controlled Substances Act (21 U.S.C. 814) is amended by adding at the end the following new subsection:

''(e) REINSTATEMENT OF EXEMPTION WITH RESPECT TO EPHEDRINE, PSEUDOEPHEDRINE, AND PHENYLPROPANOLAMINE DRUG PRODUCTS.—The Attorney General shall by regulation reinstate the exemption with respect to a particular ephedrine, pseudoephedrine, or phenylpropanolamine drug product if the Attorney General determines that the drug product is manufactured and distributed in a manner that prevents diversion. In making this determination the Attorney General shall consider the factors listed in subsection (d)(2). Any regulation issued pursuant to this subsection may be amended or revoked based on the factors listed in subsection (d)(4).''.

(d) REGULATION OF RETAIL SALES.—

(1) PSEUDOEPHEDRINE.—

(A) LIMIT.—

(i) IN GENERAL.—Not sooner than the effective date of this section and subject to the requirements of clause (ii), the Attorney General may establish by regulation a single-transaction limit of 24 grams of pseudoephedrine base for retail distributors. Notwithstanding any other provision of law, the single-transaction threshold quantity for pseudoephedrine-containing compounds may not be lowered beyond that established in this paragraph.

(ii) CONDITIONS.—In order to establish a single-transaction limit of 24 grams of pseudoephedrine base, the Attorney General shall establish, following notice, comment, and an informal hearing that since the effective date of this section there are a significant number of instances where ordinary over-the-counter pseudoephedrine products as established in paragraph (45) of section 102 of the Controlled Substances Act (21 U.S.C. 802 (45)), as added by this Act, sold by retail distributors as established in paragraph (46) in section 102 of the Controlled Substances Act (21 U.S.C. 802(46)), are being used as a significant source of precursor chemicals for illegal manufacture of a controlled substance in bulk.

(B) VIOLATION.—Any individual or business that violates the thresholds established in this paragraph shall, with respect to the first such violation, receive a warning letter from the Attorney General and, if a business, the business shall be required to conduct mandatory education of the sales employees of the firm with regard to the legal sales of pseudoephedrine. For a second violation occurring within 2 years of the first violation, the business or individual shall be subject to a civil penalty of not more than $5,000. For any subsequent violation occurring within 2 years of the previous violation, the business or individual shall be subject to a civil penalty not to exceed the amount of the previous civil penalty plus $5,000.

(2) PHENYLPROPANOLAMINE.—

(A) LIMIT.—

(i) IN GENERAL.—Not sooner than the effective date of this section and subject to the requirements of clause (ii), the Attorney General may establish by regulation a single-transaction limit of 24 grams of phenylpropanolamine base for retail distributors. Notwithstanding any other provision of law, the single-transaction threshold quantity for phenylpropanolamine-containing compounds may not be lowered beyond that established in this paragraph.

(ii) CONDITIONS.—In order to establish a single-transaction limit of 24 grams of phenylpropanolamine base, the Attorney General shall establish, following notice, comment, and an informal hearing, that since the effective date of this section there are a significant number of instances where ordinary over-the-counter phenylpropanolamine products as established in paragraph (45) of section 102 of the Controlled Substances Act (21 U.S.C. 802(45)), as added by this Act, sold by retail distributors as established in paragraph (46) in section 102 of the Controlled Substances Act (21 U.S.C. 802(46)), are being used as a significant source of precursor chemicals for illegal manufacture of a controlled substance in bulk.

(B) VIOLATION.—Any individual or business that violates the thresholds established in this paragraph shall, with respect to the first such violation, receive a warning letter from the Attorney General and, if a business, the business shall be required to conduct mandatory education of the sales employees of the firm with regard to the legal sales of pseudoephedrine. For a second violation occurring within 2 years of the first violation, the business or individual shall be subject to a civil penalty of not more than $5,000. For any subsequent violation occurring within 2 years of the previous violation, the business or individual shall be subject to a civil penalty not to exceed the amount of the previous civil penalty plus $5,000.

(3) DEFINITION OF BUSINESS.—For purposes of this subsection, the term ''business'' means the entity that makes the direct sale and does not include the parent company of a business not involved in a direct sale regulated by this subsection.

(4) JUDICIAL REVIEW.—Any regulation promulgated by the Attorney General under this section shall be subject to judicial review pursuant to section 507 of the Controlled Substances Act (21 U.S.C. 877).

(e) EFFECT ON THRESHOLDS.—Nothing in the amendments made by subsection (b) or the provisions of subsection (d) shall affect the authority of the Attorney General to modify thresholds (including cumulative thresholds) for retail distributors for products other than ordinary over-the-counter pseudoephedrine or phenylpropanolamine products (as defined in section 102(45) of the Controlled Substances Act, as added by this section) or for non-retail distributors, importers, or exporters.

(f) EFFECTIVE DATE OF THIS SECTION.—Notwithstanding any other provision of this Act, this section shall not apply to the sale of any over-the-counter pseudoephedrine or phenylpropanolamine product initially introduced into interstate commerce prior to 9 months after the date of enactment of this Act.

SEC. 402. MAIL ORDER RESTRICTIONS.

Section 310(b) of the Controlled Substances Act (21 U.S.C. 830(b)) is amended by adding at the end the following:

''(3) MAIL ORDER REPORTING.—(A) Each regulated person who engages in a transaction with a nonregulated person which—

''(i) involves ephedrine, pseudoephedrine, or phenylpropanolamine (including drug products containing these chemicals); and

''(ii) uses or attempts to use the Postal Service or any private or commercial carrier;

shall, on a monthly basis, submit a report of each such transaction conducted during the previous month to the Attorney General in such form, containing such data, and at such times as the Attorney General shall establish by regulation.

''(B) The data required for such reports shall include—

''(i) the name of the purchaser;

''(ii) the quantity and form of the ephedrine, pseudoephedrine, or phenylpropanolamine purchased; and

''(iii) the address to which such ephedrine, pseudoephedrine, or phenylpropanolamine was sent.''.

TITLE V—EDUCATION AND RESEARCH

SEC. 501. INTERAGENCY METHAMPHETAMINE TASK FORCE.

(a) ESTABLISHMENT.—There is established a ''Methamphetamine Interagency Task Force'' (referred to as the ''interagency task force'') which shall consist of the following members:

(1) The Attorney General, or a designee, who shall serve as chair.

(2) 2 representatives selected by the Attorney General.

(3) The Secretary of Education or a designee.

(4) The Secretary of Health and Human Services or a designee.

(5) 2 representatives of State and local law enforcement and regulatory agencies, to be selected by the Attorney General.

(6) 2 representatives selected by the Secretary of Health and Human Services.

(7) 5 nongovernmental experts in drug abuse prevention and treatment to be selected by the Attorney General.

(b) RESPONSIBILITIES.—The interagency task force shall be responsible for designing, implementing, and evaluating the education and prevention and treatment practices and strategies of the Federal Government with respect to methamphetamine and other synthetic stimulants.

(c) MEETINGS.—The interagency task force shall meet at least once every 6 months.

(d) FUNDING.—The administrative expenses of the interagency task force shall be paid out of existing Department of Justice appropriations.

(e) FACA.—The Federal Advisory Committee Act (5 U.S.C. App. 2) shall apply to the interagency task force.

(f) TERMINATION.—The interagency task force shall terminate 4 years after the date of enactment of this Act.

SEC. 502. PUBLIC HEALTH MONITORING.

The Secretary of Health and Human Services shall develop a public health monitoring program to monitor methamphetamine abuse in the United States. The program shall include the collection and dissemination of data related to methamphetamine abuse which can be used by public health officials in policy development.

SEC. 503. PUBLIC-PRIVATE EDUCATION PROGRAM.

(a) ADVISORY PANEL.—The Attorney General shall establish an advisory panel consisting of an appropriate number of representatives from Federal, State, and local law enforcement and regulatory agencies with experience in investigating and prosecuting illegal transactions of precursor chemicals. The Attorney General shall convene the panel as often as necessary to develop and coordinate educational programs for wholesale and retail distributors of precursor chemicals and supplies.

(b) CONTINUATION OF CURRENT EFFORTS.—The Attorney General shall continue to—

(1) maintain an active program of seminars and training to educate wholesale and retail distributors of precursor chemicals and supplies regarding the identification of suspicious transactions and their responsibility to report such transactions; and

(2) provide assistance to State and local law enforcement and regulatory agencies to facilitate the establishment and maintenance of educational programs for distributors of precursor chemicals and supplies.

SEC. 504. SUSPICIOUS ORDERS TASK FORCE.

(a) IN GENERAL.—The Attorney General shall establish a ''Suspicious Orders Task Force'' (the ''Task Force'') which shall consist of—

(1) appropriate personnel from the Drug Enforcement Administration (the ''DEA'') and other Federal, State, and local law enforcement and regulatory agencies with the

experience in investigating and prosecuting illegal transactions of listed chemicals and supplies; and

(2) representatives from the chemical and pharmaceutical industry.

(b) RESPONSIBILITIES.—The Task Force shall be responsible for developing proposals to define suspicious orders of listed chemicals, and particularly to develop quantifiable parameters which can be used by registrants in determining if an order is a suspicious order which must be reported to DEA. The quantifiable parameters to be addressed will include frequency of orders, deviations from prior orders, and size of orders. The Task Force shall also recommend provisions as to what types of payment practices or unusual business practices shall constitute prima facie suspicious orders. In evaluating the proposals, the Task Force shall consider effectiveness, cost and feasibility for industry and government, an other relevant factors.

(c) MEETINGS.—The Task Force shall meet at least two times per year and at such other times as may be determined necessary by the Task Force.

(d) REPORT.—The Task Force shall present a report to the Attorney General on its proposals with regard to suspicious orders and the electronic reporting of suspicious orders within one year of the date of enactment of this Act. Copies of the report shall be forwarded to the Committees of the Senate and House of Representatives having jurisdiction over the regulation of listed chemical and controlled substances.

(e) FUNDING.—The administrative expenses of the Task Force shall be paid out of existing Department of Justice funds.

(f) FACA.—The Federal Advisory Committee Act (5 U.S.C. App. 2) shall apply to the Task Force.

(g) TERMINATION.—The Task Force shall terminate upon presentation of its report to the Attorney General, or two years after the date of enactment of this Act, whichever is sooner.

Mr. BIDEN. Mr. President, the story of our failure to foresee—and prevent—the crack cocaine epidemic is one of the most significant public policy mistakes in modern history. Although warning signs of an outbreak flared over several years, few took action until it was too late.

We now face similar warning signs with another drug—methamphetamine. Without swift action now, history may repeat itself.

So today, Senator HATCH and I, along with Senators FEINSTEIN, SPECTER, HARKIN, WYDEN, D'AMATO, and DEWINE are introducing legislation to address this new emerging drug epidemic before it is too late.

Within the past few years the production and use of methamphetamine have risen dramatically. Newspaper and media reports over the past few months have highlighted these increases. I have been tracking this development and pushing legislation to increase Federal penalties and strengthen Federal laws against methamphetamine production, trafficking, and use since 1990.

And what I and others have found is alarming: From 1991 to 1994 methamphetamine-related emergency room episodes increased 256 percent—the increase from 1993 to 1994 alone was 75 percent—with more than 17,000 people overdosing and being brought to the emergency room because of methamphetamine. A survey of high school seniors, which only measures the use of ''ice''—a fraction of the methamphetamine market—found that in 1995 86,000 12th graders had used ''ice'' in the past year, 39,000 had used it in the past month, and 3,600 reported using ''ice'' daily. This same survey found that only 54 percent of high school seniors perceived great risk in trying ''ice''—down from 62 percent in 1990. And 27 percent of these children said it would be easy for them to get ''ice'' if they wanted it.

The cause for concern over a methamphetamine epidemic is further fueled by drug-related violence—again something we saw during the crack era—that we can expect to flourish with methamphetamine as well. Putting the problem in perspective, drug experts claim that ''ice surpasses PCP in inducing violent behavior.''

In addition to the violence—both random and irrational—associated with methamphetamine users, there is also the enormous problem of violence among methamphetamine traffickers and the environmental and life-threatening conditions endemic in the clandestine labs where methamphetamine is produced.

The bill we are now introducing addresses all of the dangers of methamphetamine and takes bold actions to stop this potential epidemic in its tracks. The Hatch-Biden methamphetamine enforcement bill will take six major steps toward cracking down on methamphetamine production, trafficking, and use, particularly use by the most vulnerable population threatened by this drug—our young people.

First and foremost, we increase penalties for possessing and trafficking in methamphetamine.

Second, we crack down on methamphetamine producers and traffickers by increasing the penalties for the illicit possession and trafficking of the precursor chemicals and equipment used to manufacture methamphetamine.

Third, we increase the reporting requirements and restrictions on the legitimate sales of products containing these precursor chemicals in order to prevent their diversion, and we impose even greater requirements on all firms which sell these products by mail. This includes the use of civil penalties and injunctions to stop legitimate firms from recklessly providing precursor chemicals to methamphetamine manufacturers.

Fourth, we address the international nature of methamphetamine manufacture and trafficking by coordinating international enforcement efforts and strengthening provisions against the illegal importation of methamphetamine and precursor chemicals.

Fifth, we ensure that methamphetamine manufacturers who endanger the life on any individual or endanger the environment while making methamphetamine will receive enhanced prison sentences.

Finally, we require Federal, State and local law enforcement and public health officials to stay ahead of any potential growth in the methamphetamine epidemic by creating national working groups on the protecting the public from the dangers of methamphetamine production, trafficking, and abuse.

The Hatch-Biden bill addresses all of the needs with a fair balance between the needs of manufacturers and consumers of legitimate products which contain methamphetamine precursor chemicals and the need to protect the public by instituting harsh penalties for any and all methamphetamine-related activities.

This legislation is the crucial, comprehensive tool we need to stay ahead of the methamphetamine epidemic and to avoid the mistakes made during the early stages of the crack-cocaine explosion.

I want to thank Senator HATCH and my other colleagues who share my desire to move now on the problem of methamphetamine. I also want to thank the Clinton administration, which also was determined to act now on this issue and worked with us in developing several of the provisions in this bill.

I urge all my colleagues to join us in protecting our children and our society from the devastations of methamphetamine by supporting this vital legislation.

Mr. WYDEN. Mr. President, I rise today to join my colleagues, Senator HATCH, Senator BIDEN, and others to introduce the Comprehensive Methamphetamine Control Act of 1996.

Methamphetamine is one of the most insidious drugs to hit the streets in decades. In a few short years in Oregon, methamphetamine has become the second most frequently detected drug in workplace drug testing and in motor vehicle driver drug checks. This drug has become not only a scourge on Oregon's streets, increasing crime and creating toxic environmental hazards in the labs where it is produced, but has repercussions throughout the social services system as well. Foster care caseloads have increased because of the meth epidemic, and drug treatment centers are struggling with rising numbers of people needing help to escape the effects of this highly addictive and damaging drug.

According to Sheriff Robert Kennedy, who serves the State in Jackson County in southwestern Oregon, methamphetamine arrests in his county have increased 1,100 percent in the past 5 years. This drug has become an urban and rural problem, and is being abused across the economic and social spectrum. Statewide, the Oregon Narcotics Enforcement Association and others have joined together to fight the public safety and health problems associated with methamphetamine.

From the problems associated with cleaning up labs, to stopping the influx

of Mexican-manufactured methamphetamine from coming into Oregon, law enforcement officials across the State have told me that meth is quickly becoming a major problem demanding high priority.

That is why I am pleased today to join in the effort to help the country's law enforcement officers fight the methamphetamine epidemic. The Comprehensive Methamphetamine Control Act takes on the battle against the drug on a number of fronts.

To combat the precursor drugs manufactured across the border in Mexico, this legislation includes a long-arm provision that allows the United States to prosecute people who manufacture methamphetamine precursor chemicals, with an intent to import them into our country.

Here at home, the bill significantly increases penalties for illegal trafficking in methamphetamine. Penalties for methamphetamine trafficking have been too low for too long. This bill will make drug dealers think twice by making penalties for dealing methamphetamine comparable to those for crack cocaine.

The legislation also cracks down on trafficking in the precursor chemicals used to produce methamphetamine, increasing penalties and allowing law enforcement increased flexibility to obtain injunctions to stop the production and sale of precursor chemicals when an individual or company knowingly sells these chemicals to methamphetamine dealers.

Finally, the act addresses the problem that many methamphetamine producers use legal, over-the-counter drugs, containing precursor chemicals, to manufacture methamphetamine. The bill will confront this in a direct way by limiting bulk quantities of these drugs that can be sold over the counter and, at the same time, creating a safe harbor for retailers so smaller quantities of the drugs can be sold to consumers who need unimpeded access to these helpful and commonly used products.

According to the Drug Enforcement Agency, every 4 hours, an illicit lab can produce a quarter pound of methamphetamine that sells for $2,000. These labs can be set up anywhere—in cars, hotel rooms, and abandoned buildings. Their byproducts pollute the area of the lab with carcinogenic toxins and, often times, these dangerous chemicals are dumped by the side of the road, in waterways or in other public areas.

It is time for Congress to join in the fight against this drug that pollutes our communities, drives crime and violence, and floods our social services systems. I am pleased to join in this effort, and I commend my colleagues for their bipartisan efforts and hard work in crafting this important piece of legislation.

Mr. HARKIN. Mr. President, in February, Iowa was featured on the front page of the New York Times—but it wasn't the kind of publicity I want to see our State receive. The article highlighted a problem that is exploding around Iowa—the growing use of the drug methamphetamine, commonly known as meth or crank.

There's no doubt that meth has invaded our State with a fury. The statistics tell the tragic story. More than 35 percent of new incarcerations in Iowa involve meth. Federal methamphetamine investigations have doubled and meth arrests have more than tripled over the past 2 years. The Division of Iowa Narcotics Enforcement has reported a nearly 400-percent increase in meth seizures in a 1-year period. And in our largest city of Des Moines, meth seizures increased more than 4,000 percent.

The number of labs producing meth has also increased dramatically. And many of the traffickers are illegal aliens from Mexico, presenting additional problems and burdens on law enforcement. This is especially challenging because Iowa currently has no Immigration and Naturalization Service office.

Meth is now termed Iowa's ''drug of choice.'' And unfortunately, its spread has left no part of our State untouched.

In a word, meth is poison. It destroys lives, families, and communities. The experts describe methamphetamine as a synthetic central nervous system stimulant—the strongest and most intense of the amphetamine group. A leading Iowa doctor referred to meth as the most malignant, addictive drug known to mankind.

Meth is a killer. It causes brain, heart, liver, and kidney damage. It breaks down the immune system and often leads to paranoid psychosis, violent behavior, and death.

The narcotic is primarily used by young male adults. But experts have found that a growing number of women and teens are now turning to meth.

A majority of Iowa law enforcement officials responding to a recent Governor's Alliance on Substance Abuse Survey ranked meth as the No. 1 problematic drug in their area.

The legislation we are introducing today will help States like Iowa fight back. The Comprehensive Methamphetamine Enforcement Act of 1996 cracks down on the use and manufacture of methamphetamine by increasing the sentencing scheme to be comparable to crack cocaine. It also goes after the precursor chemicals and equipment used to manufacture methamphetamine as well as companies who intentionally sell chemicals for manufacture of meth. The bill also includes public health monitoring and a task force and advisory panel for public education.

This legislation will complement another initiative I have been working on. I have spent a lot of time with local, State, and Federal law enforcement officials in Iowa who tell me that they simply don't have the resources necessary to adequately tackle this skyrocketing new challenge. That's why I am working hard to increase the arsenal in Iowa's fight against meth and to help our law enforcement on the frontlines.

Several years ago, Congress created the High Intensity Drug Trafficking Area initiative to provide added resources to highly affected areas. The program has proven useful, but it has been limited to urban areas such as Miami and Philadelphia.

I believe that it's time to apply this model to help Iowa and surrounding Midwestern States to combat the large methamphetamine trafficking networks, curtail sale and distribution of the narcotic and reduce related violence. This would open the door for the hiring of additional field investigators, chemists, prosecutors and other law enforcement personnel specifically targeted to the methamphetamine problem.

I recently wrote to National Drug Control Policy Director, Gen. Barry McCaffrey, outlining just such a plan. Because of the urgent need I proposed a $7 million increase in resources to begin such an initiative. I will continue to work with Director McCaffrey and my colleagues on the appropriations committee to make this a reality.

People in Iowa have worked hard to cultivate a good quality of life. They have worked hard to make their communities a place to raise a family, a safe place, a decent place, but drug dealers are planting the seeds of destruction and are wreaking havoc on small towns and rural communities all over America.

We must win back our communities and we must fight back. It's a question of priorities and the determination to defend our homes from a threat that is right down the street, not halfway around the world.

Mr. D'AMATO. Mr. President, I rise today to join my colleagues in introducing a bill that will combat a plague on our citizens and communities: methamphetamine.

Methamphetamine is an addictive synthetic drug, used by an increasing number of students and young professionals. Methamphetamine abuse is now the fourth cause of emergency room visits in this country. Clearly, an epidemic has arisen in the United States.

In the early 1990's, emergency room episodes caused by methamphetamine use rose 350 percent, while deaths nearly tripled, according to the DEA.

While methamphetamine use has increased dramatically in the Southwest and Midwest regions of this country, officials have recognized a trend showing that the methamphetamine trade is moving eastward. The whole country is at risk.

The growing methamphetamine trade demands immediate and tough action, especially against the traffickers that are selling this poison to our children. This bill is a sound response to the emerging epidemic.

As methamphetamine abuse has experienced a massive growth, the purity of the drug has increased to the highest potency in 12 years. And not only has the methamphetamine itself changed in the past few years, but so has the traffickers. Mexico-based criminal organizations have mostly replaced the outlaw motorcycle gangs who had monopolized the methamphetamine production and distribution.

These Mexican drug traffickers are self-sufficient in all aspects of the methamphetamine production and trade. They are able to purchase the precursor drugs internationally, produce the drug, and transport the methamphetamine across the border into the U.S. It differs from the cocaine trade in that the Mexican criminal groups can operate this trade without sharing profits with the Colombian cartels.

According to a Justice report, the seizure of methamphetamine from Mexico to the U.S. rose dramatically from 6.5 kilograms in 1992 to 306 kilograms in 1993 to a whopping 653 kilograms in 1995. That is an increase of 1,000 percent in just 3 years.

In response to the sudden and dramatic increase in the trafficking of methamphetamine across the southern border, this bill will impose penalties of up to 10 years for the manufacturing of precursor drugs with the intent of importing it into this country.

The salient points of this bill include: One, enhanced penalties for the manufacture and possession of the equipment used to make the controlled substances; two, seizure and forfeiture of trafficking in precursor chemicals; and three, provides the Attorney General with the authority to shut down the production and sale of the precursor chemicals if the individual or company knowingly sell the precursor in order to produce methamphetamine.

Most importantly, the penalties associated with trafficking methamphetamine will be raised to make it comparable with crack cocaine. A 5-year mandatory minimum will be imposed for every 5 grams trafficked and 10 years to life for a conviction involving the trafficking of 50 grams.

The statistics do not reveal the effects the drug has on the addicts who use it. The effects are appalling. The methamphetamine user will experience an irritable and paranoid effect and then begin the downward spiral of a crippling depression. As with any drug addict, the family suffers tremendously through the entire occurrence.

But it is not only those close to the methamphetamine user who bears the burden. An article in the magazine Police Chief last March describes the perspective of law enforcement that encounters the altered behavior of the addict. ''Simply put, when methamphetamine production and abuse become prevalent in any geographic area, the ancillary criminal behavior in that area will grow as well.''

It is clear that this epidemic must be addressed here and now. I urge my colleagues to support this bill and urge its immediate passage.

Mr. KYL. Mr. President, methamphetamine is, if not the most dangerous drug in America today, one of the fastest spreading. In Western States, meth is already the crack epidemic of the 1990's.

Meth is cheap, easy to manufacture, and readily available. The drug is a synthetic compound that stimulates the central nervous system and causes psychosis, paranoid delusions, and acts of violence.

The drug is most prevalent in four Western cities—Phoenix, Los Angeles, San Diego, and San Francisco. The damage the drug has caused in Arizona is startling. Phoenix police attribute meth use as a factor in the 40 percent jump in homicides in 1994. Meth-related deaths in Phoenix have soared from 11 in 1991 to 122 in 1994. According to the Arizona Criminal Justice Commission, 1 in 17 Arizona high school students reported using meth in the last 30 days. The drug is also behind the headlines of several horrific crimes that have occurred in the State.

Arizona has taken action, and a methamphetamine bill offered by State Representative Paul Mortenson, passed the legislature in Phoenix and was signed into law by Governor Symington this April. The bill increases the penalties for those who produce and sell the drug, and criminalizes the possession of equipment or chemicals used in the manufacture of dangerous drugs.

Appropriately, the U.S. Senate, in a bipartisan fashion, is addressing the methamphetamine explosion. I would particularly like to point out the fine work of Senator FEINSTEIN on this issue. Senator FEINSTEIN introduced the predecessor to this bill, and last month successfully amended a defense bill to stop the Federal Government from inadvertently selling to illicit manufacturers the chemicals used to make meth.

The Methamphetamine Control Act accomplishes much. The bill:

Increases the penalties for the trafficking and manufacture of methamphetamine and its precursor chemicals. The new penalties put the penalties for meth on the same level with crack;

Increases the penalties for the illegal manufacture and possession of equipment used to manufacture meth;

Requires those convicted of offenses relating to methamphetamine to provide restitution to the United States for the costs incurred by the United States for the cleanup associated with the manufacture of methamphetamine;

Regulates the sale of over-the-counter drugs that contain the precursor chemicals for methamphetamine if the sale exceeds a substantial threshold quantity; and

Establishes a Methamphetamine Interagency Task Force to develop strategies to fight the use of this drug.

The devastating effects of meth are seen every day in our jails, our emergency rooms, and our morgues. We must do everything we can to withstand this tide of poison. America can't afford another epidemic like crack, which destroyed countless individuals, families, and communities.

By Mr. CAMPBELL (for himself, Mr. CHAFEE and Ms. MOSELEY-BRAUN):

S. 1966. A bill to extend the legislative authority for the Black Revolutionary War Patriots Foundation to establish a commemorative work; to the Committee on Energy and Natural Resources.

THE BLACK REVOLUTIONARY WAR PATRIOTS MEMORIAL ACT OF 1996

Mr. CAMPBELL. Mr. President, on behalf of myself and my distinguished colleagues, Senator CHAFEE and Senator MOSELEY-BRAUN, today I introduce legislation that seeks to extend the legislative authority for the construction of the Black Revolutionary War Patriots Memorial and for the Foundation raising funds to construct the memorial.

Mr. President, in 1986, the Congress enacted and President Reagan signed into law legislation establishing a Black Revolutionary War Patriots Memorial, a memorial to honor the more than 5,000 African-Americans who fought for this country during the Revolutionary War. In order to appropriately recognize the bravery and sacrifice of these honorable and distinguished patriots, Public Law 99–558 sought to establish a suitable memorial, a monument which will be located on the Mall here in Washington, DC. When complete, the memorial will be the first monument on the Mall to be dedicated solely to the accomplishments of African-Americans.

The centerpiece of P.L. 99–558 was the establishment of the Black Revolutionary War Patriots Foundation, as a not-for-profit organization whose sole charter is to raise the necessary funding for the costs associated with constructing the memorial.

When enacted, the foundation was authorized to operate for a period of 10 years, no more. While the foundation has raised a substantial amount of funding, it remains short of its $9.5 million goal. This legislation would provide for a 2-year extension of the legislative authority for the establishment of the memorial, providing the foundation with valuable time to complete its fundraising.

I have a couple of reasons for wishing to see this extension approved by Congress. First, this memorial serves a noble purpose, honoring the service and patriotism of individuals long deserving of this praise. Second, the sculptor who has been commissioned to design this memorial is a Coloradan named Ed Dwight. Mr. Dwight, the first African-American astronaut, is an accomplished artist residing in Denver. His work is known across the world, and I would like to see his design for the

Black Revolutionary War Patriots Memorial become a reality and be situated near several of this country's most distinguished monuments.

Mr. President, I believe Congress has demonstrated its commitment to the establishment of the Black Revolutionary War Patriots Memorial by authorizing its construction almost 10 years ago. In addition, my distinguished colleagues, Senator JOHN CHAFEE and Representative NANCY JOHNSON, have also introduced legislation which will raise funds for construction costs through the minting and issuing of a commemorative coin honoring these patriots. To date, 376 Members have signed on as cosponsors to these measures, myself included.

It is my hope this legislation will receive the full, expeditious support of the Senate.

By Mr. FAIRCLOTH:

S. 1968. A bill to reorder United States budget priorities with respect to United States assistance to foreign countries and international organizations; to the Committee on Foreign Relations.

THE FOREIGN AID REFORM ACT OF 1996

Mr. FAIRCLOTH. Mr. President, I rise to introduce the Foreign Aid Reform Act of 1996. I would like to offer just a few brief remarks about this legislation and its three component parts.

First, it bars foreign aid to countries that vote against the United States more often than not in recorded votes at the United Nations.

Second, this legislation creates a point of order to require the Congress to enact domestic appropriations bills before it considers foreign aid bills.

Third, this bill prohibits foreign aid to be distributed by agencies that are essentially domestic, and it defines domestic agencies as those not primarily responsible for foreign affairs or national security.

Mr. President, 64 percent of American foreign aid recipients voted against the United States more often than not in the 1995 session of the United Nations. India, for example, received $157 million of American taxpayers' money last year—it is the fifth largest recipient of American aid—and, yet, it voted against the United States in 83 percent of their U.N. votes. India ties Cuba and exceeds Iran in its record of opposition to American diplomatic goals.

In fact, the nations that voted against us a majority of the time at the United Nations received a total of $3.1 billion in foreign aid in 1996. I find it incredible that we gave $3 billion to nations that refused to offer some consistent support to our diplomatic initiatives.

The United States sent troops to Haiti to restore President Aristide and sent $123 million in financial aid. The aid continues, but, Mr. President, Haiti voted against the United States 60 percent of the time.

President Clinton engineered a $40 billion bailout for Mexico, and, yet, Mexico voted against us 58 percent of the time in the United Nations.

United Nations votes are based on a range of considerations. However, foreign aid is sold to the American people as a program to defend American interests, to promote our interests, and to assist our friends, but it is clear that support for our diplomatic efforts is not a popular response to our generous distribution of aid.

The second provision of this bill, Mr. President, subjects the foreign operations appropriations bill to a point of order that requires the Congress to complete domestic appropriations prior to consideration of the foreign assistance budget.

The foreign operations bill for fiscal year 1996 became law on February 12 of this year, but four domestic spending bills remained unfinished for another 10 weeks. In fact, foreign operations is probably going to be among the first three appropriations bills that we consider during the current budget process.

The American people will have every right to be upset if part of the Government shuts down, and benefit and payroll checks are not delivered, but the foreign aid checks flow freely. The constitutional charge of the Congress is to attend to the Federal business of the American people. The American people worked to earn this money, and we should attend to their business first, not to foreign aid.

This bill also takes domestic agencies out of the foreign aid business. I will illustrate the need for this provision with some rather remarkable examples of waste in just one Agency, the Environmental Protection Agency, although I am confident that it exists at numerous others.

The EPA was one of the few domestic agencies to receive a real increase in its 1996 budget. After receiving an increase in its budget, however, it awarded 106 grants worth a total of $28 million to foreign countries between 1993 and 1995.

The foreign assistance budget sent $600,000 to Communist China, but, Mr. President, the EPA sent $1,200,000 to Communist China. The EPA, in effect, tripled their infusion of American aid. This aid went to a country that voted against us 79 percent of the time in the United Nations and with which we recorded a $34 billion trade deficit.

The EPA awarded a $20,000 grant to the Chinese Ministry of Public Security. Of course, the Ministry of Public Security is not an environmental agency, but a national police force that issued shoot to kill orders during the pro-democracy rallies of 1989. The grant was designed for ''halon management and maintenance training,'' which, Mr. President, turns out to be upkeep of fire extinguishers. The taxpayers are responsible for this program, Mr. President, because the Clean Air Act obligates the American people to assist developing nations. In my opinion, however, a nation that builds and maintains nuclear weapons should be able to maintain their fire extinguisher without the hard-earned American taxpayers' money.

The EPA sent $175,000 to China to build a clearinghouse in Peking for information about Chinese coal mining issues. The American taxpayer will be delighted to know that they bought the Chinese a $25,000 computer and spent $4,500 to air condition the clearinghouse office.

These are not isolated incidents. It goes on: $350,000 for a refrigeration project, $160,000 for an energy efficiency center, and $125,000 to assist in the construction of an environmental industrial park. This is to a country that boasts a $34 billion trade surplus.

China is not the only foreign nation to receive EPA grants. Nigeria, which voted against us 69 percent of the time at the United Nations, earns billions of dollars each year in oil exports, but the EPA sent them $410,000 to study gas emissions.

Oman, one of the wealthiest countries in the world, received a $100,000 grant. Oman, indeed, voted against us 65 percent of the time in the United Nations. I find it impossible to imagine that this Persian Gulf monarchy could not afford $100,000 for an environmental study of its own environmental issues.

The list continues. The Swedish National Board for Industrial and Technical Development received $50,000 to study efficient lighting. It appalls me that our money—American taxpayers' money—is going to Sweden, one of the most technically advanced countries in the world, to study efficient lights.

The EPA sent $50,000 to a university in Austria to help host a conference in an Israeli beach resort town on indoor air quality. The EPA also sent $50,000 to the Clean Air Society of Australia and New Zealand, two of the nations with the cleanest air in the world, and $140,000 to a university in Denmark.

Mr. President, these are not Third World nations, and I certainly do not believe the American people need to fund conferences and research in countries that can easily afford these efforts.

The grants that I describe were all funded with Environmental Protection Agency discretionary money. As you know, the EPA is very vocal about its budget. The EPA claims the environment will suffer if its budget is scrutinized, but, clearly, millions of dollars are squandered.

I think that these grants reflect a profound lack of appreciation for the hard work that the American people perform to pay their taxes. If the Federal Government can find no better use of the taxpayers' money than these wasteful grants, then Washington should return it to the American people.

The American people do not carry their lunch buckets to work in order to send their dollars to the security forces that order soldiers to shoot students in China. The American people do not

labor in order to send Austrian professors to beach resorts. The American people do not labor to help the Sultan of Oman develop a list of emissions from his bountiful oil wells. Unfortunately, however, that is the case. It is an outrageous waste of American tax dollars. I hope my colleagues will join me in cosponsoring the Foreign Aid Reform Act of 1996.

By Mr. JEFFORDS (for himself, Mr. BRADLEY, Mrs. KASSEBAUM, Mr. KERREY, Mr. COHEN, Mr. BINGAHAM, Mr. CHAFEE and Mr. WYDEN):

S. 1969. A bill to establish a Commission on Retirement Income Policy; to the Committee on Labor and Human Resources.

THE COMMISSION ON RETIREMENT INCOME POLICY ACT OF 1996

Mr. JEFFORDS. Mr. President, I introduce the ''Commission on Retirement Income Policy Act of 1996'' with my colleagues BILL BRADLEY, BILL COHEN, BOB KERREY, NANCY KASSEBAUM, JEFF BINGAMAN, JOHN CHAFEE, and RON WYDEN. As you can see, this is a bi-partisan effort by many of the members of the Senate/House Ad Hoc Steering Committee on Retirement Income Security. This bill is a companion to a bill introduced in the House on March 13, 1996, by Nancy Johnson and Earl Pomeroy HR 3077.

The objective of the Steering Committee, which is co-chaired by Senator BRADLEY, Representative NANCY JOHNSON and EARL POMEROY, in its first year of operation has been to engage Members of Congress and experts in the private sector in a national dialog concerning this country's retirement income policies. Over the past 9 months, the Steering Committee has hosted a series of luncheons for members and staff to discuss retirement savings issues. During that time, we heard from a variety of experts who represent a cross-section of views and interest in the retirement policy field.

Although, generally I am not a great fan of Commissions, I believe after this past year of informal meetings with Members and private sector experts that it is imperative that we as a Nation go back to basics regarding all of the components that make up retirement income. I am referring to the three-legged-stool approach which was so nicely illustrated at our first luncheon on November 9, 1995, by Deborah Briceland-Betts, Executive Director, Older Women's League. The three-legged-stool which represents our national retirement savings is collapsing. The problem is that not only is one leg shaky instead all three legs, employer pension benefit plans, Social Security and individual savings, are wobbly.

The private pension system simply does not cover a majority of workers. Those employees fortunate enough to have coverage will find their pension plans will not provide them with sufficient retirement income to meet their expected needs. The Social Security program which is now over 60 years old, is heading for a collapse under the weight of the baby boom generation. Personal savings have been in a downward spiral for years, Americans have become used to personal deficit spending.

Financial planners, actuaries, pension consultants, and economists have begun to warn the public and policy makers that, if current trends continue, the retirement income of future retirees will fall far short of their anticipated needs. Yet, more pressing issues, such as health care costs and coverage, cuts in government spending, and other domestic concerns, have made if difficult for the message to get through to the American public. By the time individuals start to plan for retirement income needs they often become overwhelmed. Faced with falling wages and competing savings demands for college for the kids or providing for long-term health care needs for aging parents, many baby boomer sense they are in a deep financial hole from the start.

If we continue to ignore this looming retirement crisis and wait until the baby boomers begin to retire, it will be too late. Future retirees must save throughout their earnings lifetimes and we as a society must find the way to shore up the Social Security and private pension systems by determining how the two systems can work as a team to meet this Nation's goal of adequate retirement income for all Americans.

I would like to take a few minutes to outline the bill. First, the Commission will review trends in retirement savings in the United States, and will evaluate existing federal incentives and programs designed to encourage and protect such savings. In developing recommendations, the bill requires the Commission to consider the amounts of retirement income that future retirees will need (including amounts needed to pay for medical and long-term care), the various sources of retirement income which are available to individuals, the needs of retirement plan sponsors for simplicity and reasonable cost, and the recent shift away from defined benefit plans toward defined contribution plans. The Commission will gather information through a series of public hearings and through receipt of testimony and evidence from a wide variety of witnesses.

This Commission must report to Congress and the President within 1 year after being established. It will recommend concrete steps to ensure that future retirees have adequate retirement income. While the Commission will consider savings generally, it will focus on private savings vehicles and will not make recommendations regarding an overhaul of the Social Security Program, rather it will look to ways the private and public programs can work together. The Commission's recommendations will address the role that traditional pension plan coverage should play in reaching retirement income goals, as well as the role to be played by other retirement savings tools such as 401(k)s and Individual Retirement Accounts (IRAs). The bill requires that any recommendations for new federal incentives or programs to encourage retirement savings also identify the funds necessary to finance these initiatives.

Finally, the only change that we have made from the House bill is the compliment of the Commission. Our Senate version has put greater emphasis on having private sector representation. The Commission will have 16 members, four appointed by the President, of which at least two must be from private life. Three members each, appointed by both the Majority and Minority Leaders of the Senate, of which at least two must be from private life. Three members each, appointed by both the Speaker of the House of Representatives and the Minority Leader the House of Representatives, of which at least two must be from private life.

Mr. President in closing, I along with Senator BRADLEY, would also like to acknowledge with special gratitude, the American Society of Pension Actuaries for their letter of endorsement, which we would like inserted in the RECORD, for this bill we are introducing today in the Senate.

Mr. President, I ask unanimous consent that additional material be printed in the RECORD.

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

AMERICAN SOCIETY OF PENSION ACTUARIES, ACTUARIES, CONSULTANTS, ADMINISTRATORS AND OTHER BENEFITS PROFESSIONALS,
Arlington, VA, July 11, 1996.

Hon. JIM JEFFORDS,
513 Hart Senate Office Building,
Washington, DC.

DEAR SENATOR JEFFORDS: The purpose of the American Society of Pension Actuaries is to educate pension actuaries, consultants, and administrators and other benefits professionals and to preserve and enhance the private pension system as part of the development of a cohesive and coherent national retirement income policy.

ASPA supports the establishment of a commission on retirement income policy. We are very excited that you and Senator Bradley plan to introduce legislation in the Senate as a companion bill to HR 3077. When Representatives Nancy Johnson and Earl Pomeroy introduced HR 3077, a bipartisan call for the creation of a special commission to examine the scope of our nation's growing retirement savings crisis and recommend policies to help improve the economic security of retired workers, ASPA applauded the initiative shown by this session of Congress to safeguard our nation's economic future.

Because of the looming retirement income crisis that will occur with the convergence of the Social Security trust fund's potential exhaustion and the World War II ''baby boomers'' reaching retirement age, ASPA created a National Retirement Income Policy Committee to study these alarming issues and suggest potential solutions. Without a thriving private pension system, ASPA's NRIP Committee believes there will be insufficient resources to provide adequate retirement income for future generations.

ASPA's NRIP Committee devoted two years to preparing six in-depth research papers on this topic. The National Retirement

Income Policy Research Papers, published in 1994, present an integrated plan for avoiding a retirement income crisis and develop constructive solutions to: (a) stimulate interest and debate over retirement income policy issues; (2) make specific policy recommendations on what ''retirement savings'' for Americans should encompass; and (3) call for the creation of a commission on retirement income policy as described in HR 3077.

Enclosed are the ASPA NRIP papers Executive Summary and Research Papers which are: Income Replacement in Retirement, Social Security, Working Beyond Retirement Age, Personal Savings, Targets for Personal Savings, and Private Plans.

We believe you will find these papers to be highly creative, quite stimulating and helpful in understanding the urgent need for legislation such as HR 3077 and the creation of a retirement income commission.

Sincerely,

CHESTER J. SALKIND,
Executive Director.

Mr. BRADLEY. Mr. President, today, Senator JIM JEFFORDS and I are introducing a bill to create a special national commission to study retirement issues and recommend specific policies to improve the economic security of retired Americans. Millions of Americans are not saving nearly enough through pension plans or in their own personal savings accounts to provide for their retirements, and they cannot rely upon the Social Security system to provide a comfortable life for them. A crisis is brewing—and we will only be able to prevent it if we focus on solving our retirement savings problems now. That is what this commission is for, to start that process comprehensively and in earnest.

The aging of our population is a principal contributor to the impending retirement crisis. Baby boomers are turning 50 this year, 1 every 7 seconds. The economic implications of this demographic shift are tremendous. By 2030, 20 percent of our population will be retired, compared to 12 percent today. There will also be a lot fewer workers in our economy to support a lot more retirees. In the 1940's, there were 42 workers for every retiree. Today, there are 4.8 workers supporting each retiree. In 2030, there will be only 2.8.

Not only can we expect a lot more retirees, we can expect that they will be retired for a lot longer, with increasingly high expenses. Persons working today can expect to live about 25 percent of their adult lives in retirement, compared to 7 percent in 1940, because life spans are lengthening considerably. Enjoying a longer life is a miracle of science and good health management, but it is also very expensive. We will need to support ourselves for more years of retirement, and we will face dramatically rising health care costs, which disproportionately consume the incomes of retired persons, particularly as individuals live longer.

Meanwhile, the Social Security system is expected to completely exhaust its resources by 2029. Yet 60 percent of all retirees (over the age of 65) rely on Social Security for at least 70 percent of their total retirement income.

Unless we are hoping to support ourselves on the backs of our children or are willing to accept impoverishment and destitution in our retirements, we as individuals and as a nation need to be sure we are saving enough now to support ourselves in the future. But the fact is we are not. Despite the initiation of savings incentives such as favorable tax treatment for Individual Retirement Accounts and frequent warnings about the need to save, the U.S. savings rate remains among the lowest in the developed world. We should be saving more in our own personal accounts than our parents did since we are anticipating longer and more expensive retirements—but we are putting aside less.

Moreover, far too many Americans will be unable to rely on an adequate pension income to supplement their meager savings. Nearly half of all full-time workers are not currently covered by an employer-based retirement plan. Although two-thirds of middle-aged employees are expected to receive some type of employer pension benefit upon retirement, the amount of these benefits may not be adequate to offer them security. The one-third who are not expected to receive pension benefits will be even less secure, forced to continue to work into their last years or become a burden on their families or whatever social safety net remains.

Concerns about inadequate pension incomes are heightened by recent trends such as the movement away from traditional pension plans toward plans which give employees more responsibility for starting, maintaining, and investing their own retirement savings accounts. Our national public policy needs to understand the implications of this evolution and develop effective methods to educate and encourage Americans to make responsible investments for their retirements. We need to figure out how to encourage more employers to offer good pension plans. We need to know what prevents or deters Americans from participating in those plans. And we need to assess what government policy can do to encourage people to save more.

The changing nature of our economic world and the workplace complicate these tasks. Old solutions may not be effective in today's environment of downsizing, outsourcing, and international competition. The availability, size, and security of pensions tighten as various industries are squeezed by global competition. Compounding the problem is the fact that workers anticipate changing jobs much more often in the past, so that many will leave each workplace before they have had a chance to accumulate a decent pension. Women may feel the pain of this problem even more acutely, because more women work part-time or in industries with poorer pension benefits, and because women more often enter and leave the workforce in order to care for children or elderly parents. We need a new approach to retirement policy that surmounts the insecurity implicit in our changing economic environment and delivers increased availability, security, and portability of decent pensions.

We also need to recognize how other social changes play a role in reducing the opportunity for saving. For instance, the tendency of parents to have children later in life means a shorter period of time between when the parents become empty-nesters and when they retire. As a result, baby boomers and other generations will have less time in which to save for their retirement. This problem is further exacerbated by dramatic increases in college education expenses.

While we are making some positive steps toward improving retirement security through our efforts to save the social security and health care systems, simplify pension laws, and provide increased savings incentives, our efforts are piecemeal. Unfortunately, the magnitude of the retirement crisis that is descending upon us is too awesome to be approached piecemeal. We need to understand how the elements of retirement income—private savings, employer-provided pensions, and social security—fit together to provide security, as well as how they do not. Then, in a comprehensive fashion, we need to consider what public policies might strengthen these various elements and provide true retirement security for all Americans.

The Retirement Income Policy Commission which Senator JEFFORDS and I propose will be charged with this critical assignment. Sixteen experts from both the public and private sectors—chosen in a bi-partisan fashion by the House, Senate, and President—will sit on the panel voluntarily, without pay. Together, they will begin to explore the dimensions of our savings problem, understand its causes, and recommend better government policies to promote retirement security. Within one year of beginning their investigations, they will report their findings to the President and Congress, and the Commission will be dissolved.

It would be easy to look the other way as the retirement crisis quietly descends upon us, but our responsibilities to our parents, our children, and ourselves demand that we do not. Taken alone, the aging of the baby boom generation gives urgency to this matter; when these demographics are coupled with our low savings rates, inadequate pensions, potentially debilitated social security system, and current economic and social trends, they harken a disaster. I urge my colleagues to support this modest first step toward averting that disaster.

I am pleased that distinguished Senators from both sides of the aisle—NANCY KASSEBAUM, BOB KERREY, JOHN CHAFEE, JEFF BINGAMAN, BILL COHEN, and RON WYDEN—are original co-sponsors of the legislation which Senator

JEFFORDS and I are introducing today. I am also pleased that endorsements of this bill or the very similar House companion bill have been made by the American Society of Pension Actuaries, the American Council of Life Insurance, the American Association of Engineering Societies, the National Defined Contribution Council, the Society for Human Resource Management, the American Institute of Chemical Engineers, and AT&T. I ask unanimous consent that their letters of endorsement be inserted in the RECORD.

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

AMERICAN COUNCIL OF LIFE INSURANCE,
Washington, DC, May 10, 1996.

Hon. EARL POMEROY,
U.S. House of Representatives, Washington, DC.

DEAR EARL: On behalf of the member companies of the American Council of Life Insurance (ACLI), I want to applaud you for introducing H.R. 3077, the ''Commission on Retirement Income Policy Act of 1996''. Our members strongly support this legislation, which will establish a commission to review and study trends in retirement savings and Federal incentives that encourage and protect such savings.

As you may know, the life insurance industry manages more than one-third of the assets held in private pension plans today which represents $750 billion in pension assets. With such a large commitment to the retirement security of millions of Americans, our industry is vitally concerned with issues affecting the continued viability and expansion of our retirement system.

Demographic, economic, social and political factors will continue to play a significant role in the financial security of future retirees. The ''coming of age'' of the baby boom generation, the shift in business to smaller service companies, the increasing prevalence of two income families and the financial uncertainties underlying the current structure of Social Security will necessitate a reassessment of our current approaches to retirement income savings. A rational national retirement income policy must be developed, communicated and supported so that resources can be allocated most efficiently, ensuring that each American can have a financially secure retirement.

It is imperative to promote a framework in which Americans can enjoy a dignified and financially secure retirement. We believe your legislation can help develop that framework. Accordingly, we applaud the leadership role you have undertaken on this important issue and we would encourage your colleagues to co-sponsor the bill. Please do not hesitate to call on the ACLI for support to help enact the legislation.

Sincerely,

CARROLL A. CAMPBELL, JR.

AMERICAN ASSOCIATION OF ENGINEERING SOCIETIES,
Washington DC, April 26, 1996.

Hon. NEIL ABERCROMBIE,
U.S. House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE ABERCROMBIE: I am writing on behalf of the American Association of Engineering Societies (AAES) to request that your consider co-sponsoring H.R. 3077, which provides for the establishment of the Commission on Retirement Income Policy. The bill was introduced by Representative Earl Pomeroy and Representative Nancy Johnson. A summary of the bill's provisions is attached.

AAES is a multidisciplinary organization of 28 engineering and scientific societies whose more than 800,000 members are dedicated to advancing the knowledge, understanding, and practice of engineering in the public interest. The AAES December 1994 Statement on Retirement Income Policy called for a commission on retirement income policy.

AAES is committed to improving opportunities for engineers and other workers to earn retirement income that will enable them to remain economically secure at the conclusion of their working lives. As the 21st century approaches, demographic and economic changes are imposing severe strains on the nation's retirement income delivery system. For most workers, including engineers, career-long employment with one company is a thing of the past. Members of the U.S. work force now experience periodic unemployment, frequent job changes, and increasing reliance on part-time, temporary, or contract employment, which affect their current livelihood, and their future retirement income security.

AAES believes that the Commission on Retirement Income Policy would give national focus to this crucial issue and would contribute to a fiscally responsible effort to resolve retirement security problems.

We hope you will co-sponsor and work for active consideration of H.R. 3077. Thank you very much for your attention and interest.

Sincerely,

E.L. CUSSLER,
1996 AAES Chairman.

NATIONAL DEFINED CONTRIBUTION COUNCIL,
Denver, CO, May 13, 1996.

Hon. EARL POMEROY,
U.S. Congress, Washington, DC.

DEAR CONGRESSMAN POMEROY: On behalf of the National Defined Contribution Council (''NDCC''), I am writing to applaud your leadership on retirement savings issues and support your efforts to establish a commission on retirement income policy.

The NDCC fully supports H.R. 3077, ''The Commission on Retirement Income Policy Act of 1996'' and looks forward to working with you and other members of Congress on its passage.

The NDCC is a national organization dedicated to the promotion and protection of the defined contribution industry. It has been organized specifically for plan service providers and focuses on public policy analysis, legislative advocacy and educating the public on the need for retirement savings.

The NDCC commends you on your recent proposal to create a commission charged with studying policies to help improve Americans' economic security during retirement. Please feel free to call on us in this effort.

Sincerely,

MARY RUDIE BARNEBY,
President.

SOCIETY FOR HUMAN RESOURCES MANAGEMENT,
July 3, 1996.

Hon. NANCY JOHNSON,
Hon. EARL POMEROY,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVES JOHNSON AND POMEROY: On behalf of the Society for Human Resource Management, SHRM, I am writing to enthusiastically endorse H.R. 3077, The Commission on Retirement Income Policy Act of 1996. SHRM is the leading voice of the human resource profession, representing the interests of more than 70,000 professional and student members from around the world.

Today most individuals are able to retire comfortably. On average, workers retire earlier and live longer than in the past. However, a number of trends in the economy and workplace suggest that it will become increasingly difficult for American workers to meet their needs for adequate retirement income. The U.S. population is aging rapidly and the elderly live longer. The retirement of the baby boom generation will impose severe pressure on Social Security, Medicare and Medicaid. It is clear that a coordinated strategy is needed.

That is why H.R. 3077 is so critical. The establishment of the Commission on Retirement Income Policy would give Congress access to the research and recommendations of experts so that America can meet the challenges ahead. This bipartisan legislation should be cosponsored and actively supported by all members of Congress.

Thank you for introducing this key legislation. SHRM looks forward to working with you to see H.R. 3077 considered and passed in 1996.

Sincerely,

MICHAEL R. LOSEY, SPHR,
President & CEO.

AT&T,
Washington, DC, July 17, 1996.

Hon. EARL POMEROY,
U.S. House of Representatives,
Washington, DC.

DEAR CONGRESSMAN POMEROY: As you are aware, AT&T has a strong interest in its employees and the manner in which they are, or will be, provided for in retirement. Because of our interest in these matters, we were extremely pleased to see the legislation which you and Congresswoman Nancy Johnson have introduced in the House (H.R. 3077). It is our understanding that the legislation, if passed, would establish a commission for the purpose of studying how to best deal with the future retirement needs of this country. The commission, in turn, would issue its findings and recommendations to both the President and Congress by the end of 1997.

AT&T believes that proper planning for the financial needs of retirement and the safeguarding of the retirement savings of U.S. workers is extremely important, and strongly supports your and Rep. Johnson's efforts in introducing and moving H.R. 3077 forward. We urge your House colleagues to co-sponsor this important legislation and to work with us to achieve its swift passage.

Sincerely,

THOMAS R. BERKELMAN,
Director,
Federal Government Affairs.

ADDITIONAL COSPONSORS

S. 684

At the request of Mr. HATFIELD, the names of the Senator from Iowa [Mr. GRASSLEY] and the Senator from New Mexico [Mr. DOMENICI] were added as cosponsors of S. 684, a bill to amend the Public Health Service Act to provide for programs of research regarding Parkinson's disease, and for other purposes.

S. 1251

At the request of Mr. HATFIELD, the name of the Senator from New York [Mr. MOYNIHAN] was added as a cosponsor of S. 1251, a bill to establish a National Fund for Health Research to expand medical research programs through increased funding provided to the National Institutes of Health, and for other purposes.