

colleagues to join Senator THURMOND and myself in supporting a program that has proven to be successful and beneficial to the most deserving of Americans, our veterans, by permanently reauthorizing the VA Adjustable Rate Mortgage Program.

Mr. THURMOND. Mr. President, I rise today to introduce legislation, with Senator WARNER, that will permanently extend the authority of the Secretary of Veterans Affairs [VA] to guarantee loans with adjustable rate mortgages [ARMS].

The Veterans Home Loan Program Amendments of 1992 made significant changes to the VA Home Loan Program. Included in that bill were provisions establishing a demonstration project authorizing VA to guarantee ARMS during fiscal years 1993-95.

The Loan Guaranty Program is a benefit of great value to veterans and to the Nation. This program provides housing credit assistance to satisfy the mortgage credit needs of veterans and members of the Armed Forces. It provides private capital on more liberal terms than are generally available to nonveterans, without the assumption of undue risks by the Federal Government. Veterans are assisted primarily through the use of the Government's guaranty on loans instead of the substantial down payment and other investment safeguards applicable to conventional mortgage transactions. Since the program's inception in 1944, the VA has guaranteed nearly 15 million loans totaling more than \$500 billion.

The ARM program offers veterans another choice in the mortgage market, particularly when interest rates are high. It is particularly useful to first-time home buyers who can obtain loans with interest rates generally lower than fixed rate loans. The VA ARM allows a maximum of 1 percent interest annually with a 5-percent maximum interest rate increase over the life of the loan. These annual and lifetime caps are identical to those contained in the Federal Housing Administration [FHA] ARM program, which is permanently authorized.

During the pilot program, the popularity of ARMS was well established. According to VA statistics, during fiscal year 1995, approximately 20 percent of all loans guaranteed were ARMS. This was double the ration of ARMS to all loans guaranteed in fiscal year 1994. During the test period of 1993-95, ARMS totaling \$14.9 billion were guaranteed. In South Carolina, nearly 2,000 ARMS were originated, with a value of more than \$181 million.

Mr. President, this bill will permanently authorize a worthy program. ARMS are a valuable financing tool for American families. They are used extensively nationwide by conventional and FHA home buyers. This bill will permit qualified veterans to take advantage of ARMS, if they so choose. I urge my colleagues to join Senator WARNER and me in the permanent reauthorization of the VA Adjustable Rate Mortgage Program.

ADDITIONAL COSPONSORS

S. 628

At the request of Mr. KYL, the name of the Senator from South Carolina [Mr. THURMOND] was added as a cosponsor of S. 628, a bill to repeal the Federal estate and gift taxes and the tax on generation-skipping transfers.

S. 1189

At the request of Mr. DEWINE, the name of the Senator from South Dakota [Mr. DASCHLE] was added as a cosponsor of S. 1189, a bill to provide procedures for claims for compassionate payments with regard to individuals with blood-clotting disorders, such as hemophilia, who contracted human immunodeficiency virus due to contaminated blood products.

S. 1603

At the request of Mrs. MURRAY, her name was added as a cosponsor of S. 1603, a bill to amend the Small Business Act concerning the level of participation by the Small Business Administration in loans guaranteed under the Export Working Capital Program.

S. 1610

At the request of Mr. BOND, the name of the Senator from South Carolina [Mr. THURMOND] was added as a cosponsor of S. 1610, a bill to amend the Internal Revenue Code of 1986 to clarify the standards used for determining whether individuals are not employees.

S. 1645

At the request of Mr. STEVENS, his name was added as a cosponsor of S. 1645, a bill to regulate United States scientific and tourist activities in Antarctica, to conserve Antarctic resources, and for other purposes.

S. 1964

At the request of Mr. BINGAMAN, the names of the Senator from Idaho [Mr. CRAIG], and the Senator from Hawaii [Mr. INOUE] were added as cosponsors of 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.

S. 1970

At the request of Mr. MCCAIN, the name of the Senator from Utah [Mr. HATCH] was added as a cosponsor of S. 1970, a bill to amend the National Museum of the American Indian Act to make improvements in the Act, and for other purposes.

S. 1987

At the request of Mr. FAIRCLOTH, the name of the Senator from Alabama [Mr. SHELBY] was added as a cosponsor of S. 1987, a bill to amend titles II and XVIII of the Social Security Act to prohibit the use of social security and Medicare trust funds for certain expenditures relating to union representatives at the Social Security Administration and the Department of Health and Human Services.

S. 2005

At the request of Mr. WYDEN, the name of the Senator from Massachu-

setts [Mr. KENNEDY] was added as a cosponsor of S. 2005. A bill to prohibit the restriction of certain types of medical communications between a health care provider and a patient.

S. 2031

At the request of Mr. DOMENICI, the names of the Senator from Oregon [Mr. HATFIELD] and the Senator from North Dakota [Mr. DORGAN] were added as cosponsors of S. 2031, a bill to provide health plan protections for individuals with a mental illness.

SENATE JOINT RESOLUTION 52

At the request of Mr. ABRAHAM, his name was withdrawn as a cosponsor of Senate Joint Resolution 52, a joint resolution proposing an amendment to the Constitution of the United States to protect the rights of victims of crimes.

SENATE RESOLUTION 288—REGARDING THE UNITED STATES RESPONSE TO IRAQI AGGRESSION

Mr. DASCHLE (for Mr. LOTT, for himself, Mr. DASCHLE, Mr. THURMOND, and Mr. WARNER) submitted the following resolution; which was considered and agreed to.

S. RES. 288

Whereas the United States and its allies have vital interests in ensuring regional stability in the Persian Gulf;

Whereas on August 31, 1996, Saddam Hussein, despite warnings from the United States, began an unprovoked, unjustified, and brutal attack on the civilian population in and around Irbil in northern Iraq, aligning himself with one Kurdish faction to assault another, thereby causing the deaths of hundreds of innocent civilians; and

Whereas the United States responded to Saddam Hussein's aggression on September 3, 1996 by destroying some of the Iraqi air defense installations and announcing the expansion of the southern no-fly zone over Iraq; Now, therefore, be it

Resolved, That the Senate commends the military actions taken by and the performance of the United States Armed Forces, under the direction of the Commander-in-Chief, for carrying out this military mission in a highly professional, efficient and effective manner.

AMENDMENTS SUBMITTED

THE DEPARTMENTS OF VETERANS AFFAIRS AND HOUSING AND URBAN DEVELOPMENT, AND INDEPENDENT AGENCIES APPROPRIATIONS ACT, 1997

HOLLINGS AMENDMENT NO. 5187

Mr. BOND (for Mr. HOLLINGS) proposed an amendment to the bill (H.R. 3666) making appropriations for the Departments of Veterans Affairs and Housing and Urban Development, and for sundry independent agencies, boards, commissions, corporations, and offices for the fiscal year ending September 30, 1997, and for other purposes; as follows:

At the appropriate place in title II of the bill, insert the following new section:

SEC. . COMMUNITY DEVELOPMENT BLOCK GRANTS.

Section 102(a)(6)(D) of the Housing and Community Development Act of 1974 (42 U.S.C. 5302(a)(6)(D)) is amended—

(1) in clause (iv), by striking “or” at the end;

(2) in clause (v), by striking the period at the end and inserting “; or”;

(3) by adding at the end the following new clause:

“(vi) has entered into a local cooperation agreement with a metropolitan city that received assistance under section 106 because of such classification, and has elected under paragraph (4) to have its population included with the population of the county for the purposes of qualifying as an urban county, except that to qualify as an urban county under this clause, the county must—

“(I) have a combined population of not less than 210,000, excluding any metropolitan city located in the county that is not relinquishing its metropolitan city classification, according to the 1990 decennial census of the Bureau of the Census of the Department of Commerce;

“(II) including any metropolitan cities located in the country, have had a decrease in population of 10,061 from 1992 to 1994, according to the estimates of the Bureau of the Census of the Department of Commerce; and

“(III) have had a Federal naval installation that was more than 100 years old closed by action of the Base Closure and Realignment Commission appointed for 1993 under the Base Closure and Realignment Act of 1990, directly resulting in a loss of employment by more than 7,000 Federal Government civilian employees and more than 15,000 active duty military personnel, which naval installation was located within 1 mile of an enterprise community designated by the Secretary pursuant to section 1391 of the Internal Revenue Code of 1986, which enterprise community has a population of not less than 20,000, according to the 1990 decennial census of the Bureau of the Census of the Department of Commerce.”.

BENNETT AMENDMENT NO. 5188

Mr. BOND (for Mr. BENNETT) proposed an amendment to the bill, H.R. 3666, supra; as follows:

On page 27, line 19, strike “\$969,000,000” and insert “\$969,464,442”.

On page 29, line 5, strike the period, and insert a colon and the following: “*Provided further*, That of the total amount provided under this head, the Secretary shall provide \$755,573 to the Utah Housing Finance Agency, in lieu of amounts lost to such agency in bond refinancings during 1994, for its use in accordance with the immediately preceding proviso.”

FAIRCLOTH AMENDMENT NO. 5189

Mr. BOND (for Mr. FAIRCLOTH) proposed an amendment to the bill, H.R. 3666, supra; as follows:

At the appropriate place in title II of the bill, insert the following new section:

SEC. 2 . FAIR HOUSING AND FREE SPEECH.

None of the amounts made available under this Act may be used during fiscal year 1997 to investigate or prosecute under the Fair Housing Act any otherwise lawful activity engaged in by one or more persons, including the filing or maintaining of a nonfrivolous legal action, that is engaged in solely for the purpose of achieving or preventing action by a government official or entity, or a court of competent jurisdiction.

**DASCHLE (AND OTHERS)
AMENDMENT NO. 5190**

Mr. DASCHLE (for himself, Mr. KERRY, Mr. ROCKEFELLER, Mr. WELLSTONE, Ms. MIKULSKI, Mr. BYRD, Mr. DODD, Mr. CONRAD, Mr. INOUE, Mr. PELL, Mr. SIMON, Mr. FEINGOLD, Mr. BREAU, Mrs. BOXER, Mr. DORGAN, Mrs. FEINSTEIN, Mr. GLENN, Mr. HARKIN, Mr. ROBB, Mr. KENNEDY, Mr. FORD, Mr. REID, Ms. MOSELEY-BRAUN, Mr. LEAHY, Mr. HOLLINGS, and Mr. KOHL) proposed an amendment to the bill, H.R. 3666, supra; as follows:

On page 97, between lines 15 and 16, insert the following:

SEC. 421. (a) The purpose of this section is to provide for the special needs of certain children of Vietnam veterans who were born with the birth defect spina bifida, possibly as the result of the exposure of one or both parents to herbicides during active service in the Republic of Vietnam during the Vietnam era, through the provision of health care and monetary benefits.

(b)(1) Part II of title 38, United States Code, is amended by inserting after chapter 17 the following new chapter:

“CHAPTER 18—BENEFITS FOR CHILDREN OF VIETNAM VETERANS WHO ARE BORN WITH SPINA BIFIDA

“Sec.

“1801. Definitions.

“1802. Spina bifida conditions covered.

“1803. Health care.

“1804. Vocational training and rehabilitation.

“1805. Monetary allowance.

“1806. Effective date of awards.

“§ 1801. Definitions

“For the purposes of this chapter—

“(1) The term ‘child’, with respect to a Vietnam veteran, means a natural child of the Vietnam veteran, regardless of age or marital status, who was conceived after the date on which the veteran first entered the Republic of Vietnam during the Vietnam era.

“(2) The term ‘Vietnam veteran’ means a veteran who performed active military, naval, or air service in the Republic of Vietnam during the Vietnam era.

“§ 1802. Spina bifida conditions covered

“This chapter applies with respect to all forms and manifestations of spina bifida except spina bifida occulta.

“§ 1803. Health care

“(a) In accordance with regulations which the Secretary shall prescribe, the Secretary shall provide a child of a Vietnam veteran who is suffering from spina bifida with such health care as the Secretary determines is needed by the child for the spina bifida or any disability that is associated with such condition.

“(b) The Secretary may provide health care under this section directly or by contract or other arrangement with any health care provider.

“(c) For the purposes of this section—

“(1) The term ‘health care’—

“(A) means home care, hospital care, nursing home care, outpatient care, preventive care, rehabilitative and rehabilitative care, case management, and respite care; and

“(B) includes—

“(i) the training of appropriate members of a child’s family or household in the care of the child; and

“(ii) the provision of such pharmaceuticals, supplies, equipment, devices, appliances, assistive technology, direct transportation costs to and from approved sources of health care, and other materials as the Secretary determines necessary.

“(2) The term ‘health care provider’ includes specialized spina bifida clinics, health care plans, insurers, organizations, institutions, and any other entity or individual who furnishes health care that the Secretary determines authorized under this section.

“(3) The term ‘home care’ means outpatient care, rehabilitative and rehabilitative care, preventive health services, and health-related services furnished to an individual in the individual’s home or other place of residence.

“(4) The term ‘hospital care’ means care and treatment for a disability furnished to an individual who has been admitted to a hospital as a patient.

“(5) The term ‘nursing home care’ means care and treatment for a disability furnished to an individual who has been admitted to a nursing home as a resident.

“(6) The term ‘outpatient care’ means care and treatment of a disability, and preventive health services, furnished to an individual other than hospital care or nursing home care.

“(7) The term ‘preventive care’ means care and treatment furnished to prevent disability or illness, including periodic examinations, immunizations, patient health education, and such other services as the Secretary determines necessary to provide effective and economical preventive health care.

“(8) The term ‘rehabilitative and rehabilitative care’ means such professional, counseling, and guidance services and treatment programs (other than vocational training under section 1804 of this title) as are necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of a disabled person.

“(9) The term ‘respite care’ means care furnished on an intermittent basis for a limited period to an individual who resides primarily in a private residence when such care will help the individual to continue residing in such private residence.

“§ 1804. Vocational training and rehabilitation

“(a) Pursuant to such regulations as the Secretary may prescribe, the Secretary may provide vocational training under this section to a child of a Vietnam veteran who is suffering from spina bifida if the Secretary determines that the achievement of a vocational goal by such child is reasonably feasible.

“(b) Any program of vocational training for a child under this section shall be designed in consultation with the child in order to meet the child’s individual needs and shall be set forth in an individualized written plan of vocational rehabilitation.

“(c)(1) A vocational training program for a child under this section—

“(A) shall consist of such vocationally oriented services and assistance, including such placement and post-placement services and personal and work adjustment training, as the Secretary determines are necessary to enable the child to prepare for and participate in vocational training or employment; and

“(B) may include a program of education at an institution of higher education if the Secretary determines that the program of education is predominantly vocational in content.

“(2) A vocational training program under this subsection may not include the provision of any loan or subsistence allowance or any automobile adaptive equipment.

“(d)(1) Except as provided in paragraph (2) and subject to subsection (e)(2), a vocational training program under this section may not exceed 24 months.

“(2) The Secretary may grant an extension of a vocational training program for a child

under this section for up to 24 additional months if the Secretary determines that the extension is necessary in order for the child to achieve a vocational goal identified (before the end of the first 24 months of such program) in the written plan of vocational rehabilitation formulated for the child pursuant to subsection (b).

“(e)(1) A child who is pursuing a program of vocational training under this section and is also eligible for assistance under a program under chapter 35 of this title may not receive assistance under both such programs concurrently. The child shall elect (in such form and manner as the Secretary may prescribe) the program under which the child is to receive assistance.

“(2) The aggregate period for which a child may receive assistance under this section and chapter 35 of this title may not exceed 48 months (or the part-time equivalent thereof).

“§ 1805. Monetary allowance

“(a) The Secretary shall pay a monthly allowance under this chapter to any child of a Vietnam veteran for any disability resulting from spina bifida suffered by such child.

“(b)(1) The amount of the allowance paid to a child under this section shall be based on the degree of disability suffered by the child, as determined in accordance with such schedule for rating disabilities resulting from spina bifida as the Secretary may prescribe.

“(2) The Secretary shall, in prescribing the rating schedule for the purposes of this section, establish three levels of disability upon which the amount of the allowance provided by this section shall be based.

“(3) The amounts of the allowance shall be \$200 per month for the lowest level of disability prescribed, \$700 per month for the intermediate level of disability prescribed, and \$1,200 per month for the highest level of disability prescribed. Such amounts are subject to adjustment under section 5312 of this title.

“(c) Notwithstanding any other provision of law, receipt by a child of an allowance under this section shall not impair, infringe, or otherwise affect the right of the child to receive any other benefit to which the child may otherwise be entitled under any law administered by the Secretary, nor shall receipt of such an allowance impair, infringe, or otherwise affect the right of any individual to receive any benefit to which the individual is entitled under any law administered by the Secretary that is based on the child's relationship to the individual.

“(d) Notwithstanding any other provision of law, the allowance paid to a child under this section shall not be considered income or resources in determining eligibility for or the amount of benefits under any Federal or federally assisted program.

“§ 1806. Effective date of awards

“The effective date for an award of benefits under this chapter shall be fixed in accordance with the facts found, but shall not be earlier than the date of receipt of application for the benefits.”

(2) The tables of chapters before part I and at the beginning of part II of such title are each amended by inserting after the item referring to chapter 17 the following new item:

“18. Benefits for Children of Vietnam Veterans Who Are Born With Spina Bifida 1801”.

(c) Section 5312 of title 38, United States Code, is amended—

(1) in subsection (a)—

(A) by striking out “and the rate of increased pension” and inserting in lieu thereof “, the rate of increased pension”; and

(B) by inserting after “on account of children,” the following: “and each rate of

monthly allowance paid under section 1805 of this title.”; and

(2) in subsection (c)(1), by striking out “and 1542” and inserting in lieu thereof “1542, and 1805”.

(d) This section and the amendments made by this section shall take effect on January 1, 1997.

SEC. 422. (a) Section 1151 of title 38, United States Code, is amended—

(1) by striking out the first sentence and inserting in lieu thereof the following:

“(a) Compensation under this chapter and dependency and indemnity compensation under chapter 13 of this title shall be awarded for a qualifying additional disability or a qualifying death of a veteran in the same manner as if such additional disability or death were service-connected. For purposes of this section, a disability or death is a qualifying additional disability or qualifying death if the disability or death was not the result of the veteran's willful misconduct and—

“(1) the disability or death was caused by hospital care, medical or surgical treatment, or examination furnished the veteran under any law administered by the Secretary, either by a Department employee or in a Department facility as defined in section 1701(3)(A) of this title, and the proximate cause of the disability or death was—

“(A) carelessness, negligence, lack of proper skill, error in judgment, or similar instance of fault on the part of the Department in furnishing the hospital care, medical or surgical treatment, or examination; or

“(B) an event not reasonably foreseeable; or

“(2) the disability or death was proximately caused by the provision of training and rehabilitation services by the Secretary (including by a service-provider used by the Secretary for such purpose under section 3115 of this title) as part of an approved rehabilitation program under chapter 31 of this title.”; and

(2) in the second sentence—

(A) by redesignating that sentence as subsection (b);

(B) by striking out “, aggravation,” both places it appears; and

(C) by striking out “sentence” and substituting in lieu thereof “subsection”.

(b)(1) The amendments made by subsection (a) shall take effect on October 1, 1996.

(2) Section 1151 of title 38, United States Code (as amended by subsection (a)), shall govern all administrative and judicial determinations of eligibility for benefits under such section that are made with respect to claims filed on or after the effective date set forth in paragraph (1), including those based on original applications and applications seeking to reopen, revise, reconsider, or otherwise readjudicate on any basis claims for benefits under such section 1151 or any provision of law that is a predecessor of such section.

HELMS (AND OTHERS) AMENDMENT NO. 5191

Mr. HELMS (for himself, Mr. BOND, Mr. FAIRCLOTH, Mr. MCCAIN, Mr. THURMOND, and Mr. COVERDELL) proposed an amendment to the bill, H.R. 3666, supra; as follows:

On page 39, after line 10, insert the following new paragraph:

“Of the amount made available under this heading, notwithstanding any other provision of law, \$20,000,000 shall be available for grants to entities managing or operating public housing developments, Federally-assisted multifamily-housing developments, or other multifamily-housing developments for

low-income families supported by non-Federal governmental entities or similar housing developments supported by private sources, to reimburse local law enforcement entities for additional police presence in and around such housing developments; to provide or augment such security services by other entities or employees of the recipient agency; to assist in the investigation and/or prosecution of drug related criminal activity in and around such developments; and to provide assistance for the development of capital improvements at such developments directly relating to the security of such developments: *Provided*, That such grants shall be made on a competitive basis as specified in section 102 of the HUD Reform Act.”

BRADLEY (AND OTHERS) AMENDMENT NO. 5192

Mr. BRADLEY (for himself, Mrs. KASSEBAUM, Mr. FRIST, Mr. ROCKEFELLER, Mrs. BOXER, Ms. MIKULSKI, Mr. SARBANES, Mrs. MURRAY, Mr. DEWINE, Mr. REID, Mr. PELL, Mr. KENNEDY, Mr. SIMON, Mr. WELLSTONE, Ms. MOSELEY-BRAUN, Mr. BRYAN, Mr. FORD, Mr. LAUTENBERG, Mr. INOUE, Mr. CAMPBELL, Mr. KERREY, Mr. MCCONNELL, Mr. LEVIN, Mr. HELMS, Mr. GRASSLEY, Mr. DOMENICI, Mr. KERRY, Ms. SNOWE, Mr. SIMPSON, Mr. LEAHY, Mr. GLENN, Mr. ROBB, Mr. STEVENS, Mrs. FEINSTEIN, Mr. BIDEN, Mr. GRAMS, Mr. D'AMATO, Mr. HOLLINGS, Mrs. HUTCHISON, Mr. KOHL, Mr. GRAHAM, Mr. WARNER, Mr. MOYNIHAN, Mr. DODD, Mr. BREAUX, Mr. PRESSLER, Mr. SPECTER, Mr. COHEN, Mr. INHOFE, Mr. BAUCUS, Mr. DORGAN, and Mr. WYDEN) proposed an amendment to the bill, H.R. 3666, supra; as follows:

At the appropriate place, add the following:

TITLE _____—NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

SEC. 1. SHORT TITLE.

This title may be cited as the “Newborns' and Mothers' Health Protection Act of 1996”.

SEC. 2. FINDINGS.

Congress finds that—

(1) the length of post-delivery inpatient care should be based on the unique characteristics of each mother and her newborn child, taking into consideration the health of the mother, the health and stability of the newborn, the ability and confidence of the mother and father to care for the newborn, the adequacy of support systems at home, and the access of the mother and newborn to appropriate follow-up health care; and

(2) the timing of the discharge of a mother and her newborn child from the hospital should be made by the attending provider in consultation with the mother.

SEC. 3. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOLLOWING BIRTH.

(a) IN GENERAL.—Except as provided in subsection (b), a health plan or an employee health benefit plan that provides maternity benefits, including benefits for childbirth, shall ensure that coverage is provided with respect to a mother who is a participant, beneficiary, or policyholder under such plan and her newborn child for a minimum of 48 hours of inpatient length of stay following a normal vaginal delivery, and a minimum of 96 hours of inpatient length of stay following a caesarean section, without requiring the attending provider to obtain authorization from the health plan or employee health benefit plan.

(b) EXCEPTION.—Notwithstanding subsection (a), a health plan or an employee

health benefit plan shall not be required to provide coverage for post-delivery inpatient length of stay for a mother who is a participant, beneficiary, or policyholder under such plan and her newborn child for the period referred to in subsection (a) if—

(1) a decision to discharge the mother and her newborn child prior to the expiration of such period is made by the attending provider in consultation with the mother; and

(2) the health plan or employee health benefit plan provides coverage for post-delivery follow-up care as described in section 4.

SEC. 4. POST-DELIVERY FOLLOW-UP CARE.

(a) IN GENERAL.—

(1) GENERAL RULE.—In the case of a decision to discharge a mother and her newborn child from the inpatient setting prior to the expiration of 48 hours following a normal vaginal delivery or 96 hours following a caesarean section, the health plan or employee health benefit plan shall provide coverage for timely post-delivery care. Such health care shall be provided to a mother and her newborn child by a registered nurse, physician, nurse practitioner, nurse midwife or physician assistant experienced in maternal and child health in—

(A) the home, a provider's office, a hospital, a birthing center, an intermediate care facility, a federally qualified health center, a federally qualified rural health clinic, or a State health department maternity clinic; or

(B) another setting determined appropriate under regulations promulgated by the Secretary, in consultation with the Secretary of Health and Human Services;

except that such coverage shall ensure that the mother has the option to be provided with such care in the home. The attending provider in consultation with the mother shall decide the most appropriate location for follow-up care.

(2) CONSIDERATIONS BY SECRETARY.—In promulgating regulations under paragraph (1)(B), the Secretary shall consider telemedicine and other innovative means to provide follow-up care and shall consider care in both urban and rural settings.

(b) TIMELY CARE.—As used in subsection (a), the term "timely post-delivery care" means health care that is provided—

(1) following the discharge of a mother and her newborn child from the inpatient setting; and

(2) in a manner that meets the health care needs of the mother and her newborn child, that provides for the appropriate monitoring of the conditions of the mother and child, and that occurs not later than the 72-hour period immediately following discharge.

(c) CONSISTENCY WITH STATE LAW.—The Secretary shall, with respect to regulations promulgated under subsection (a) concerning appropriate post-delivery care settings, ensure that, to the extent practicable, such regulations are consistent with State licensing and practice laws.

SEC. 5. PROHIBITIONS.

In implementing the requirements of this title, a health plan or an employee health benefit plan may not—

(1) deny enrollment, renewal, or continued coverage to a mother and her newborn child who are participants, beneficiaries or policyholders based on compliance with this title;

(2) provide monetary payments or rebates to mothers to encourage such mothers to request less than the minimum coverage required under this title;

(3) penalize or otherwise reduce or limit the reimbursement of an attending provider because such provider provided treatment in accordance with this title; or

(4) provide incentives (monetary or otherwise) to an attending provider to induce such provider to provide treatment to an individual policyholder, participant, or beneficiary in a manner inconsistent with this title.

SEC. 6. NOTICE.

(a) EMPLOYEE HEALTH BENEFIT PLAN.—An employee health benefit plan shall provide conspicuous notice to each participant regarding coverage required under this Act not later than 120 days after the date of enactment of this title, and as part of its summary plan description.

(b) HEALTH PLAN.—A health plan shall provide notice to each policyholder regarding coverage required under this title. Such notice shall be in writing, prominently positioned, and be transmitted—

(1) in a mailing made within 120 days of the date of enactment of this title by such plan to the policyholder; and

(2) as part of the annual informational packet sent to the policyholder.

SEC. 7. APPLICABILITY.

(a) CONSTRUCTION.—

(1) IN GENERAL.—A requirement or standard imposed under this title on a health plan shall be deemed to be a requirement or standard imposed on the health plan issuer. Such requirements or standards shall be enforced by the State insurance commissioner for the State involved or the official or officials designated by the State to enforce the requirements of this title. In the case of a health plan offered by a health plan issuer in connection with an employee health benefit plan, the requirements or standards imposed under this title shall be enforced with respect to the health plan issuer by the State insurance commissioner for the State involved or the official or officials designated by the State to enforce the requirements of this title.

(2) LIMITATION.—Except as provided in section 8(c), the Secretary shall not enforce the requirements or standards of this title as they relate to health plan issuers or health plans. In no case shall a State enforce the requirements or standards of this title as they relate to employee health benefit plans.

(b) RULE OF CONSTRUCTION.—Nothing in this title shall be construed to affect or modify the provisions of section 514 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1144).

(c) RULE OF CONSTRUCTION.—Nothing in this title shall be construed to require that a mother who is a participant, beneficiary, or policyholder covered under this title—

(1) give birth in a hospital; or

(2) stay in the hospital for a fixed period of time following the birth of her child.

SEC. 8. ENFORCEMENT.

(a) HEALTH PLAN ISSUERS.—Each State shall require that each health plan issued, sold, renewed, offered for sale or operated in such State by a health plan issuer meet the standards established under this title. A State shall submit such information as required by the Secretary demonstrating effective implementation of the requirements of this title.

(b) EMPLOYEE HEALTH BENEFIT PLANS.—With respect to employee health benefit plans, the standards established under this title shall be enforced in the same manner as provided for under sections 502, 504, 506, and 510 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1132, 1134, 1136, and 1140). The civil penalties contained in paragraphs (1) and (2) of section 502(c) of such Act (29 U.S.C. 1132(c)(1) and (2)) shall apply to any information required by the Secretary to be disclosed and reported under this section.

(c) FAILURE TO ENFORCE.—In the case of the failure of a State to substantially enforce the standards and requirements set forth in this title with respect to health plans, the Secretary, in consultation with the Secretary of Health and Human Services, shall enforce the standards of this title in such State. In the case of a State that fails to substantially enforce the standards set forth in this title, each health plan issuer op-

erating in such State shall be subject to civil enforcement as provided for under sections 502, 504, 506, and 510 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1132, 1134, 1136, and 1140). The civil penalties contained in paragraphs (1) and (2) of section 502(c) of such Act (29 U.S.C. 1132(c)(1) and (2)) shall apply to any information required by the Secretary to be disclosed and reported under this section.

(d) REGULATIONS.—The Secretary, in consultation with the Secretary of Health and Human Services, may promulgate such regulations as may be necessary or appropriate to carry out this title.

SEC. 9. DEFINITIONS.

As used in this title:

(1) ATTENDING PROVIDER.—The term "attending provider" shall include—

(A) the obstetrician-gynecologists, pediatricians, family physicians, and other physicians primarily responsible for the care of a mother and newborn; and

(B) the nurse midwives and nurse practitioners primarily responsible for the care of a mother and her newborn child in accordance with State licensure and certification laws.

(2) BENEFICIARY.—The term "beneficiary" has the meaning given such term under section 3(8) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(8)).

(3) EMPLOYEE HEALTH BENEFIT PLAN.—

(A) IN GENERAL.—The term "employee health benefit plan" means any employee welfare benefit plan, governmental plan, or church plan (as defined under paragraphs (1), (32), and (33) of section 3 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002 (1), (32), and (33))) that provides or pays for health benefits (such as provider and hospital benefits) for participants and beneficiaries whether—

(i) directly;

(ii) through a health plan offered by a health plan issuer as defined in paragraph (4); or

(iii) otherwise.

(B) RULE OF CONSTRUCTION.—An employee health benefit plan shall not be construed to be a health plan or a health plan issuer.

(C) ARRANGEMENTS NOT INCLUDED.—Such term does not include the following, or any combination thereof:

(i) Coverage only for accident, or disability income insurance, or any combination thereof.

(ii) Medicare supplemental health insurance (as defined under section 1882(g)(1) of the Social Security Act).

(iii) Coverage issued as a supplement to liability insurance.

(iv) Liability insurance, including general liability insurance and automobile liability insurance.

(v) Workers compensation or similar insurance.

(vi) Automobile medical payment insurance.

(vii) Coverage for a specified disease or illness.

(viii) Hospital or fixed indemnity insurance.

(ix) Short-term limited duration insurance.

(x) Credit-only, dental-only, or vision-only insurance.

(xi) A health insurance policy providing benefits only for long-term care, nursing home care, home health care, community-based care, or any combination thereof.

(4) GROUP PURCHASER.—The term "group purchaser" means any person (as defined

under paragraph (9) of section 3 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(9)) or entity that purchases or pays for health benefits (such as provider or hospital benefits) on behalf of participants or beneficiaries in connection with an employee health benefit plan.

(5) HEALTH PLAN.—

(A) IN GENERAL.—The term "health plan" means any group health plan or individual health plan.

(B) GROUP HEALTH PLAN.—The term "group health plan" means any contract, policy, certificate or other arrangement offered by a health plan issuer to a group purchaser that provides or pays for health benefits (such as provider and hospital benefits) in connection with an employee health benefit plan.

(C) INDIVIDUAL HEALTH PLAN.—The term "individual health plan" means any contract, policy, certificate or other arrangement offered to individuals by a health plan issuer that provides or pays for health benefits (such as provider and hospital benefits) and that is not a group health plan.

(D) ARRANGEMENTS NOT INCLUDED.—Such term does not include the following, or any combination thereof:

(i) Coverage only for accident, or disability income insurance, or any combination thereof.

(ii) Medicare supplemental health insurance (as defined under section 1882(g)(1) of the Social Security Act).

(iii) Coverage issued as a supplement to liability insurance.

(iv) Liability insurance, including general liability insurance and automobile liability insurance.

(v) Workers compensation or similar insurance.

(vi) Automobile medical payment insurance.

(vii) Coverage for a specified disease or illness.

(viii) Hospital or fixed indemnity insurance.

(ix) Short-term limited duration insurance.

(x) Credit-only, dental-only, or vision-only insurance.

(xi) A health insurance policy providing benefits only for long-term care, nursing home care, home health care, community-based care, or any combination thereof.

(E) CERTAIN PLANS INCLUDED.—Such term includes any plan or arrangement not described in any clause of subparagraph (D) which provides for benefit payments, on a periodic basis, for—

(i) a specified disease or illness, or

(ii) a period of hospitalization, without regard to the costs incurred or services rendered during the period to which the payments relate.

(6) HEALTH PLAN ISSUER.—The term "health plan issuer" means any entity that is licensed (prior to or after the date of enactment of this title) by a State to offer a health plan.

(7) PARTICIPANT.—The term "participant" has the meaning given such term under section 3(7) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(7)).

(8) SECRETARY.—The term "Secretary" unless otherwise specified means the Secretary of Labor.

SEC. 10. PREEMPTION.

(a) IN GENERAL.—The provisions of sections 3, 5, and 6 relating to inpatient care shall not preempt a State law or regulation—

(1) that provides greater protections to patients or policyholders than those required in this title;

(2) that requires health plans to provide coverage for at least 48 hours of inpatient

length of stay following a normal vaginal delivery, and at least 96 hours of inpatient length of stay following a caesarean section;

(3) that requires health plans to provide coverage for maternity and pediatric care in accordance with guidelines established by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, or other established professional medical associations; or

(4) that leaves decisions regarding appropriate length of stay entirely to the attending provider, in consultation with the mother.

(b) FOLLOW-UP CARE.—The provisions of section 4 relating to follow-up care shall not preempt those provisions of State law or regulation that provide comparable or greater protection to patients or policyholders than those required under this title or that provide mothers and newborns with an option of timely post delivery follow-up care (as defined in section 4(b)) in the home.

(c) EMPLOYEE HEALTH BENEFIT PLANS.—Nothing in this section affects the application of this title to employee health benefit plans, as defined in section 9(3).

SEC. 11. REPORTS TO CONGRESS CONCERNING CHILDBIRTH.

(a) FINDINGS.—Congress finds that—

(1) childbirth is one part of a continuum of experience that includes pre-pregnancy, pregnancy and prenatal care, labor and delivery, the immediate postpartum period, and a longer period of adjustment for the newborn, the mother, and the family;

(2) health care practices across this continuum are changing in response to health care financing and delivery system changes, science and clinical research, and patient preferences; and

(3) there is a need to—

(A) examine the issues and consequences associated with the length of hospital stays following childbirth;

(B) examine the follow-up practices for mothers and newborns used in conjunction with shorter hospital stays;

(C) identify appropriate health care practices and procedures with regard to the hospital discharge of newborns and mothers;

(D) examine the extent to which such care is affected by family and environmental factors; and

(E) examine the content of care during hospital stays following childbirth.

(b) ADVISORY PANEL.—

(1) IN GENERAL.—Not later than 90 days after the date of enactment of this title, the Secretary of Health and Human Services shall establish an advisory panel (hereafter referred to in this section as the "advisory panel") to—

(A) guide and review methods, procedures, and data collection necessary to conduct the study described in subsection (c) that is intended to enhance the quality, safety, and effectiveness of health care services provided to mothers and newborns;

(B) develop a consensus among the members of the advisory panel regarding the appropriateness of the specific requirements of this title; and

(C) prepare and submit to the Secretary of Health and Human Services, as part of the report of the Secretary submitted under subsection (d), a report summarizing the consensus developed under subparagraph (B) if any, including the reasons for not reaching such a consensus.

(2) PARTICIPATION.—

(A) DEPARTMENT REPRESENTATIVES.—The Secretary of Health and Human Services shall ensure that representatives from within the Department of Health and Human Services that have expertise in the area of maternal and child health or in outcomes re-

search are appointed to the advisory panel established under paragraph (1).

(B) REPRESENTATIVES OF PUBLIC AND PRIVATE SECTOR ENTITIES.—

(i) IN GENERAL.—The Secretary of Health and Human Services shall ensure that members of the advisory panel include representatives of public and private sector entities having knowledge or experience in one or more of the following areas:

(I) Patient care.

(II) Patient education.

(III) Quality assurance.

(IV) Outcomes research.

(V) Consumer issues.

(ii) REQUIREMENT.—The panel shall include representatives from each of the following categories:

(I) Health care practitioners.

(II) Health plans.

(III) Hospitals.

(IV) Employers.

(V) States.

(VI) Consumers.

(c) STUDIES.—

(1) IN GENERAL.—The Secretary of Health and Human Services shall conduct a study of—

(A) the factors affecting the continuum of care with respect to maternal and child health care, including outcomes following childbirth;

(B) the factors determining the length of hospital stay following childbirth;

(C) the diversity of negative or positive outcomes affecting mothers, infants, and families;

(D) the manner in which post natal care has changed over time and the manner in which that care has adapted or related to changes in the length of hospital stay, taking into account—

(i) the types of post natal care available and the extent to which such care is accessed; and

(ii) the challenges associated with providing post natal care to all populations, including vulnerable populations, and solutions for overcoming these challenges; and

(E) the financial incentives that may—

(i) impact the health of newborns and mothers; and

(ii) influence the clinical decisionmaking of health care providers.

(2) RESOURCES.—The Secretary of Health and Human Services shall provide to the advisory panel the resources necessary to carry out the duties of the advisory panel.

(d) REPORTS.—

(1) IN GENERAL.—The Secretary of Health and Human Services shall prepare and submit to the Committee on Labor and Human Resources of the Senate and the Committee on Commerce of the House of Representatives a report that contains—

(A) a summary of the study conducted under subsection (c);

(B) a summary of the best practices used in the public and private sectors for the care of newborns and mothers;

(C) recommendations for improvements in prenatal care, post natal care, delivery and follow-up care, and whether the implementation of such improvements should be accomplished by the private health care sector, Federal or State governments, or any combination thereof; and

(D) limitations on the databases in existence on the date of enactment of this title.

(2) SUBMISSION OF REPORTS.—The Secretary of Health and Human Services shall prepare and submit to the Committees referred to in paragraph (1)—

(A) an initial report concerning the study conducted under subsection (c) and the report required under subsection (d), not later than 18 months after the date of enactment of this title;

(B) an interim report concerning such study and report not later than 3 years after the date of enactment of this title; and

(C) a final report concerning such study and report not later than 5 years after the date of enactment of this title.

(e) **TERMINATION OF PANEL.**—The advisory panel shall terminate on the date that occurs 60 days after the date on which the last report is submitted under this section.

SEC. 12. SALE OF GOVERNORS ISLAND, NEW YORK.

(a) **IN GENERAL.**—Notwithstanding any other provision of law, the Administrator of General Services shall dispose of by sale at fair market value all rights, title, and interests of the United States in and to the land of, and improvements to, Governors Island, New York.

(b) **RIGHT OF FIRST REFUSAL.**—Before a sale is made under subsection (a) to any other parties, the State of New York and the city of New York shall be given the right of first refusal to purchase all or part of Governors Island. Such right may be exercised by either the State of New York or the city of New York or by both parties acting jointly.

(c) **PROCEEDS.**—Proceeds from the disposal of Governors Island under subsection (a) shall be deposited in the general fund of the Treasury and credited as miscellaneous receipts.

SEC. 13. SALE OF AIR RIGHTS.

(a) **IN GENERAL.**—Notwithstanding any other provision of law, the Administrator of General Services shall sell, at fair market value and in a manner to be determined by the Administrator, the air rights adjacent to Washington Union Station described in subsection (b), including air rights conveyed to the Administrator under subsection (d). The Administrator shall complete the sale by such date as is necessary to ensure that the proceeds from the sale will be deposited in accordance with subsection (c).

(b) **DESCRIPTION.**—The air rights referred to in subsection (a) total approximately 16.5 acres and are depicted on the plat map of the District of Columbia as follows:

- (1) Part of lot 172, square 720.
- (2) Part of lots 172 and 823, square 720.
- (3) Part of lot 811, square 717.

(c) **PROCEEDS.**—Before September 30, 1997, proceeds from the sale of air rights under subsection (a) shall be deposited in the general fund of the Treasury and credited as miscellaneous receipts.

(d) **CONVEYANCE OF AMTRAK AIR RIGHTS.**—

(1) **GENERAL RULE.**—As a condition of future Federal financial assistance, Amtrak shall convey to the Administrator of General Services on or before December 31, 1996, at no charge, all of the air rights of Amtrak described in subsection (b).

(2) **FAILURE TO COMPLY.**—If Amtrak does not meet the condition established by paragraph (1), Amtrak shall be prohibited from obligating Federal funds after March 1, 1997.

SEC. 14. EFFECTIVE DATE.

Except as otherwise provided for in this title, the provisions of this title shall apply as follows:

(1) With respect to health plans, such provisions shall apply to such plans on the first day of the contract year beginning on or after January 1, 1998.

(2) With respect to employee health benefit plans, such provisions shall apply to such plans on the first day of the first plan year beginning on or after January 1, 1998.

FRIST AMENDMENT NO. 5193

Mr. FRIST proposed an amendment to amendment No. 5192 proposed by Mr. BRADLEY to the bill, H.R. 3666, supra; as follows:

Strike all after the first word of the amendment and insert the following:

—NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

SEC. 1. SHORT TITLE.

This title may be cited as the "Newborns' and Mothers' Health Protection Act of 1996".

SEC. 2. FINDINGS.

Congress finds that—

(1) the length of post-delivery inpatient care should be based on the unique characteristics of each mother and her newborn child, taking into consideration the health of the mother, the health and stability of the newborn, the ability and confidence of the mother and father to care for the newborn, the adequacy of support systems at home, and the access of the mother and newborn to appropriate follow-up health care; and

(2) the timing of the discharge of a mother and her newborn child from the hospital should be made by the attending provider in consultation with the mother.

SEC. 3. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOLLOWING BIRTH.

(a) **IN GENERAL.**—Except as provided in subsection (b), a health plan or an employee health benefit plan that provides maternity benefits, including benefits for childbirth, shall ensure that coverage is provided with respect to a mother who is a participant, beneficiary, or policyholder under such plan and her newborn child for a minimum of 48 hours of inpatient length of stay following a normal vaginal delivery, and a minimum of 96 hours of inpatient length of stay following a caesarean section, without requiring the attending provider to obtain authorization from the health plan or employee health benefit plan.

(b) **EXCEPTION.**—Notwithstanding subsection (a), a health plan or an employee health benefit plan shall not be required to provide coverage for post-delivery inpatient length of stay for a mother who is a participant, beneficiary, or policyholder under such plan and her newborn child for the period referred to in subsection (a) if—

(1) a decision to discharge the mother and her newborn child prior to the expiration of such period is made by the attending provider in consultation with the mother; and

(2) the health plan or employee health benefit plan provides coverage for post-delivery follow-up care as described in section 4.

SEC. 4. POST-DELIVERY FOLLOW-UP CARE.

(a) **IN GENERAL.**—

(1) **GENERAL RULE.**—In the case of a decision to discharge a mother and her newborn child from the inpatient setting prior to the expiration of 48 hours following a normal vaginal delivery or 96 hours following a caesarean section, the health plan or employee health benefit plan shall provide coverage for timely post-delivery care. Such health care shall be provided to a mother and her newborn child by a registered nurse, physician, nurse practitioner, nurse midwife or physician assistant experienced in maternal and child health in—

(A) the home, a provider's office, a hospital, a birthing center, an intermediate care facility, a federally qualified health center, a federally qualified rural health clinic, or a State health department maternity clinic; or

(B) another setting determined appropriate under regulations promulgated by the Secretary, in consultation with the Secretary of Health and Human Services.

The attending provider in consultation with the mother shall decide the most appropriate location for follow-up care.

(2) **CONSIDERATIONS BY SECRETARY.**—In promulgating regulations under paragraph (1)(B), the Secretary shall consider telemedicine and other innovative means to provide follow-up care and shall consider care in both urban and rural settings.

(b) **TIMELY CARE.**—As used in subsection (a), the term "timely post-delivery care" means health care that is provided—

(1) following the discharge of a mother and her newborn child from the inpatient setting; and

(2) in a manner that meets the health care needs of the mother and her newborn child, that provides for the appropriate monitoring of the conditions of the mother and child, and that occurs not later than the 72-hour period immediately following discharge.

(c) **CONSISTENCY WITH STATE LAW.**—The Secretary shall, with respect to regulations promulgated under subsection (a) concerning appropriate post-delivery care settings, ensure that, to the extent practicable, such regulations are consistent with State licensing and practice laws.

SEC. 5. PROHIBITIONS.

In implementing the requirements of this title, a health plan or an employee health benefit plan may not—

(1) deny enrollment, renewal, or continued coverage to a mother and her newborn child who are participants, beneficiaries or policyholders based on compliance with this title;

(2) provide monetary payments or rebates to mothers to encourage such mothers to request less than the minimum coverage required under this title;

(3) penalize or otherwise reduce or limit the reimbursement of an attending provider because such provider provided treatment to an individual patient in accordance with this title; or

(4) provide incentives (monetary or otherwise) to an attending provider to induce such provider to provide treatment to an individual policyholder, participant, or beneficiary in a manner inconsistent with this title.

SEC. 6. NOTICE.

(a) **EMPLOYEE HEALTH BENEFIT PLAN.**—An employee health benefit plan shall provide conspicuous notice to each participant regarding coverage required under this Act not later than 120 days after the date of enactment of this title, and as part of its summary plan description.

(b) **HEALTH PLAN.**—A health plan shall provide notice to each policyholder regarding coverage required under this title. Such notice shall be in writing, prominently positioned, and be transmitted—

(1) in a mailing made within 120 days of the date of enactment of this title by such plan to the policyholder; and

(2) as part of the annual informational packet sent to the policyholder.

SEC. 7. APPLICABILITY.

(a) **CONSTRUCTION.**—

(1) **IN GENERAL.**—A requirement or standard imposed under this title on a health plan shall be deemed to be a requirement or standard imposed on the health plan issuer. Such requirements or standards shall be enforced by the State insurance commissioner for the State involved or the official or officials designated by the State to enforce the requirements of this title. In the case of a health plan offered by a health plan issuer in connection with an employee health benefit plan, the requirements or standards imposed under this title shall be enforced with respect to the health plan issuer by the State insurance commissioner for the State involved or the official or officials designated by the State to enforce the requirements of this title.

(2) **LIMITATION.**—Except as provided in section 8(c), the Secretary shall not enforce the requirements or standards of this title as they relate to health plan issuers or health plans. In no case shall a State enforce the requirements or standards of this title as they relate to employee health benefit plans.

(b) ERISA.—Nothing in this title shall be construed to affect or modify the provisions of section 514 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1144).

(c) EFFECT ON MOTHER.—Nothing in this title shall be construed to require that a mother who is a participant, beneficiary, or policyholder covered under this title—

(1) give birth in a hospital; or

(2) stay in the hospital for a fixed period of time following the birth of her child.

(d) LEVEL AND TYPE OF REIMBURSEMENTS.—Nothing in this title shall be construed to prevent a health plan or an employee health benefit plan from negotiating the level and type of reimbursement with an attending provider for care provided in accordance with this title.

SEC. 8. ENFORCEMENT.

(a) HEALTH PLAN ISSUERS.—Each State shall require that each health plan issued, sold, renewed, offered for sale or operated in such State by a health plan issuer meet the standards established under this title. A State shall submit such information as required by the Secretary demonstrating effective implementation of the requirements of this title.

(b) EMPLOYEE HEALTH BENEFIT PLANS.—With respect to employee health benefit plans, the standards established under this title shall be enforced in the same manner as provided for under sections 502, 504, 506, and 510 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1132, 1134, 1136, and 1140). The civil penalties contained in paragraphs (1) and (2) of section 502(c) of such Act (29 U.S.C. 1132(c)(1) and (2)) shall apply to any information required by the Secretary to be disclosed and reported under this section.

(c) FAILURE TO ENFORCE.—In the case of the failure of a State to substantially enforce the standards and requirements set forth in this title with respect to health plans, the Secretary, in consultation with the Secretary of Health and Human Services, shall enforce the standards of this title in such State. In the case of a State that fails to substantially enforce the standards set forth in this title, each health plan issuer operating in such State shall be subject to civil enforcement as provided for under sections 502, 504, 506, and 510 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1132, 1134, 1136, and 1140). The civil penalties contained in paragraphs (1) and (2) of section 502(c) of such Act (29 U.S.C. 1132(c)(1) and (2)) shall apply to any information required by the Secretary to be disclosed and reported under this section.

(d) REGULATIONS.—The Secretary, in consultation with the Secretary of Health and Human Services, may promulgate such regulations as may be necessary or appropriate to carry out this title.

SEC. 9. DEFINITIONS.

As used in this title:

(1) ATTENDING PROVIDER.—The term “attending provider” shall include—

(A) the obstetrician-gynecologists, pediatricians, family physicians, and other physicians primarily responsible for the care of a mother and newborn; and

(B) the nurse midwives and nurse practitioners primarily responsible for the care of a mother and her newborn child in accordance with State licensure and certification laws.

(2) BENEFICIARY.—The term “beneficiary” has the meaning given such term under section 3(8) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(8)).

(3) EMPLOYEE HEALTH BENEFIT PLAN.—

(A) IN GENERAL.—The term “employee health benefit plan” means any employee welfare benefit plan, governmental plan, or

church plan (as defined under paragraphs (1), (32), and (33) of section 3 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002 (1), (32), and (33))) that provides or pays for health benefits (such as provider and hospital benefits) for participants and beneficiaries whether—

(i) directly;

(ii) through a health plan offered by a health plan issuer as defined in paragraph (4); or

(iii) otherwise.

(B) RULE OF CONSTRUCTION.—An employee health benefit plan shall not be construed to be a health plan or a health plan issuer.

(C) ARRANGEMENTS NOT INCLUDED.—Such term does not include the following, or any combination thereof:

(i) Coverage only for accident, or disability income insurance, or any combination thereof.

(ii) Medicare supplemental health insurance (as defined under section 1882(g)(1) of the Social Security Act).

(iii) Coverage issued as a supplement to liability insurance.

(iv) Liability insurance, including general liability insurance and automobile liability insurance.

(v) Workers compensation or similar insurance.

(vi) Automobile medical payment insurance.

(vii) Coverage for a specified disease or illness.

(viii) Hospital or fixed indemnity insurance.

(ix) Short-term limited duration insurance.

(x) Credit-only, dental-only, or vision-only insurance.

(xi) A health insurance policy providing benefits only for long-term care, nursing home care, home health care, community-based care, or any combination thereof.

(4) GROUP PURCHASER.—The term “group purchaser” means any person (as defined under paragraph (9) of section 3 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(9)) or entity that purchases or pays for health benefits (such as provider or hospital benefits) on behalf of participants or beneficiaries in connection with an employee health benefit plan.

(5) HEALTH PLAN.—

(A) IN GENERAL.—The term “health plan” means any group health plan or individual health plan.

(B) GROUP HEALTH PLAN.—The term “group health plan” means any contract, policy, certificate or other arrangement offered by a health plan issuer to a group purchaser that provides or pays for health benefits (such as provider and hospital benefits) in connection with an employee health benefit plan.

(C) INDIVIDUAL HEALTH PLAN.—The term “individual health plan” means any contract, policy, certificate or other arrangement offered to individuals by a health plan issuer that provides or pays for health benefits (such as provider and hospital benefits) and that is not a group health plan.

(D) ARRANGEMENTS NOT INCLUDED.—Such term does not include the following, or any combination thereof:

(i) Coverage only for accident, or disability income insurance, or any combination thereof.

(ii) Medicare supplemental health insurance (as defined under section 1882(g)(1) of the Social Security Act).

(iii) Coverage issued as a supplement to liability insurance.

(iv) Liability insurance, including general liability insurance and automobile liability insurance.

(v) Workers compensation or similar insurance.

(vi) Automobile medical payment insurance.

(vii) Coverage for a specified disease or illness.

(viii) Hospital or fixed indemnity insurance.

(ix) Short-term limited duration insurance.

(x) Credit-only, dental-only, or vision-only insurance.

(xi) A health insurance policy providing benefits only for long-term care, nursing home care, home health care, community-based care, or any combination thereof.

(E) CERTAIN PLANS INCLUDED.—Such term includes any plan or arrangement not described in any clause of subparagraph (D) which provides for benefit payments, on a periodic basis, for—

(i) a specified disease or illness, or

(ii) a period of hospitalization,

without regard to the costs incurred or services rendered during the period to which the payments relate.

(6) HEALTH PLAN ISSUER.—The term “health plan issuer” means any entity that is licensed (prior to or after the date of enactment of this title) by a State to offer a health plan.

(7) PARTICIPANT.—The term “participant” has the meaning given such term under section 3(7) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(7)).

(8) SECRETARY.—The term “Secretary” unless otherwise specified means the Secretary of Labor.

SEC. 10. PREEMPTION.

(a) IN GENERAL.—The provisions of sections 3, 5, and 6 relating to inpatient care shall not preempt a State law or regulation—

(1) that provides greater protections to patients or policyholders than those required in this title;

(2) that requires health plans to provide coverage for at least 48 hours of inpatient length of stay following a normal vaginal delivery, and at least 96 hours of inpatient length of stay following a caesarean section;

(3) that requires health plans to provide coverage for maternity and pediatric care in accordance with guidelines established by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, or other established professional medical associations; or

(4) that leaves decisions regarding appropriate length of stay entirely to the attending provider, in consultation with the mother.

(b) FOLLOW-UP CARE.—The provisions of section 4 relating to follow-up care shall not preempt those provisions of State law or regulation that provide comparable or greater protection to patients or policyholders than those required under this title or that provide mothers and newborns with an option of timely post delivery follow-up care (as defined in section 4(b)) in the home.

(c) EMPLOYEE HEALTH BENEFIT PLANS.—Nothing in this section affects the application of this title to employee health benefit plans, as defined in section 9(3).

SEC. 11. REPORTS TO CONGRESS CONCERNING CHILDBIRTH.

(a) FINDINGS.—Congress finds that—

(1) childbirth is one part of a continuum of experience that includes pre-pregnancy, pregnancy and prenatal care, labor and delivery, the immediate postpartum period, and a longer period of adjustment for the newborn, the mother, and the family;

(2) health care practices across this continuum are changing in response to health care financing and delivery system changes, science and clinical research, and patient preferences; and

(3) there is a need to—

(A) examine the issues and consequences associated with the length of hospital stays following childbirth;

(B) examine the follow-up practices for mothers and newborns used in conjunction with shorter hospital stays;

(C) identify appropriate health care practices and procedures with regard to the hospital discharge of newborns and mothers;

(D) examine the extent to which such care is affected by family and environmental factors; and

(E) examine the content of care during hospital stays following childbirth.

(b) ADVISORY PANEL.—

(1) IN GENERAL.—Not later than 90 days after the date of enactment of this title, the Secretary of Health and Human Services shall establish an advisory panel (hereafter referred to in this section as the “advisory panel”) to—

(A) guide and review methods, procedures, and data collection necessary to conduct the study described in subsection (c) that is intended to enhance the quality, safety, and effectiveness of health care services provided to mothers and newborns;

(B) develop a consensus among the members of the advisory panel regarding the appropriateness of the specific requirements of this title; and

(C) prepare and submit to the Secretary of Health and Human Services, as part of the report of the Secretary submitted under subsection (d), a report summarizing the consensus developed under subparagraph (B) if any, including the reasons for not reaching such a consensus.

(2) PARTICIPATION.—

(A) DEPARTMENT REPRESENTATIVES.—The Secretary of Health and Human Services shall ensure that representatives from within the Department of Health and Human Services that have expertise in the area of maternal and child health or in outcomes research are appointed to the advisory panel established under paragraph (1).

(B) REPRESENTATIVES OF PUBLIC AND PRIVATE SECTOR ENTITIES.—

(i) IN GENERAL.—The Secretary of Health and Human Services shall ensure that members of the advisory panel include representatives of public and private sector entities having knowledge or experience in one or more of the following areas:

- (I) Patient care.
- (II) Patient education.
- (III) Quality assurance.
- (IV) Outcomes research.
- (V) Consumer issues.

(ii) REQUIREMENT.—The panel shall include representatives from each of the following categories:

- (I) Health care practitioners.
 - (II) Health plans.
 - (III) Hospitals.
 - (IV) Employers.
 - (V) States.
 - (VI) Consumers.
- (c) STUDIES.—

(1) IN GENERAL.—The Secretary of Health and Human Services shall conduct a study of—

(A) the factors affecting the continuum of care with respect to maternal and child health care, including outcomes following childbirth;

(B) the factors determining the length of hospital stay following childbirth;

(C) the diversity of negative or positive outcomes affecting mothers, infants, and families;

(D) the manner in which post natal care has changed over time and the manner in which that care has adapted or related to changes in the length of hospital stay, taking into account—

(i) the types of post natal care available and the extent to which such care is accessed; and

(ii) the challenges associated with providing post natal care to all populations, including vulnerable populations, and solutions for overcoming these challenges; and

(E) the financial incentives that may—

- (i) impact the health of newborns and mothers; and
- (ii) influence the clinical decisionmaking of health care providers.

(2) RESOURCES.—The Secretary of Health and Human Services shall provide to the advisory panel the resources necessary to carry out the duties of the advisory panel.

(d) REPORTS.—

(1) IN GENERAL.—The Secretary of Health and Human Services shall prepare and submit to the Committee on Labor and Human Resources of the Senate and the Committee on Commerce of the House of Representatives a report that contains—

(A) a summary of the study conducted under subsection (c);

(B) a summary of the best practices used in the public and private sectors for the care of newborns and mothers;

(C) recommendations for improvements in prenatal care, post natal care, delivery and follow-up care, and whether the implementation of such improvements should be accomplished by the private health care sector, Federal or State governments, or any combination thereof; and

(D) limitations on the databases in existence on the date of enactment of this title.

(2) SUBMISSION OF REPORTS.—The Secretary of Health and Human Services shall prepare and submit to the Committees referred to in paragraph (1)—

(A) an initial report concerning the study conducted under subsection (c) and the report required under subsection (d), not later than 18 months after the date of enactment of this title;

(B) an interim report concerning such study and report not later than 3 years after the date of enactment of this title; and

(C) a final report concerning such study and report not later than 5 years after the date of enactment of this title.

(e) TERMINATION OF PANEL.—The advisory panel shall terminate on the date that occurs 60 days after the date on which the last report is submitted under this section.

SEC. 12. SALE OF GOVERNORS ISLAND, NEW YORK.

(a) IN GENERAL.—Notwithstanding any other provision of law, the Administrator of General Services shall dispose of by sale at fair market value all rights, title, and interests of the United States in and to the land of, and improvements to, Governors Island, New York.

(b) RIGHT OF FIRST REFUSAL.—Before a sale is made under subsection (a) to any other parties, the State of New York and the city of New York shall be given the right of first refusal to purchase all or part of Governors Island. Such right may be exercised by either the State of New York or the city of New York or by both parties acting jointly.

(c) PROCEEDS.—Proceeds from the disposal of Governors Island under subsection (a) shall be deposited in the general fund of the Treasury and credited as miscellaneous receipts.

SEC. 13. SALE OF AIR RIGHTS.

(a) IN GENERAL.—Notwithstanding any other provision of law, the Administrator of General Services shall sell, at fair market value and in a manner to be determined by the Administrator, the air rights adjacent to Washington Union Station described in subsection (b), including air rights conveyed to the Administrator under subsection (d). The

Administrator shall complete the sale by such date as is necessary to ensure that the proceeds from the sale will be deposited in accordance with subsection (c).

(b) DESCRIPTION.—The air rights referred to in subsection (a) total approximately 16.5 acres and are depicted on the plat map of the District of Columbia as follows:

- (1) Part of lot 172, square 720.
- (2) Part of lots 172 and 823, square 720.
- (3) Part of lot 811, square 717.

(c) PROCEEDS.—Before September 30, 1997, proceeds from the sale of air rights under subsection (a) shall be deposited in the general fund of the Treasury and credited as miscellaneous receipts.

(d) CONVEYANCE OF AMTRAK AIR RIGHTS.—

(1) GENERAL RULE.—As a condition of future Federal financial assistance, Amtrak shall convey to the Administrator of General Services on or before December 31, 1996, at no charge, all of the air rights of Amtrak described in subsection (b).

(2) FAILURE TO COMPLY.—If Amtrak does not meet the condition established by paragraph (1), Amtrak shall be prohibited from obligating Federal funds after March 1, 1997.

SEC. 14. EFFECTIVE DATE.

Except as otherwise provided for in this title, the provisions of this title shall apply as follows:

(1) With respect to health plans, such provisions shall apply to such plans on the first day of the contract year beginning on or after January 1, 1998.

(2) With respect to employee health benefit plans, such provisions shall apply to such plans on the first day of the first plan year beginning on or after January 1, 1998.

DOMENICI (AND OTHERS) AMENDMENT NO. 5194

Mr. DOMENICI (for himself, Mr. WELLSTONE, Mr. SIMPSON, Mr. CONRAD, and Mr. KENNEDY) proposed an amendment to the bill, H.R. 3666, supra; as follows:

At the appropriate place, insert the following new title:

TITLE —MENTAL HEALTH PARITY

SEC. 01. SHORT TITLE.

This title may be cited as the “Mental Health Parity Act of 1996”.

SEC. 02. PLAN PROTECTIONS FOR INDIVIDUALS WITH A MENTAL ILLNESS.

(a) PERMISSIBLE COVERAGE LIMITS UNDER A GROUP HEALTH PLAN.—

(1) AGGREGATE LIFETIME LIMITS.—

(A) IN GENERAL.—With respect to a group health plan offered by a health insurance issuer, that applies an aggregate lifetime limit to plan payments for medical or surgical services covered under the plan, if such plan also provides a mental health benefit such plan shall—

(i) include plan payments made for mental health services under the plan in such aggregate lifetime limit; or

(ii) establish a separate aggregate lifetime limit applicable to plan payments for mental health services under which the dollar amount of such limit (with respect to mental health services) is equal to or greater than the dollar amount of the aggregate lifetime limit on plan payments for medical or surgical services.

(B) NO LIFETIME LIMIT.—With respect to a group health plan offered by a health insurance issuer, that does not apply an aggregate lifetime limit to plan payments for medical or surgical services covered under the plan, such plan may not apply an aggregate lifetime limit to plan payments for mental health services covered under the plan.

(2) ANNUAL LIMITS.—

(A) IN GENERAL.—With respect to a group health plan offered by a health insurance issuer, that applies an annual limit to plan payments for medical or surgical services covered under the plan, if such plan also provides a mental health benefit such plan shall—

(i) include plan payments made for mental health services under the plan in such annual limit; or

(ii) establish a separate annual limit applicable to plan payments for mental health services under which the dollar amount of such limit (with respect to mental health services) is equal to or greater than the dollar amount of the annual limit on plan payments for medical or surgical services.

(B) NO ANNUAL LIMIT.—With respect to a group health plan offered by a health insurance issuer, that does not apply an annual limit to plan payments for medical or surgical services covered under the plan, such plan may not apply an annual limit to plan payments for mental health services covered under the plan.

(b) RULE OF CONSTRUCTION.—

(1) IN GENERAL.—Nothing in this section shall be construed as prohibiting a group health plan offered by a health insurance issuer, from—

(A) utilizing other forms of cost containment not prohibited under subsection (a); or

(B) applying requirements that make distinctions between acute care and chronic care.

(2) NONAPPLICABILITY.—This section shall not apply to—

(A) substance abuse or chemical dependency benefits; or

(B) health benefits or health plans paid for under title XVIII or XIX of the Social Security Act.

(3) STATE LAW.—Nothing in this section shall be construed to preempt any State law that provides for greater parity with respect to mental health benefits than that required under this section.

(c) SMALL EMPLOYER EXEMPTION.—

(1) IN GENERAL.—This section shall not apply to plans maintained by employers that employ less than 26 employees.

(2) APPLICATION OF CERTAIN RULES IN DETERMINATION OF EMPLOYER SIZE.—For purposes of this subsection—

(A) APPLICATION OF AGGREGATION RULE FOR EMPLOYERS.—All persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as 1 employer.

(B) EMPLOYERS NOT IN EXISTENCE IN PRECEDING YEAR.—In the case of an employer which was not in existence throughout the preceding calendar year, the determination of whether such employer is a small employer shall be based on the average number of employees that it is reasonably expected such employer will employ on business days in the current calendar year.

(C) PREDECESSORS.—Any reference in this subsection to an employer shall include a reference to any predecessor of such employer.

SEC. 03. DEFINITIONS.

For purposes of this title:

(1) GROUP HEALTH PLAN.—

(A) IN GENERAL.—The term “group health plan” means an employee welfare benefit plan (as defined in section 3(1) of the Employee Retirement Income Security Act of 1974) to the extent that the plan provides medical care (as defined in paragraph (2)) and including items and services paid for as medical care) to employees or their dependents (as defined under the terms of the plan) directly or through insurance, reimbursement, or otherwise.

(B) MEDICAL CARE.—The term “medical care” means amounts paid for—

(i) the diagnosis, cure, mitigation, treatment, or prevention of disease, or amounts paid for the purpose of affecting any structure or function of the body,

(ii) amounts paid for transportation primarily for and essential to medical care referred to in clause (i), and

(iii) amounts paid for insurance covering medical care referred to in clauses (i) and (ii).

(2) HEALTH INSURANCE COVERAGE.—The term “health insurance coverage” means benefits consisting of medical care (provided directly, through insurance or reimbursement, or otherwise and including items and services paid for as medical care) under any hospital or medical service policy or certificate, hospital or medical service plan contract, or health maintenance organization contract offered by a health insurance issuer.

(3) HEALTH INSURANCE ISSUER.—The term “health insurance issuer” means an insurance company, insurance service, or insurance organization (including a health maintenance organization, as defined in paragraph (4)) which is licensed to engage in the business of insurance in a State and which is subject to State law which regulates insurance (within the meaning of section 514(b)(2) of the Employee Retirement Income Security Act of 1974), and includes a plan sponsor described in section 3(16)(B) of the Employee Retirement Income Security Act of 1974 in the case of a group health plan which is an employee welfare benefit plan (as defined in section 3(1) of such Act). Such term does not include a group health plan.

(4) HEALTH MAINTENANCE ORGANIZATION.—The term “health maintenance organization” means—

(A) a federally qualified health maintenance organization (as defined in section 1301(a) of the Public Health Service Act),

(B) an organization recognized under State law as a health maintenance organization, or

(C) a similar organization regulated under State law for solvency in the same manner and to the same extent as such a health maintenance organization.

(5) STATE.—The term “State” means each of the several States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

SEC. 04. SUNSET.

Sections 1 through 3 shall cease to be effective on September 30, 2001.

SEC. 05. FEDERAL EMPLOYEE HEALTH BENEFIT PROGRAM.

For the Federal Employee Health Benefit Program, sections 1 through 3 will take effect on October 1, 1997.

BROWN AMENDMENT NO. 5195

Mr. BROWN proposed an amendment to amendment No. 5194 proposed by Mr. DOMENICI to the bill, H.R. 3666, supra; as follows:

At the appropriate place in the amendment, insert the following:

Notwithstanding the provisions of this title, consumers shall retain the freedoms to choose a group health plan with coverage limitations of their choice, even if such coverage limitations for mental health services are inconsistent with section 2 of this title.

GRAMM AMENDMENT NO. 5196

Mr. GRAMM proposed an amendment to amendment No. 5194 proposed by Mr. DOMENICI to the bill, H.R. 3666, supra; as follows:

At the appropriate place in the amendment, insert the following:

Notwithstanding the provisions of this title, if the provisions of this title result in a one percent or greater increase in the cost of a group health plan's premiums, the purchaser is exempt from the provisions of this title.

HARKIN (AND OTHERS) AMENDMENT NO. 5197

Mr. HARKIN (for himself, Mr. MOYNIHAN, Mr. SPECTER, and Mr. KERRY) proposed an amendment to the bill, H.R. 3666, supra; as follows:

At the appropriate place, add the following:

SEC. . Without regard to any provision in this bill, no plan for the allocation of health care resources (including personnel and funds) used or implemented by the Department of Veterans Affairs among the health care facilities of the Department shall reduce the funding going to any state for veterans medical care for the fiscal year ending September 30, 1997, below its fiscal year 1996 level of funding if the total funding provided for veterans medical care in fiscal year 1997 exceeds the Fiscal year 1996 funding level.

BINGAMAN (AND OTHERS) AMENDMENT NO. 5198

Mr. BOND (for Mr. BINGAMAN for himself, Mr. MURKOWSKI, and Mr. ROCKEFELLER) proposed an amendment to the bill, H.R. 3666, supra; as follows:

On page 104, below line 24, add the following:

Sec. 421 (a) REVISION OF NAME OF JAPAN-UNITED STATES FRIENDSHIP COMMISSION.—(1)(A) The first sentence of section 4(a) of the Japan-United States Friendship Act (22 U.S.C. 2903(a)) is amended by striking out “Japan-United States Friendship Commission” and inserting in lieu thereof “United States-Japan Commission”.

(B) The section heading of such section is amended to read as follows:

“UNITED STATES-JAPAN COMMISSION”

(2) Subsection (c) of section 3 of that Act (22 U.S.C. 2902) is amended by striking out “Japan-United States Friendship Commission” and inserting in lieu thereof “United States-Japan Commission”.

(3) Any reference to the Japan-United States Friendship Commission in any Federal law, Executive order, regulation, delegation of authority, or other document shall be deemed to refer to the United States-Japan Commission.

FEINSTEIN AMENDMENT NO. 5199

Mr. BOND (for Mrs. FEINSTEIN) proposed an amendment to the bill, H.R. 3666, supra; as follows:

On page 104, below line 24, add the following:

SEC. 421. (a) Subject to the concurrence of the Administrator of the General Services Administration (GSA) and notwithstanding Sec. 707 of Public Law 103-433, the Administrator of the National Aeronautics and Space Administration may convey to the City of Downey, California, all right, title, and interest of the United States in and to a parcel of real property, including improvements thereon, consisting of approximately 60 acres and known as Parcels III, IV, V, and VI of the NASA Industrial Plant, Downey, California.

(b)(1) DELAY IN PAYMENT OF CONSIDERATION.—After the end of the 20-year period beginning on the date on which the conveyance under subsection (a) is completed, the

City of Downey shall pay to the United States an amount equal to fair market value of the conveyed property, as of the date of the conveyance from NASA.

(2) EFFECT OF RECONVEYANCE BY THE CITY.—If the City of Downey reconveys all or part of the conveyed property during such 20-year period, the city shall pay to the United States an amount equal to the fair market value of the reconveyed property as of the time of the reconveyance, excluding the value of any improvements made to the property by the City.

(3) DETERMINATION OF FAIR MARKET VALUE.—The Administrator of NASA shall determine fair market value in accordance with Federal appraisal standards and procedures.

(4) TREATMENT OF LEASES.—The Administrator of NASA may treat a lease of property within such 20-year period as a reconveyance if the Administrator determines that the lease is being used to avoid application of paragraph (b)(2).

(5) DEPOSIT OF PROCEEDS.—The Administrator of NASA shall deposit any proceeds received under this subsection in the special account established pursuant to section 204(h)(2) of the Federal Property and Administrative Services Act of 1949 (40 U.S.C. 485(h)(2)).

(c) The exact acreage and legal description of the real property to be conveyed under subsection (a) shall be determined by a survey satisfactory to the Administrator. The cost of the survey shall be borne by the City of Downey, California.

(d) The Administrator may require such additional terms and conditions in connection with the conveyance under subsection (a) as the Administrator considers appropriate to protect the interests of the United States.

(e) If the City at any time after the conveyance of the property under subsection (a) notifies the Administrator that the City no longer wishes to retain the property, it may convey the property under the terms of subsection (b), or, it may revert all right, title, and interest in and to the property (including any facilities, equipment, or fixtures conveyed, but excluding the value of any improvements made to the property by the City) to the United States, and the United States shall have the right of immediate entry onto the property.

MCCAIN AMENDMENT NO. 5200

Mr. BOND (for Mr. MCCAIN) proposed an amendment to the bill, H.R. 3666, supra; as follows:

At the appropriate place in title II of the bill, insert the following new section:

SEC. 2. MORTGAGE INSURANCE.

(a) None of the funds appropriated under this Act may be used to give final approval to any proposal to provide mortgage insurance having a value in excess of \$250 million for any project financing for which may be guaranteed under section 220 of the National Housing Act (12 U.S.C. 1715k), unless the Secretary has transmitted to the President pro tempore of the Senate and the Speaker of the House the Secretary's justification for such guarantee and no final approval shall be given until the justification has laid before the Congress for a period of not less than 30 days.

BOND (AND MIKULSKI) AMENDMENT NO. 5201

Mr. BOND (for himself and Ms. MIKULSKI) proposed an amendment to the bill, H.R. 3666, supra; as follows:

On page 105, after line 2, insert:

DEPARTMENT OF VETERANS AFFAIRS VETERANS BENEFITS ADMINISTRATION COMPENSATION AND PENSIONS

For an additional amount for "Compensation and Pensions", \$100,000,000, to be made available upon enactment of this Act, to remain available until expended.

PANAMA BASE RIGHTS NEGOTIATION CONCURRENT RESOLUTION

HELMS AMENDMENT NO. 5202

Mr. FRIST (for Mr. HELMS) proposed an amendment to the concurrent resolution (S.Con.Res. 14) urging the President to negotiate a new base rights agreement with the Government of Panama to permit United States Armed Forces to remain in Panama beyond December 31, 1999; as follows:

Beginning on page 3, line 3, strike all through the period on page 4, line 3, and insert the following:

"(1) The President should negotiate a new base rights agreement with the Government of Panama—

"(A) Taking into account the foregoing findings; and

"(B) consulting with the Congress regarding any bilateral negotiations that take place."

NOTICE OF HEARING

COMMITTEE ON SMALL BUSINESS

Mr. BOND. Mr. President, I wish to announce that the Committee on Small Business will hold a hearing chaired by Senator FRIST entitled "The Impact of Union Salting Campaigns on Small Businesses." The hearing will be held on Tuesday, September 17, 1996, beginning at 9:30 a.m., in room 428A of the Russell Senate Office Building.

For further information please contact Melissa Bailey at 224-5175.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ARMED SERVICES

Mr. BOND. Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet in executive session at 5 p.m. on Thursday, September 5, 1996, to consider certain pending military nominations.

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

SELECT COMMITTEE ON INTELLIGENCE

Mr. BOND. Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on Thursday, September 5, 1996, at 9:30 a.m. to hold an open hearing on intelligence matters.

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

COMMITTEE ON FOREIGN RELATIONS

Mr. BOND. Mr. President I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on Thursday, September 5, 1996, at 10:30 and 2 p.m.

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

SUBCOMMITTEE ON FORESTS AND PUBLIC LAND MANAGEMENT

Mr. BOND. Mr. President, I ask unanimous consent that the Subcommittee on Forests and Public Land Management of the Committee on Energy and Natural Resources be granted permission to meet during the session of the Senate on Thursday, September 5, 1996, for purposes of conducting a subcommittee hearing which is scheduled to begin at 2 p.m. The purpose of this hearing is to consider S. 931, to authorize the construction of the Lewis and Clark Rural Water System and to authorize assistance to the Lewis and Clark Rural Water System, Inc., a non-profit corporation, for the planning and construction of the water supply system, and for other purposes; S. 1564, to amend the Small Reclamation Projects Act of 1956 to authorize the Secretary of the Interior to provide loan guarantee for water supply, conservation, quality, and transmission projects, and for other purposes; S. 1565, to amend the Small Reclamation Projects Act of 1956 and to supplement the Federal Reclamation laws by providing for Federal cooperation in non-Federal projects and for participation by non-Federal agencies in Federal projects; S. 1649, to extend contracts between the Bureau of Reclamation and irrigation districts in Kansas and Nebraska, and for other purposes; S. 1719, to require the Secretary of the Interior to offer to sell to certain public agencies the indebtedness representing the remaining repayment balance of certain Bureau of Reclamation projects in Texas, and for other purposes; S. 1921, to authorize the Secretary of the Interior to transfer certain facilities at the Minidoka project to the Burley Irrigation District; and S. 1986, the "Umatilla River Basin Project Completion Act"; and S. 2015, "To convey certain real property located within the Carlsbad Irrigation District", and for other purposes.

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

ADDITIONAL STATEMENTS

CATHOLIC SOCIAL SERVICES

• Mr. LEVIN. Mr. President, I rise today to honor the 50th Anniversary of the establishment of Catholic Social Services of Wayne County in Detroit, MI.

During its 50 years, Catholic Social Services of Wayne County has provided a range of social services to more than 500,000 people in the Detroit metropolitan community. CSSWC is particularly proud of its work for the community's children. It is recognized as one of the largest private child welfare agencies in the State of Michigan. It currently has nearly 400 children in its Foster Care Program and has placed thousands of children in adoptive homes. CSSWC also sponsors the Nation's oldest Foster Grandparent Program.