EC–1131. A communication from the Administrator of the Environmental Protection Agency, transmitting, pursuant to law, the report entitled ''Status of the State Small Business Stationary Source Technical and Environmental Compliance Assistance Programs (SBTCP)''; to the Committee on Environment and Public Works.

EC–1132. A communication from the General Counsel, Department of Transportation, transmitting, pursuant to law, the report of a rule relative to value engineering, (RIN2125–AD33) received on February 13, 1997; to the Committee on Environment and Public Works.

EC–1133. A communication from the Under Secretary of Defense, transmitting, pursuant to law, the report of a violation of the Antideficiency Act, case number 95–02; to the Committee on Appropriations.

EC–1134. A communication from the Director of the Office of Management and Budget, Executive Office of the President, transmitting, pursuant to law, a report concerning direct spending or receipts legislation within five days of enactment; to the Committee on the Budget.

EC–1135. A communication from the Chairman of the Federal Election Commission, transmitting, pursuant to law, a budget request and justification for fiscal year 1998; to the Committee on Rules and Administration.

EC–1136. A communication from the Acting Secretary of Energy, transmitting, pursuant to law, a report relative to natural gas; to the Committee on Energy and Natural Resources.

EC–1137. A communication from the Chair of the Federal Energy Regulatory Commission, transmitting, pursuant to law, a rule entitled ''Standards for Business Practices'' received on February 19, 1997; to the Committee on Energy and Natural Resources.

EC–1138. A communication from the Assistant Secretary of State (Legislative Affairs), transmitting, pursuant to law, the annual report on U.S. contributions to international organizations; to the Committee on Foreign Relations.

EC–1139. A communication from the Assistant Secretary of State (Legislative Affairs), transmitting, pursuant to law, a report relative to Nonproliferation and Disarmament Fund activities; to the Committee on Foreign Relations.

EC–1140. A communication from the Deputy Secretary of Defense, transmitting, pursuant to law, the report on emergy communications during fiscal year 1996; to the Committee on Labor and Human Resources.

EC–1141. A communication from the Secretary of Health and Human Services, transmitting, pursuant to law, a rule concerning iron-containing supplements and drugs received on February 18, 1997; to the Committee on Labor and Human Resources.

EC–1142. A communication from the Assistant General Counsel for Regulations, Department of Education, transmitting, pursuant to law, the report on the notice of final funding priorities received on February 18, 1997; to the Committee on Labor and Human Services.

EC–1143. A communication from the Board Members of the Railroad Retirement Board, transmitting, pursuant to law, the report of the justification of budget estimates for fiscal year 1998; to the Committee on Labor and Human Services.

EC–1144. A communication from the Assistant Secretary of Labor for Employment Standards, transmitting, pursuant to law, a rule entitled ''Technical Amendments of Rules Relating to Labor-Management Programs'' (RIN1215–AB16) received on February 19, 1997; to the Committee on Labor and Human Resources.

EC–1145. A communication from the Secretary of Health and Human Services, transmitting, pursuant to law, the annual report relative to fee for fiscal year 1995; to the Committee on Labor and Human Resources.

EC–1146. A communication from the Director of the Office of Management and Budget, Executive Office of the President, transmitting, pursuant to law, the cumulative report on rescissions and deferrals dated February 1, 1997; referred jointly, pursuant to the order of January 30, 1975, as modified by the order of April 11, 1986, to the Committee on Appropriations, to the Committee on the Budget, to the Committee on Finance, and to the Committee on Foreign Relations.

REPORTS OF COMMITTEE

The following report of committee was submitted:

By Mr. JEFFORDS, from the Committee on Labor and Human Resources:

Special Report entitled ''Report on Legislative Activities of the Committee on Labor and Human Resources During the 104th Congress'' (Rept. No. 105–5).

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

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

By Mr. THOMAS (for himself and Mr. ROBB):

S. 342. A bill to extend certain privileges, exemptions, and immunities to Hong Kong Economic and Trade Offices; to the Committee on Foreign Relations.

S. 343. A bill to authorize the extension of nondiscriminatory treatment (most-favored-nation treatment) to the products of Mongolia; to the Committee on Finance.

By Mrs. BOXER:

S. 344. A bill to require the relocation of a National Weather Service radar tower which is on Sulphur Mountain near Ojai, California; to the Committee on Commerce, Science, and Transportation.

By Mr. ROBB:

S. 345. A bill to amend chapter 57 of title 5, United States Code, to provide for the payment to Federal employees of meal expenses required while serving on a security detail in the protection of a Federal officer, and for other purposes; to the Committee on Governmental Affairs.

By Mr. WELLSTONE:

S. 346. A bill to assure fairness and assistance to patients and health care providers, and for other purposes; to the Committee on Labor and Human Resources.

By Mr. CLELAND (for himself, Mr. COVERDELL, Ms. MOSELEY-BRAUN, Mr. REID, Mr. HOLLINGS, Mr. BINGAMAN, Mr. FORD, Mr. AKAKA, Mr. LEVIN, Mr. KERRY, Mr. CONRAD, Mr. BREAUX, Mr. LUGAR, Mr. HAGEL, Mr. NICKLES, Mr. ROCKEFELLER, Mr. COCHRAN, Mr. LEAHY, Mr. THURMOND, Mr. BUMPERS, Mr. LIEBERMAN, Mr. WARNER, Mrs. HUTCHISON, and Mr. HUTCHINSON):

S. 347. A bill to designate the Federal building located at 100 Alabama Street NW, in Altanta, Georgia, as the ''Sam Nunn Federal Center''; to the Committee on Environment and Public Works.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. THOMAS (for himself and Mr. ROBB):

S. 342. A bill to extend certain privileges, exemptions, and immunities to Hong Kong Economic and Trade Offices; to the Committee on Foreign Relations.

HONG KONG ECONOMIC AND TRADE OFFICES LEGISLATION

Mr. THOMAS. Mr. President, I rise as chairman of the Subcommittee on East Asian and Pacific Affairs to introduce S. 342, a bill to extend certain privileges, exemptions, and immunities to Hong Kong Economic and Trade Offices located in the United States. I am pleased to be joined by Senator ROBB as an original cosponsor.

The Hong Kong Government maintains Economic and Trade Offices in several countries to represent the Colony's economic and trade interests abroad; there are three such Offices in the United States—San Francisco, New York, and Washington. As my colleagues are aware, at midnight on June 30, 1997, Hong Kong will revert to the jurisdiction of the People's Republic of China as the Hong Kong Special Administrative Region [HKSAR]. The HKSAR will purportedly, under agreements reached between the PRC and the United Kingdom, enjoy a high degree of autonomy from the central government in Beijing except in the areas of foreign policy and defense. That autonomy includes the right to maintain economic and trade ties with third countries independent of Beijing.

The Hong Kong Policy Act of 1992 provided, inter alia, that the United States should invite Hong Kong to maintain its Economic and Trade Offices after June 30. The reasoning was not only to continue to facilitate our trade relationship with our ninth biggest trading partner; in addition, the move was meant to underscore our commitment to an autonomous Hong Kong after 1997.

This bill would extend to these offices and employees the provisions of the International Organizations Immunities Act and the Agreement on State and local Taxation of Foreign Employees of Public International Organizations, thereby assuring that these offices are treated in the same manner as others similarly situated—such as the Taipei Economic and Cultural Representative Offices, Taiwan's representative in the United States.

Identical legislation passed the Senate unanimously late last year, but was not considered by the House before we adjourned sine die. Because the June deadline looms so near, I hope that we can move this bill quickly and without amendment through both Houses before the July 1 reversion of Hong Kong to China's jurisdiction.

By Mr. THOMAS (for himself and Mr. ROBB):

S. 343. A bill to authorize the extension of nondiscriminatory treatment (most-favored-nation treatment) to the products of Mongolia; to the Committee on Finance.

MONGOLIA MFN LEGISLATION

Mr. THOMAS. Mr. President, I rise as chairman of the Subcommittee on East

Asian and Pacific Affairs to introduce S. 343, a bill to authorize the extension of nondiscriminatory treatment—formerly known as ''most-favored nation status''—to the products of Mongolia. I am pleased to be joined by Senator ROBB and Senator MCCAIN as original cosponsors.

Mongolia has undergone a series of remarkable and dramatic changes over the last few years. Sandwiched between the former Soviet Union and China, it was one of the first countries in the world to become Communist after the Russian Revolution. After 70 years of Communist rule, though, the Mongolian people have recently made great progress in establishing a democratic political system and creating a free-market economy. Just last year, the country held its third election under its new constitution, resulting in a parliamentary majority for the coalition of democratic opposition parties. Rather than attempt to maintain its hold on power, the former government peaceably—and commendably—transferred power to the new government.

Mongolia has demonstrated a strong desire to build a friendly and cooperative relationship with the United States on trade and related matters since its turn towards democracy. We concluded a bilateral trade treaty with that country in 1991, and a bilateral investment treaty in 1994. Mongolia has received nondiscriminatory trading status since 1991, and has been found to be in full compliance with the freedom of emigration requirements of title IV of the Trade Act of 1974. In addition, it has acceded to the agreement establishing the World Trade Organization.

Mr. President, Mongolia has clearly demonstrated that it is fully deserving of joining the ranks of those countries to which we extend nondiscriminatory trade status. The extension of that status would not only serve to commend the Mongolians on their impressive progress, but would also enable the United States to avail itself of all its rights under the WTO with respect to Mongolia.

I have another, more parochial, reason for being interested in MFN status for Mongolia. Mongolia and my home State of Wyoming are sister States; a strong relationship between the two has developed over the last 4 years. Many of Mongolia's provincial governors have visited the State, and the two governments have established partnerships in education, agriculture, and livestock management. Like Wyoming, Mongolia is a high plateau with mountains on the northwest border, where many of the residents make their living by raising livestock. I am pleased to see the development of this mutually beneficial relationship, and am sure that the extension of nondiscriminatory trade status will serve to strengthen it further.

Mr. President, I introduced an identical bill in the last Congress at the very end of the legislative year, as did Congressman BEREUTER in the House. We both realized that it was too late in the year to move the legislation forward before we adjourned sine die, but we hoped that by introducing the bill then that it would serve as a catalyst to serious discussion of the issue in this Congress. I was very appreciative that last year the distinguished chairman of the Finance Committee, Senator ROTH, indicated his willingness to favorably consider the legislation early in this Congress, and look forward to working with him.

By Mrs. BOXER:

S. 344. A bill to require the relocation of a National Weather Service radar tower which is on Sulphur Mountain near Ojai, CA; to the Committee on Commerce, Science, and Transportation.

NATIONAL WEATHER SERVICE LEGISLATION

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

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

S. 344

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

SECTION 1. RELOCATION OF RADAR TOWER.

(a) REQUIREMENT TO RELOCATE RADAR TOWER.—Not later than 18 months after the date of the enactment of this Act, the Secretary shall relocate the National Weather Service radar tower which is located on Sulphur Mountain near Ojai, California, to a site which complies with the criteria listed in subsection (b).

(b) CRITERIA FOR NEW SITE.—The new site for the radar tower referred to in subsection (a) shall be selected so that the relocation—

(1) will not result in degradation of service; and

(2) will minimize the negative impact of the radar tower on residential areas.

(c) REPORT.—Not later than 6 months after the date of the enactment of this Act, the Secretary shall transmit a report to Congress that includes—

(1) an identification of the new site selected for the radar tower; and

(2) evidence which was considered in reaching the conclusion that relocation of the radar tower to the site selected meets the criteria listed in subsection (b).

SEC. 2. DEFINITIONS.

For the purposes of this Act—

(1) the term ''degradation of service'' means any decrease in or failure to maintain the quality and type of weather services provided by the National Weather Service to the public; and

(2) the term ''Secretary'' means the Secretary of Commerce.●

By Mr. ROBB:

S. 345. A bill to amend chapter 57 of title 5, United States Code, to provide for the payment to Federal employees of meal expenses required while serving on a security detail in the protection of a Federal officer, and for other purposes; to the Committee on Governmental Affairs.

FEDERAL EMPLOYEE LEGISLATION

● Mr. ROBB. Mr. President, today I introduce legislation to right an obvious wrong. As I was reading the Washington Post on January 6, 1997, I ran across a brief mention that employees of the CIA who are assigned to protect the Director of Central Intelligence must pay their own way when they are forced to buy meals because of their assigned protection duties.

Evidently these Federal employees are required to keep a line of sight on the Director 24 hours a day, which sometimes entails following him to restaurants. These restaurants in turn refuse to let the protection detail occupy a table without purchasing a meal. While this may sound trivial, I do not believe it is fair to require a Federal employee to buy an expensive meal as part of their job. I am sure you'll agree that if a person is going to spend that kind of money on a meal, they should be enjoying it with a good friend or loved one, not watching their boss across the room.

For that reason, I am introducing this bill, which would authorize any Federal agency to pay the meal expenses for cases like this one for an employee who is serving on a 24-hour-a-day security detail which requires the employee to remain in the line of sight of the person being protected. I understand that certain agencies already have this authority, but it clearly should be extended to all Federal agencies. I hope that this noncontroversial measure can be examined by the appropriate committee and quickly passed. The existing situation is blatantly unfair and needs to be changed.

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

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

LOOKS UNLIKE AMERICA

(By Al Kamen)

Even some of the Clinton administration diversity policy were embarrassed by President Clinton's strong-arming Transportation Secretary Federico Peña into accepting a nomination to be energy secretary—a job for which he is notably lacking in credentials.

But the ethno-gender contortions were deemed, in the best inside-the-Beltway political wisdom, essential to pay off the Hispanic vote with two Cabinet seats.

Yet, after so much effort expended on Cabinet diversity, the Clinton White House itself remains a comfortable, mostly white boys club, with hardly an African American, Latino or Asian American in any senior job.

With the anticipated departure of public liaison office director Alexis M. Herman, the only minority in the top 25 or so senior staff members is first lady Hillary Rodham Clinton's chief of staff, Margaret A. Williams—and she may leave soon.

New Chief of Staff Erskine B. Bowles has three openings—and may have more—at that assistant to the president level: a political affairs director to replace Douglas Sosnik, who moved up to be ''counselor''; a replacement for Herman; and one for outgoing White House counsel Jack Quinn.

Administration officials say to keep an eye on former representative Alan Wheat (D-Mo.) and the Labor Department's wage and hour division chief Maria Echaveste, both mentioned for Cabinet jobs.

But ''Look Like America''? Not the senior staff.

IN LIKE QUINN?

Speaking of Quinn, the search goes on for a replacement, and the list doesn't appear too long. The problem, as one senior administration official put it, is ''finding someone who's smart enough to do it and yet dumb enough to take it.''

The most prominently mentioned name for the job is former U.S. attorney Charles F.C. Ruff, who had been under consideration for the attorney generalship after Zoe E. Baird went down in flames until it was discovered he had a nanny problem himself. Ruff is public-service minded, so he might be persuaded. And he's been a partner at Covington & Burling, so he presumably would have enough savings to cover his legal fees.

CAREER COUNSELOR

Job alert. There are lots of openings in the counsel's office.

Associate White House counsel Elena Kagan, a tenured constitutional law professor on leave from the University of Chicago, had two going-away parties, the movers ready to go and a class waiting for her today. But the students will have to wait. New domestic policy chief Bruce Reed persuaded her to stick around and be his top deputy.

Another associate counsel, David B. Fein, however, stuck with his original plan and has gone to private practice in Connecticut. Even before Quinn threw in the towel, he was looking for staff. Shortly after the election, Quinn asked U.S. Attorney Eric H. Holder Jr. to ''make referrals and recommendations to him about individuals who might be interested in moving to the White House Counsel's Office in the new administration,'' according to a memo Holder sent his assistants.

''So that I can be responsive to Quinn,'' Holder said, ''I would like to gather the names of those interested in this opportunity and will then personally forward them to Quinn. . . . (And don't worry, I won't hold it against you for expressing interest in this opportunity—I think it's a great one!)''

DINNER DUTY

Browsing on the General Accounting Office World Wide Web page (we obviously need to get out more), we came across the Ebenezer Scrooge Memorial Memo of 1996. The Dec. 30 GAO decision memo involves a CIA request to reimburse members of the director's security detail for meals they were obliged to buy on duty.

''According to the CIA,'' the memo says, the security folks traveling with the director or deputy are to ''remain in the line of sight of the official they are protecting. On occasion [they] must accompany one of the officials'' to area restaurants and sit at nearby tables so as to be unobtrusive but in the line of sight. ''Some restaurants require that members of the detail order meals while sitting at these tables. The cost of these meals, often substantial, has been borne by the individual members of the detail,'' the memo said, adding that the agency thinks it, not the overworked security people, should pick up the tab.

Tough luck, the GAO said. The law says no government employee can get a free meal while at ''a normal duty station,'' except for ''extreme emergency situations,'' and this isn't one of them. Congress can and has overridden the restriction for some agencies, but not for the CIA. So until Congress acts, the security detail pays.

STARRING ROLES

John D. Bates, deputy independent counsel in charge of the Washington operation for Kenneth W. Starr, is resuming his responsibilities at the end of this month as head of the civil division in the U.S. Attorney's Office here. Bates had been on a six-month leave that somehow stretched two years. But he'll continue to oversee some matters at Starr's shop for some time. Assistant U.S. Attorney Eric A. Dubelier, who had been working on White House travel office matters for Starr, also has returned to run the terrorism section of the criminal division, while continuing to do some work in the counsel operation. Should we read something into this? Probably not.

LIFE AFTER LEGISLATURE

Retiring Sen. Sam Nunn (D–Ga.), who chaired the Armed Services Committee back when Democrats were in the majority, has signed on as a partner in King & Spaulding's Atlanta office, with a second office here.

Outgoing Rep. Robert S. Walker (R–Pa.), who chaired the Science Committee and the House Republican Leadership, is off to be president of the Wexler Group.●

By Mr. WELLSTONE:

S. 346. A bill to assure fairness and assistance to patients and health care providers, and for other purposes; to the Committee on Labor and Human Resources.

THE PATIENT PROTECTION ACT OF 1997

● Mr. WELLSTONE. Mr. President, I introduce the Patient Protection Act of 1997. This bill addresses the issue of fairness in health care today.

Mr. President, the last few years have seen an enormous growth in managed care health plans. Now, more than 50 percent of Americans are enrolled in some kind of managed care arrangement. We have learned a lot in the past several years about what works and what doesn't in managed care, in all kinds of health insurance for that matter.

And, let me be clear that I recognize that there are things that are working well in managed care and other types of plans. We have seen a decrease in the rate of increase in healthcare costs. Health plans are emphasizing prevention and early intervention. Health plans are largely moving from managing costs to managing care to managing health.

All of this is good, but enough time has gone by that we have found the problems, the glitches, the occasions and circumstances where patient and providers are not equal stakeholders in the systems and where they are treated unfairly, where their voices are either silent or disregarded. I am deeply concerned about the lack of availability of protections for patients and providers participating in all forms of health plans. This includes not only managed care plans in their various forms, but also point-of-service and traditional—fee-for-service—plans as well. The inclusion of self-insured plans, MEWA's multiple employer welfare agreements—and association plans is an important component of this act because it extends provisions to some of those consumers who most need the protections.

Many States are currently developing and moving similar bills through their legislatures and assemblies. There is a clear cry for these corrections and protections. However, even if all 50 States were to pass patient protection acts, not all Americans would benefit from these protections. I believe that now more than ever, Federal standards are needed to ensure that consumers are protected in our rapidly changing health care delivery environment. Almost 50 percent of Americans, those who belong to health plans regulated by the Federal Government, are excluded from State based protections. According to a report released by the GAO in July 1995, 44 million Americans are covered under exempt plans. There are an additional 70 million who are covered by other employer plans that may also be outside of the realm of State authority. In addition, self-funded plans are becoming more common, especially in smaller businesses. The standards that I am proposing should assure fairness for consumers and providers, while still encouraging health plans to pursue innovative approaches to providing high quality, cost-effective care. I am sure, Mr. President, that each of us is committed to fairness and understands the need for the Federal Government to work cooperatively with the States on this issue.

My Patient Protection Act of 1997 will do several things that will ease the confusion so often present for consumers and providers in the health care system. It will assist them with their rights as participants in health plans.

The act will award a grant to each State to establish an office of consumer education counseling, and assistance with health care. This will help consumers choose among the many plans available to them, understand their rights for appeals if care that their provider advises is denied, and receive support if they undertake a grievance procedure. These offices will be modeled after the successful ones in the Medicare Program, staffed largely by volunteers, that have helped seniors find their way through what might be for many an overwhelming situation.

The act will require that health plans disclose certain information so that consumers and providers are better informed. Information that must be disclosed ranges from the financial health of the plan to its internal review process and criteria used in making decisions about treatment. No longer will there be a black hole in health plans into which very personal information about a patient goes, something unknown happens and out comes a decision to treat or not treat the problem. That simply is not the way to provide health care in a democracy.

The act will require that plans ensure timely access to services and specialized treatment expertise, when clinically indicated.

The act will require the development of health plan standards, including utilization review activities and handling of grievances of consumers or providers. Providers and consumers will be involved in the development of these processes.

The act will protect providers by requiring mechanisms for due process

and disallowing dismissal of providers from the panel of a health plan without cause. It adds antigag clause and whistle-blower protection in order to ensure that consumers receive information that they need about health care options and quality of health care.

In a country where many are either uninsured or underinsured, it is especially important that attempts to control costs be accompanied by clear legal rights for consumers and providers. With a competitive insurance market lacking adequate consumer protections and a health care system that says it's OK to leave some people out, what's to prevent plans from discriminating against patients who are likely to need expensive clinical services?

Mr. President, these are not anti-managed care provisions. As a matter of fact, they are not anti anything. They are positive steps that will restore a better balance between health plans, consumers, and providers. Responsible health plans already comply with the standards that the Patient Protection Act would establish. But the Patient Protection Act would ensure that all patients and providers are guaranteed at least a baseline of protection.

We are currently seeing attempts to regulate health care on a disease-by-disease basis. This is not the best way to protect consumers and providers. We need to focus on maintaining the unique relationship between health care providers and their patients, so that optimal care is available. Congress should not be in the business of deciding how long a patient needs to stay in the hospital for treatment of a specific condition, or whether a specific technology should be offered to a specific patient. We should instead make certain that health care providers can take into account the uniqueness of each of their patients in developing a rational and appropriate plan of care that can be followed. We can do this by ensuring that consumers and providers are included in the utilization review and decisionmaking process. The framework provided by the Patient Protection Act of 1997 will allow this to occur.

These issues will become increasingly important as managed care arrangements proliferate, competition increases, more and more Americans and children lose their health insurance coverage, and costs continue to escalate. Until we are willing to make the hard choices and deal with the underlying problems in our current system, the very least we should do is enact some sensible protections that safeguard patients' and providers' rights.

Mr. President, many people are fond of saying that health care reform is happening now—employers are managing their costs by enrolling increasing numbers of employees in managed care plans and new provider networks are emerging daily. But with so much attention being paid to the cost and business of health care, the providers and patients are losing substantial control over decisions affecting patients' health. It is therefore all the more important that we provide patient and provider protections. The Patient Protection Act of 1997 will go a long way toward doing that.

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

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

S. 346

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Patient Protection Act of 1997''.

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

SEC. 2. DEFINITIONS.

Unless specifically provided otherwise, as used in this Act:

(1) CARRIER.—The term ''carrier'' means a licensed insurance company, a hospital or medical service corporation (including an existing Blue Cross or Blue Shield organization, within the meaning of section 833(c)(2) of Internal Revenue Code of 1986 as in effect before the date of the enactment of this Act), a health maintenance organization, or other entity licensed or certified by the State to provide health insurance or health benefits.

(2) COVERED INDIVIDUAL.—The term ''covered individual'' means a member, enrollee, subscriber, covered life, patient or other individual eligible to receive benefits under a health plan.

(3) EMERGENCY SERVICES.—The term ''emergency services'' means those health care services that are provided to a patient after the sudden onset of a health condition that manifests itself by symptoms of sufficient severity, including severe pain, and the absence of such immediate health care attention could reasonably be expected, to result in—

(A) placing the patient's health in serious jeopardy;

(B) serious impairment to bodily function; or

(C) serious dysfunction of any bodily organ or part.

(4) HEALTH PLAN.—The term ''health plan'' includes any organization that seeks to arrange for, or provide for the financing and coordinated delivery of, health care services directly or through a contracted health provider panel, and shall include health maintenance organizations, preferred provider organizations, single service health maintenance organizations, single service preferred provider organizations, other entities such as provider-hospital or hospital-provider organizations, employee welfare benefit plans (as defined in section 3(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(1)), and multiple employer welfare plans or other association plans, as well as carriers.

(5) HEALTH PROVIDER.—The term ''health provider'' means an individual who is licensed or certified under State law to provide health care services and who is operating within the scope of such licensure or certification.

(6) MANAGED CARE PLAN.—

(A) IN GENERAL.—The term ''managed care plan'' means a plan operated by a managed care entity (as defined in subparagraph (B)), that provides for the financing and delivery of health care services to persons enrolled in such plan through—

(i) arrangements with selected providers to furnish health care services;

(ii) explicit standards for the selection of participating providers;

(iii) organizational arrangements for ongoing quality assurance, utilization review programs, and dispute resolution; and

(iv) financial incentives for persons enrolled in the plan to use the participating providers and procedures provided for by the plan.

(B) MANAGED CARE ENTITY.—The term ''managed care entity'' includes a licensed insurance company, hospital or medical service plan (including provider and provider-hospital networks), health maintenance organization, an employer or employee organization, or a managed care contractor (as defined in subparagraph (C)), that operates a managed care plan.

(C) MANAGED CARE CONTRACTOR.—The term ''managed care contractor'' means a person that—

(i) establishes, operates, or maintains a network of participating providers;

(ii) conducts or arranges for utilization review activities; and

(iii) contracts with an insurance company, a hospital or health service plan, an employer, an employee organization, or any other entity providing coverage for health care services to operate a managed care plan.

(7) PROVIDER NETWORK.—The term ''provider network'' means, with respect to a health plan that restricts access, those providers who have entered into a contract or agreement with the plan under which such providers are obligated to provide items and services under the plan to eligible individuals enrolled in the plan, or have an agreement to provide services on a fee-for-service basis.

(8) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services unless specifically provided otherwise .

(9) SPECIALIZED TREATMENT EXPERTISE.—The term ''specialized treatment expertise'' means expertise in diagnosing and treating unusual diseases and conditions, diagnosing and treating diseases and conditions that are usually difficult to diagnose or treat, and providing other specialized health care.

(10) SPONSOR.—The term ''sponsor'' means a carrier or employer that provides a health plan.

(11) UTILIZATION REVIEW.—The term ''utilization review'' means a set of formal techniques designed to monitor and evaluate the

clinical necessity, appropriateness and efficiency of health care services, procedures, providers and facilities. Techniques may include ambulatory review, prospective review, second opinion, certification, concurrent review, case management, discharge planning and retrospective review.

TITLE I—OFFICE FOR CONSUMER INFORMATION, COUNSELING AND ASSISTANCE WITH HEALTH CARE

SEC. 101. ESTABLISHMENT.

(a) IN GENERAL.—The Secretary shall award a grant to each State and each State shall use amounts received under the grant to establish an Office for Consumer Information, Counseling and Assistance with Health Care (referred to in this section as the ''Office''). Each such Office shall perform public outreach and provide education and assistance concerning consumer rights with respect to health insurance and benefits as provided for in subsection (d).

(b) USE OF GRANT.—

(1) IN GENERAL.—A State shall use a grant under this section—

(A) to administer the Office and carry out the duties described in subsection (d);

(B) to solicit and award contracts to private, nonprofit organizations applying to the State to administer the Office and carry out the duties described in subsection (d); or

(C) in the case of a State operating a consumer information counseling and assistance program on the date of enactment of this Act, to expand and improve such program.

(2) CONTRACTS.—With respect to the contract described in paragraph (1)(B), the contract period shall be not less than 2 years and not more than 4 years.

(c) STAFF.—A State shall ensure that the Office has sufficient staff (including volunteers) and local offices throughout the State to carry out its duties under this section and a demonstrated ability to represent and work with a broad spectrum of consumers, including vulnerable and underserved populations.

(d) DUTIES.—An Office established under this section shall—

(1) establish a State-wide toll-free hotline to enable consumers to contact the Office;

(2) have the ability to provide culturally appropriate assistance that as far as practicable takes into consideration under this subsection language needs;

(3) develop outreach programs to provide health insurance and health benefits information, counseling, and assistance;

(4) provide outreach and education relating to consumer rights and responsibilities under this Act, including the rights and services available through the Office;

(5) provide individuals with assistance in enrolling in health plans (including providing plan comparisons), or in obtaining services or reimbursements from health plans;

(6) provide individuals with assistance in filing applications for appropriate State health plan premium assistance programs;

(7) provide individuals with information and advocacy concerning existing grievance procedures and institute systems of referral to appropriate Federal or State departments or agencies for assistance with problems related to insurance coverage (including legal problems);

(8) ensure that regular and timely access is provided to the services available through the Office;

(9) implement training programs for staff members (including volunteer staff members) and collect and disseminate timely and accurate health care information to staff members;

(10) not less than once each year, conduct public hearings to identify and address community health care needs;

(11) coordinate its activities with the staff of the appropriate departments and agencies of the State government and other appropriate entities within the State; and

(12) carry out any other activities determined appropriate by the Secretary.

(e) STATE DUTIES.—

(1) ACCESS TO INFORMATION.—The State shall ensure that, for purposes of carrying out the duties of the Office, the Office has appropriate access to relevant information, subject to the application of procedures to ensure confidentiality of enrollee and proprietary health plan information.

(2) REPORTING AND EVALUATION REQUIREMENTS.—

(A) REPORT.—The Office shall annually prepare and submit to the State a report on the nature and patterns of consumer complaints received by the Office during the year for which the report is prepared. Such report shall contain any policy, regulatory, and legislative recommendations for improvements in the activities of the Office together with a record of the activities of the Office.

(B) EVALUATION.—The State shall annually evaluate the quality and effectiveness of the Office in carrying out the activities described in subsection (d).

(3) CONFLICTS OF INTEREST.—The State shall ensure that no individual involved in selecting the entity with which to enter into a contract under subsection (b)(1)(B), or involved in the operation of the Office, or any delegate of the Office, is subject to a conflict of interest.

(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section.

TITLE II—UTILIZATION MANAGEMENT

SEC. 201. DEFINITIONS.

As used in this title:

(1) ADVERSE DETERMINATION.—The term ''adverse determination'' means a determination that an admission to or continued stay at a hospital or that another health care service that is required has been reviewed and, based upon the information provided, does not meet the requirements for clinical necessity, appropriateness, level of care, or effectiveness.

(2) AMBULATORY REVIEW.—The term ''ambulatory review'' means utilization review of health care services performed or provided in an outpatient setting.

(3) APPEALS PROCEDURE.—The term ''appeals procedure'' means a formal process under which a covered individual (or an individual acting on behalf of a covered individual), attending provider or facility may appeal an adverse utilization review decision rendered by the health plan or its designee utilization review organization.

(4) CARE COORDINATOR.—The term ''care coordinator'' means a health provider who performs case management functions in consultation with the interdisciplinary health care team, the patient, family, and community.

(5) CASE MANAGEMENT.—The term ''case management'' means a coordinated set of activities conducted for the individual patient management of serious, complicated, protracted or chronic health conditions that provides cost-effective and benefit-maximizing treatments for extremely resource-intensive conditions.

(6) CLINICAL REVIEW CRITERIA.—The term ''clinical review criteria'' means the recorded (written or otherwise) screening procedures, decision abstracts, clinical protocols and practice guidelines used by the health plan to determine necessity and appropriateness of health care services.

(7) COMPARABLE.—The term ''comparable'' means a health provider who is licensed or certified in a manner that permits the provider to authorize the equipment, services, or procedures that are the subject of a review.

(8) CONCURRENT REVIEW.—The term ''concurrent review'' means utilization review conducted during a patient's hospital stay or course of treatment.

(9) DISCHARGE PLANNING.—The term ''discharge planning'' means the formal process for determining, coordinating and managing the care a patient receives following the discharge of the patient from a facility.

(10) FACILITY.—The term ''facility'' means an institution or health care setting providing the prescribed health care services under review. Such term includes hospitals and other licensed inpatient facilities, ambulatory surgical or treatment centers, skilled nursing facilities, residential treatment centers, diagnostic, laboratory and imaging centers and rehabilitation and other therapeutic health care settings.

(11) PROSPECTIVE REVIEW.—The term ''prospective review'' means utilization review conducted prior to an admission or a course of treatment.

(12) RETROSPECTIVE REVIEW.—The term ''retrospective review'' means utilization review conducted after health care services have been provided to a patient. Such term does not include the retrospective review of a claim that is limited to an evaluation of reimbursement levels, veracity of documentation, accuracy of coding and adjudication for payment.

(13) SECOND OPINION.—The term ''second opinion'' means an opportunity or requirement to obtain a clinical evaluation by a provider other than the provider originally making a recommendation for a proposed health service to assess the clinical necessity and appropriateness of the initial proposed health service.

(14) UTILIZATION REVIEW ORGANIZATION.—The term ''utilization review organization'' means an entity that conducts utilization review.

SEC. 202. REQUIREMENT FOR UTILIZATION REVIEW PROGRAM.

A health plan shall have in place a utilization review program that meets the requirements of this title and that is certified by the State.

SEC. 203. STANDARDS FOR UTILIZATION REVIEW.

(a) ESTABLISHMENT.—The Secretary of Health and Human Services, in consultation with the Secretary of Labor (referred to in this title as the ''Secretaries''), shall establish standards for the establishment, operation, and certification and periodic recertification of health plan utilization review programs.

(b) ALTERNATIVE STANDARDS.—

(1) IN GENERAL.—A State may certify a health plan as meeting the standards established under subsection (a) if the State determines that the health plan has met the utilization standards required for accreditation as applied by a nationally recognized, independent, nonprofit accreditation entity.

(2) REVIEW BY STATE.—A State that makes a determination under paragraph (1) shall periodically review the standards used by the private accreditation entity to ensure that such standards meet or exceed the standards established by the Secretaries under this title.

(c) UTILIZATION REVIEW PROGRAM REQUIREMENTS.—The standards developed by the Secretaries under subsection (a) shall require that utilization review programs comply with the following:

(1) DOCUMENTATION.—A health plan shall provide a written description of the utilization review program of the plan, including a description of—

(A) any activities assigned from the health plan to other entities;

(B) the policies and procedures used under the program to evaluate clinical necessity; and

(C) the clinical review criteria, information sources, and the process used to review and approve the provision of health care services under the program.

(2) PROHIBITION.—With respect to the administration of the utilization review program, a health plan may not employ utilization reviewers or contract with a utilization management organization if the conditions of employment or the contract terms include financial incentives to reduce or limit the provision of clinically necessary or appropriate services to covered individuals.

(3) REVIEW AND MODIFICATION.—A health plan shall develop procedures for periodically reviewing and modifying the utilization review of the plan. Such procedures shall provide for the participation of providers and consumers in the health plan in the development and review of utilization review policies and procedures.

(4) DECISION PROTOCOLS.—

(A) IN GENERAL.—A utilization review program shall develop and apply recorded (written or otherwise) utilization review decision protocols. Such protocols shall be based on sound health care evidence.

(B) PROTOCOL CRITERIA.—The clinical review criteria used under the utilization review decision protocols to assess the appropriateness of health care services shall be clearly documented and available to participating health providers upon request. Such protocols shall include a mechanism for assessing the consistency of the application of the criteria used under the protocols across reviewers, and a mechanism for periodically updating such criteria.

(5) REVIEW AND DECISIONS.—

(A) REVIEW.—The procedures applied under a utilization review program with respect to the preauthorization and concurrent review of the necessity and appropriateness of health care devices, services or procedures, shall require that qualified, comparable health care providers supervise review decisions. With respect to a decision to deny the provision of health care devices, services or procedures, a comparable provider shall conduct a subsequent review to determine the clinical appropriateness of such a denial. Comparable health providers from the appropriate specialty area shall be utilized in the review process.

(B) DECISIONS.—All utilization review decisions shall be made in a timely manner, as determined appropriate when considering the urgency of the situation.

(C) ADVERSE DETERMINATIONS.—With respect to utilization review, an adverse determination or noncertification of an admission, continued stay, or service shall be clearly documented, including the specific clinical or other reason for the adverse determination or noncertification, and be available to the covered individual and the affected provider or facility. A health plan may not deny or limit coverage with respect to a service that the enrollee has already received solely on the basis of lack of prior authorization or second opinion, to the extent that the service would have otherwise been covered by the plan had such prior authorization or a second opinion been obtained.

(D) NOTIFICATION OF DENIAL.—A health plan shall provide a covered individual with timely notice of an adverse determination or noncertification of an admission, continued stay, or service. Such a notification shall include information concerning the utilization review program appeals procedure as well as the telephone number for the Office.

(6) REQUESTS FOR AUTHORIZATION.—A health plan utilization review program shall ensure that requests by covered individuals or providers for prior authorization of a nonemergency service shall be answered in a timely manner after such request is received. If utilization review personnel are not available in a timely fashion, any health care services provided shall be considered approved.

(7) NEW TECHNOLOGIES.—A utilization review program shall implement policies and procedures to evaluate the appropriate use of new health care technologies or new applications of established technologies, including health care procedures, drugs, and devices. The program shall ensure that appropriate providers participate in the development of technology evaluation criteria.

(8) SPECIAL RULE.—Where prior authorization for a service or other covered item is obtained under a program under this section, the service shall be considered to be covered unless there was intentional fraud or intentionally incorrect information provided at the time such prior authorization was obtained. If a provider intentionally supplied the incorrect information that led to the authorization of clinically unnecessary care, the provider shall be prohibited from collecting payment directly from the enrollee, and shall reimburse the plan and subscriber for any payments or copayments the provider may have received.

(d) HEALTH PLAN REQUIREMENTS.—

(1) DISCLOSURE OF INFORMATION.—

(A) PROSPECTIVE COVERED INDIVIDUALS.—A health plan shall, with respect to any materials distributed to prospective covered individuals, include a summary of the utilization review procedures of the plan.

(B) COVERED INDIVIDUALS.—A health plan shall, with respect to any materials distributed to newly covered individuals, include a clear and comprehensive description of utilization review procedures of the plan and a statement of patient rights and responsibilities with respect to such procedures.

(C) STATE OFFICIALS.—

(i) IN GENERAL.—A health plan shall disclose to the State insurance commissioner, or other designated State official, the health plan utilization review program policies, procedures, and reports required by the State for certification.

(ii) STREAMLINING OF PROCEDURES.—To the extent practicable, a State shall implement procedures to streamline the process by which a health plan documents compliance with the requirements of this Act, including procedures to condense the number of documents filed with the State concerning such compliance.

(2) TOLL-FREE NUMBER.—A health plan shall have a membership card which shall have printed on the card the toll-free telephone number that a covered individual should call to receive precertification utilization review decisions.

(3) EVALUATION.—A health plan shall establish mechanisms to evaluate the effects of the utilization review program of the plan through the use of member satisfaction data or through other appropriate means.

(e) EMERGENCY CARE.—

(1) EMERGENCY MEDICAL CONDITION.—For purposes of this section the term ''emergency medical condition'' means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson (including the parent of a minor child or the guardian of a disabled individual), who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in—

(A) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,

(B) serious impairment to bodily functions, or

(C) serious dysfunction of any bodily organ or part.

(2) PREAUTHORIZATION.—With respect to emergency services furnished in a hospital emergency department, a health plan shall not require prior authorization for the provision of such services if the enrollee arrived at the emergency department with symptoms that reasonably suggested an emergency medical condition based on the judgment of a prudent layperson, regardless of whether the hospital was affiliated with the health plan. All procedures performed during the evaluation and treatment of an emergency medical condition shall be covered under the health plan.

TITLE III—HEALTH PLAN STANDARDS

SEC. 301. HEALTH PLAN STANDARDS.

(a) ESTABLISHMENT.—The Secretary of Health and Human Services, in conjunction with the Secretary of Labor (referred to in this title as the ''Secretaries''), shall establish standards for the certification and periodic recertification of health plans, including standards which require plans to meet the requirements of this title.

(b) STATE CERTIFICATION.—

(1) IN GENERAL.—A State shall provide for the certification of health plans if the certifying authority designated by the State determines that the plan meets the applicable requirements of this Act.

(2) REQUIREMENT.—Effective on January 1, 1999, a health plan sponsor may only offer a health plan in a State if such plan is certified by the State under paragraph (1).

(c) CONSTRUCTION.—Whenever in this title a requirement or standard is imposed on a health plan, the requirement or standard is deemed to have been imposed on the sponsor of the plan in relation to that plan.

SEC. 302. MINIMUM SOLVENCY REQUIREMENTS.

(a) IN GENERAL.—Except as provided in subsection (b), each State shall apply minimum solvency requirements to all health plans offered or operating within the State to ensure the fiscal integrity of such plans. A health plan shall meet the financial reserve requirements that are established by the State to assure proper payment for health care services provided under the plan. Such requirements may include plan participation in a mechanism to provide for indemnification of plan failures even if a plan has met the reserve requirements.

(b) FEDERAL STANDARDS.—The Secretaries shall establish minimum solvency standards that shall apply to all self-insured health plans. Such standards shall at least meet the solvency requirements established by the National Association of Insurance Commissioners.

SEC. 303. INFORMATION ON TERMS OF PLAN.

(a) IN GENERAL.—A health plan shall provide prospective covered individuals with written information concerning the terms and conditions of the health plan to enable such individuals to make informed decisions with respect to a certain system of health care delivery. Such information shall be standardized so that prospective covered individuals may compare the attributes of all such plans offered within the coverage area.

(b) UNDERSTANDABILITY.—Information provided under this section, whether written or oral shall be easily understandable, truthful, linguistically appropriate and objective with respect to the terms used. Descriptions provided in such information shall be consistent with standards developed for supplemental insurance coverage under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(c) REQUIRED INFORMATION.—Information required under this section shall include information concerning—

(1) coverage provisions, benefits, and any exclusions by category of service or product;

(2) plan loss ratios with an explanation that such ratios reflect the percentage of the premiums expended for health services;

(3) prior authorization or other review requirements including preauthorization review, concurrent review, post-service review, post-payment review and procedures that may lead the patient to be denied coverage for, or not be provided, a particular service or product;

(4) an explanation of how plan design impacts enrollees, including information on the financial responsibility of covered individuals for payment for coinsurance or other out-of-plan services;

(5) covered individual satisfaction statistics, including disenrollment statistics and satisfaction statistics from those who disenroll;

(6) advance directives and organ donation;

(7) the characteristics and availability of health care providers and institutions participating in the plan, including descriptions of the financial arrangements or contractual provisions with hospitals, utilization review organizations, physicians, or any other provider of health care services that would affect the services offered, referral or treatment options, or provider's fiduciary responsibility to patients, including financial incentives regarding the provision of services; and

(8) quality indicators for the plan and for participating health providers under the plan, including population-based statistics such as immunization rates and performance measures such as survival after surgery, adjusted for case mix.

SEC. 304. ACCESS.

(a) IN GENERAL.—A health plan shall demonstrate that the plan has a sufficient number, distribution, and variety of qualified health care providers to ensure that all covered health care services will be available and accessible in a timely manner to adults, infants, children, and individuals with disabilities enrolled in the plan. Plans shall make reasonable efforts to address issues of cultural competence and appropriateness with respect to providers.

(b) AVAILABILITY OF SERVICES.—A health plan shall ensure that services covered under the plan are available in a timely manner that ensures a continuity of care, are accessible within a reasonable proximity to the residences of the enrollees, are available within reasonable hours of operation, and include emergency and urgent care services when clinically necessary and available which shall be accessible within the service area 24-hours a day, seven days a week.

(c) SPECIALIZED TREATMENT.—A health plan shall demonstrate that plan enrollees have meaningful access, when clinically indicated in the judgment of the treating health provider, to specialized treatment expertise.

(d) CHRONIC CONDITIONS.—

(1) IN GENERAL.—Any process established by a health plan to coordinate care and control costs may not impose an undue burden on enrollees with chronic health conditions. The plan shall ensure a continuity of care and shall, when clinically indicated in the judgment of the treating health provider, ensure ongoing direct access to relevant specialists for continued care.

(2) CARE COORDINATOR.—In the case of an enrollee who has a severe, complex, or chronic condition, the health plan shall determine, based on the judgment of the treating health provider, whether it is clinically necessary or appropriate to use a care coordinator from an interdisciplinary team.

(e) REQUIREMENT.—

(1) IN GENERAL.—The requirements of this section may not be waived and shall be met in all areas where the health plan has enrollees, including rural areas. With respect to children, such services shall include pediatric and pediatric specialty services.

(2) OUT-OF-NETWORK SERVICES.—If a health plan fails to meet the requirements of this section, the plan shall arrange for the provision of out-of-network services to enrollees in a manner that provides enrollees with access to services in accordance with the principles and parameters set forth in this section.

SEC. 305. CREDENTIALING FOR HEALTH PROVIDERS.

(a) IN GENERAL.—A health plan shall credential health providers furnishing health care services under the plan.

(b) CREDENTIALING PROCESS.—

(1) IN GENERAL.—A health plan shall establish a credentialing process. Such process shall ensure that a health provider is credentialed prior to that provider being listed as a health provider in the health plan's marketing materials, in accordance with recorded (written or otherwise) policies and procedures.

(2) RESPONSIBILITY CHIEF HEALTH CARE OFFICER.—The chief health care officer of the health plan, or another designated health provider, shall have responsibility for the credentialing of health providers under the plan.

(3) UNIFORM APPLICATIONS.—A State shall develop a basic uniform application that shall be used by all health plans in the State for credentialing purposes.

(4) STANDARDS.—

(A) IN GENERAL.—Credentialing decisions under a health plan shall be based on objective standards with input from health providers credentialed under the plan. Information concerning all application and credentialing policies and procedures shall be made available for review by the health providers involved upon written request.

(B) RIGHT TO REVIEW INFORMATION.—A health provider who undergoes the credentialing process shall have the right to review the basis information, including the sources of that information, that was used to meet the designated credentialing criteria.

SEC. 306. GRIEVANCE PROCEDURES.

(a) IN GENERAL.—A health plan shall adopt a timely and organized system for resolving complaints and formal grievances filed by covered individuals. Such system shall include—

(1) recorded (written or otherwise) procedures for registering and responding to complaints and grievances in a timely manner;

(2) documentation concerning the substance of complaints, grievances, and actions taken concerning such complaints and grievances, which shall be in writing, and be available upon request to the Office for Consumer Information, Counseling and Assistance with Health Care;

(3) procedures to ensure a resolution of a complaint or grievance;

(4) the compilation and analysis of complaint and grievance data;

(5) procedures to expedite the complaint process if the complaint involves a dispute about the coverage of an immediately and urgently needed service; and

(6) procedures to ensure that if an enrollee orally notifies a health plan about a complaint, the plan (if requested) must send the enrollee a complaint form that includes the telephone numbers and addresses of member services, a description of the plan's grievance procedure, and the telephone number of the Officer for Consumer Information, Counseling and Assistance with Health Care where enrollees may register complaints.

(b) APPEAL PROCESS.—A health plan shall adopt an appeals process to enable covered individuals and providers to appeal decisions that are adverse to the covered individuals. Such a process shall include—

(1) the right to a review by a grievance panel;

(2) the right to a second review with a different panel, independent from the health plan; and

(3) an expedited process for review in emergency cases.

The Secretaries shall develop guidelines for the structure and requirements applicable to the independent review panel.

(c) NOTIFICATION.—With respect to the complaint, grievance, and appeals processes required under this section, a health plan shall, upon the request of a covered individual, provide the individual a written decision concerning a complaint, grievance, or appeal in a timely fashion.

(d) NON-IMPEDIMENT TO BENEFITS.—The complaint, grievance, and appeals processes established in accordance with this section may not be used in any fashion to discourage, prevent, or deny a covered individual from receiving clinically necessary care in a timely manner.

(e) DUE PROCESS WITH RESPECT TO CREDENTIALING.—

(1) RECEIPT OF INFORMATION.—A health provider who is subject to credentialing under section 305 shall, upon written request, receive from the health plan any information obtained by the plan during the credentialing process that, as determined by the credentialing committee, does not meet the credentialing standards of the plan, or that varies substantially from the information provided to the health plan by the health provider.

(2) SUBMISSION OF CORRECTIONS.—A health plan shall have a formal, recorded (written or otherwise) process by which a health provider may submit supplemental information to the credentialing committee if the health provider determines that erroneous or misleading information has been previously submitted. The health provider may request that such information be reconsidered in the evaluation for credentialing purposes.

(3) NO ENTITLEMENT.—

(A) IN GENERAL.—A health provider is not entitled to be selected or retained by a health plan as a participating or contracting provider whether or not such provider meets the credentialing standards established under section 305.

(B) ECONOMIC CONSIDERATIONS.—If economic considerations, including the health care provider's patterns of expenditure per patient, are part of a selection decision, objective criteria shall be used in examining such considerations and a written description of such criteria shall be provided to applicants, participating health providers, and enrollees. Any economic profiling of health providers must be adjusted to recognize case mix, severity of illness, and the age and gender of patients of a health provider's practice that may account for higher or lower than expected costs, to the extent appropriate data in this regard is available to the health plan.

(4) TERMINATION, REDUCTION OR WITHDRAWAL.—

(A) PROCEDURES.—A health plan shall develop and implement procedures for the reporting, to appropriate authorities, of serious quality deficiencies that result in the suspension or termination of a contract with a health provider.

(B) REVIEW.—A health plan shall develop and implement policies and procedures under which the plan reviews the contract privileges of health providers who—

(i) have seriously violated policies and procedures of the health plan;

(ii) have lost their privilege to practice with a contracting institutional provider; or

(iii) otherwise pose a threat to the quality of service and care provided to the enrollees of the health plan.

At a minimum, the policies and procedures implemented under this subparagraph shall meet the requirements of the Health Care Quality Improvement Act of 1986.

(C) COMMUNICATION.—Health plans shall not restrict nor inhibit communication between providers and patients or penalize a provider making public the failure of the health plan to comply with the provisions of this Act.

(D) LIABILITY.—A health plan shall not require a provider to sign any type of hold-harmless agreement as a requirement for participation in the health plan.

(E) DUE PROCESS.—The policies and procedures implemented under subparagraph (B) shall include requirements for the timely notification of the affected health provider of the reasons for the reduction, withdrawal, or termination of privileges, and shall provide the health provider with the right to appeal initially to the health plan and subsequently, upon failure to resolve a dispute, to an independent entity, the determination of reduction, withdrawal, or termination. No reduction, withdrawal or termination of privileges shall be made without cause.

(F) AVAILABILITY.—A written copy of the policies and procedures implemented under this paragraph shall be made available to a health provider on request prior to the time at which the health provider contracts to provide services under the plan.

SEC. 307. CONFIDENTIALITY STANDARDS.

(a) IN GENERAL.—A health plan shall ensure that the confidentiality of specified enrollee patient information and records is protected.

(b) POLICIES AND PROCEDURES.—A health plan shall have written confidentiality policies and procedures. Such policies and procedures shall, at a minimum—

(1) protect the confidentiality of enrollee patient information within the administrative structure of the health plan with special attention to sensitive health conditions and history;

(2) protect health care record information;

(3) protect claim information;

(4) establish requirements for the release of information; and

(5) inform health plan employees of the confidentiality policies and procedures and enforce compliance with such policies and procedures.

(c) PATIENT CARE PROVIDERS AND FACILITIES.—A health plan shall ensure that providers, offices and facilities responsible for providing covered items or services to plan enrollees have implemented policies and procedures to prevent the unauthorized or inadvertent disclosure of confidential patient information to individuals who should not have access to such information.

(d) RELEASE OF INFORMATION.—An enrollee in a health plan shall have the opportunity to approve or disapprove the release of identifiable personal patient information by the health plan, except where such release is required under applicable law.

SEC. 308. DISCRIMINATION.

(a) ENROLLEES.—A health plan (network or non-network) may not discriminate or engage (directly or through contractual arrangements) in any activity, including the selection of service area, that has the effect of discriminating against an individual on the basis of race, culture, national origin, gender, language, socio-economic status, age, disability, health status including genetic information, or anticipated utilization of health services.

(b) PROVIDERS.—A health plan may not discriminate in the selection of members of the health provider or provider network (and in establishing the terms and conditions for membership in the network) of the plan based on—

(1) the race, national origin, culture, age or disability of the health provider; or

(2) the socio-economic status, disability, health status, or anticipated utilization of health services of the patients of the health provider.

SEC. 309. PROHIBITION ON SELECTIVE MARKETING.

A health plan may not engage in marketing or other practices intended to discourage or limit the issuance of health plans to individuals on the basis of health condition, geographic area, industry, or other risk factors.

TITLE IV—MISCELLANEOUS PROVISIONS

SEC. 401. ENFORCEMENT.

(a) IN GENERAL.—A State shall prohibit the offering or issuance of any health plan in such State if such plan does not—

(1) have in place a utilization review program that is certified by the State as meeting the requirements of title II;

(2) comply with the standards developed under title III;

(3) have in place a credentialing program that meets the requirements of section 305;

(4) comply with the requirements of title IV; and

(5) meet any other requirements determined appropriate by the Secretary.

(b) SELF-INSURED PLANS.—The Secretary of Labor may take corrective action to terminate or disqualify a self-insured plan that does not meet the standards developed under this subsection.

SEC. 402. EFFECTIVE DATE.

(a) IN GENERAL.—Except as otherwise provided in this section, this Act shall take effect on the date of enactment of this Act.

(b) STANDARDS.—The standards and programs required under this Act shall apply to health plans beginning on January 1, 1999.

(c) OFFICE FOR CONSUMER INFORMATION, COUNSELING AND ASSISTANCE WITH HEALTH CARE.—A State shall have in place the Office required under section 101 on January 1, 1999. The Secretary may award grants for the establishment of such Offices beginning on the date of enactment of this Act.

(d) OTHER REQUIREMENTS.—The requirements of title IV shall apply to health plans beginning on January 1, 1999.

(e) REGULATIONS.—The Secretaries described in section 301(a) may promulgate regulations to carry out this Act.

SEC. 403. PREEMPTION.

Nothing in this Act shall be construed to preempt any State law, or the implementation of such a State law, that provides protections for individuals that are equivalent to or stricter than the provisions of this Act.●

By Mr. CLELAND (for himself, Mr. COVERDELL, Ms. MOSELEY-BRAUN, Mr. REID, Mr. HOLLINGS, Mr. BINGAMAN, Mr. FORD, Mr. AKAKA, Mr. LEVIN, Mr. KERRY, Mr. CONRAD, Mr. BREAUX, Mr. LUGAR, Mr. HAGEL, Mr. NICKLES, Mr. ROCKEFELLER, Mr. COCHRAN, Mr. LEAHY, Mr. THURMOND, Mr. BUMPERS, Mr. LIEBERMAN, Mr. WARNER, Mrs. HUTCHISON, and Mr. HUTCHINSON):

S. 347. A bill to designate the Federal building located at 100 Alabama Street NW, in Atlanta, GA, as the ''Sam Nunn Federal Center''; to the Committee on Environment and Public Works.

SAM NUNN FEDERAL CENTER LEGISLATION

● Mr. CLELAND. Mr. President, today, I honor Senator Sam Nunn, my friend, and one of America's most outstanding public servants. In recognition of the exceptional service Senator Sam Nunn has given to Georgia, the Senate, and the United States, I believe it would be fitting that the new Federal building in Atlanta be designated the ''Sam Nunn Federal Center.''

Senator Nunn has provided exemplary bipartisan leadership over the past 24 years, serving in a variety of leadership positions including both chairman and ranking member of the Senate Armed Services Committee and the chairman and ranking member on the Senate's Permanent Subcommittee on Investigations. In his years in the U.S. Senate, Senator Nunn earned the reputation as an internationally recognized expert on economic policy, defense, and national security.

Respected and honored by both his colleagues and constituents, it has been said of Senator Nunn, ''Unlike some who gained prominence in the nation's capital, Nunn has not done so at the expense of his home base * * * Public events shift and change, but Sam Nunn keeps right on being Sam Nunn.'' First elected to the Senate in 1972, Sam Nunn has been one of the most admired and respected Members of the U.S. Senate and has consistently been ranked among the most effective Senators in surveys of journalists and congressional staffers.

Senator Nunn has recently ended his many years of service as a U.S. Senator and I am deeply honored to now occupy his seat. I believe that naming the Federal building in Atlanta after Senator Nunn would be a permanent way in which we can appropriately recognize Senator Nunn's contributions to the Nation. I urge my fellow colleagues to join me in honoring my friend, and one of America's most admired public servants, and support the passage of the bill to designate the ''Sam Nunn Federal Center.'' In conclusion, I would like to have Senator BYRD's September 27 floor statement made in tribute to Senator Nunn re-entered in the RECORD.

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

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

[From the Congressional Record, Sept. 27, 1996]

TRIBUTE TO SENATOR SAM NUNN

Mr. BYRD. Mr. President, we are rapidly approaching that season when we shall witness the departure of many of our colleagues who have elected not to serve beyond this Congress.

Mr. President, I was the 1,579th Senator of 1,826 men and women who have served in the U.S. Senate from the beginning. I have seen many fine Senators come and go. As I think

back over the years, something good might well have been said about most, if not all, of these Senators. We are prone, of course, to deliver heartfelt eulogies, speeches declaring our regrets that our colleagues choose to leave the service of this body.

About all of these Senators whom I have seen depart the Senate, some good could be said, unlike Lucius Aelius Aurelius Commodus, the Roman emperor who served from 180 to 192 A.D., one of the few Roman emperors about whom nothing good could be said.

I don't think that any of the Senators that I can recall at the moment who voluntarily retired with honor from this body were Senators about whom nothing good could be said. But shortly, we will witness the departure of one of the truly outstanding United States Senators of our time, and when I say ''of our time,'' I mean my time as a Member of Congress for 44 years, a Member of this body for 38 years. The departure of SAM NUNN will be an irreparable loss. Someone might be able to take his place over a period of years.

I remember the death of Senator Russell, Richard Russell of Georgia, on January 21, 1971, 25 years ago. In the course of those 25 years, one-quarter of a century, I have to say that I have not seen the likeness of Richard Russell, except in Senator SAMUEL AUGUSTUS NUNN.

So it may be another 25 years, it may be 50 years before we see the likeness of Senator NUNN.

I pay tribute to this distinguished colleague who is retiring from the Senate after 24 years—illustrious years. There are many things that one can say about SAM NUNN, as he has been consistently productive, growing in stature year by year to become, without doubt, the leading Senate voice on national defense security and alliance issues—the leading voice. His accomplishments, of which there are many, are notable and derive from an approach to his work which is unfailingly thorough and well-focused. He is blessed with an exceptional intellect, and in Senator NUNN's case that sharp intellect combines with a much rarer talent for harnessing creative visions to practical techniques. SAM NUNN has been especially successful as a legislator in this body because of his ability to reduce complicated issues to an understandable scope, while avoiding oversimplification. Then he works patiently and persistently to build bipartisan support.

Indeed, his many ideas and initiatives are often shared and supported by his colleagues across the aisle. In a day when bipartisanship is as rare as platinum and gold and rubies, and certainly as valuable, SAM NUNN epitomizes that for which so many of us strive, and often fail to achieve—bipartisan consensus which the people so desire and which fuels large majorities behind legislative endeavors. The ingredients of vision coupled with practicality, and balance between liberal and conservative views, mark his spectacularly successful career as a Senator and are textbook examples for the younger Members of this body and the newer Members of this body in the years to come to heed and to emulate.

SAM NUNN hails from Georgia, where commitment to the Nation's defense runs deeply, and from whence some of our greatest legislators on national defense have emerged. He has upheld the great Georgia tradition so ably begun by his granduncle Representative Carl Vinson, with whom I served in the House of Representatives before coming to the Senate, and his predecessor, Senator Richard B. Russell.

While Senator NUNN has only served as the chairman or ranking member of the Armed Services Committee for 12 years, his record of achievement and the reverence in which he is held in this body are comparable to that—and I know—comparable to that of the great Russell. This is a feat of enormous distinction. The State of Georgia has to be extremely proud to have given such talented sons to our Republic, men who have so well borne the mantle of responsibility to protect the defense of our Nation and promote its fighting forces.

Now, if you ask SAM NUNN what he regards as the most important of his many, many achievements in affecting and directing U.S. policy in the national defense arena, I doubt—and I have never asked him this question—but I doubt that he would mention the more widely publicized of his achievements, such as his role in developing the Stealth fighter; or the many initiatives he authored to reduce the dangers of war in the Russian-American relationship; or the meaningful measures enacted to reduce and make safer the world's inventories of nuclear weapons and fissile materials; or even his role in broadening and deepening American leadership in NATO, in Bosnia, in the Persian Gulf, or in Haiti. It is in the less heralded, less glamorous but critically important area of the morale and welfare of our men and women in uniform that is at the top of the list that SAM NUNN might himself cite as his most noteworthy achievement in the defense area.

Senator NUNN was the key player in meeting the needs of the All Volunteer Force so that we could attract and retain the kind of men and women who could effectively manage and lead our forces across the globe in all environments. He constructed a benefits package for the men and women who fought so well in the Kuwait Desert in Operation Desert Storm. He crafted the post-cold war transition measures that address the needs of our military personnel as they make their way from the front lines of the cold war back into American civilian society.

He has worked tirelessly to instill a sense of pride and loyalty in our uniformed men and women that is of such great value to the Nation. As Edmund Burke said on March 22, 1775, ''It is the love of the people; it is their attachment to their government, from the sense of the deep stake they have in such a glorious institution, which gives you your army and navy, and infuses in both that liberal obedience, without which your army would be a base rabble, and your navy nothing but rotten timber.''

Now I have been privileged to serve with SAM NUNN as a member of the Armed Services Committee and with SAM NUNN as its leader. Senators are not renowned for their managerial skills, but the Armed Services Committee under SAM NUNN's leadership has been superbly managed.

In my 44 years in Congress, I have yet to see a chairman of any committee who excelled SAM NUNN. In my humble judgment, he is the best committee chairman that I have ever seen in these 44 years in Congress, including myself. I worked hard at being a good chairman. But Senator NUNN, to me, represents the ideal, the model, the paragon of excellence as a chairman.

Unusual among authorization committees in the Senate, he produced, from 1987 through 1994, eight straight authorization acts, each of which continued major initiatives to build a better managed, sounder Department of Defense. He was the key figure behind the so-called Goldwater-Nichols Reorganization Act, which decentralized power in the armed services, giving more on-the-ground authority to our unified commanders in the geographic areas where they had to prepare forces to fight in various contingencies. He developed the legislation which produced the Defense Base Closure and Realignment Commission, which cut through the political snarls involved in closing bases, and has been a most effective tool in downsizing the DOD establishment in a fair and orderly way.

Over the years our uniformed leaders have consistently looked to SAM NUNN as their champion, as a strong but sensitive force, who empathized with their special needs and could be counted on to take the kind of action appropriate to best enhance the morale of the men under their command. He did not fail them.

Perhaps some of the most creative ideas that SAM NUNN willed into reality came in the knotty area of reducing the quantum of danger in the Russian-American relationship. He championed, together with JOHN WARNER, programs to increase communication between the American and Russian leadership, and thus reduce the possibilities of tragic, accidental nuclear war. Together with RICHARD LUGAR, he crafted a successful program to dismantle nuclear weapons possessed by the states of the former Soviet Union. He led the Senate Arms Control Observer Group for many years, as my appointee to that group when I was Majority Leader, traveling frequently to Geneva, leading delegations of Senators to ensure that progress on the INF and START Treaties had the knowledge and support of the United States Senate. He traveled extensively to Russia, and in turn Russian legislative leaders traveled to the United States, to exchange views and develop cooperative solutions to problems, thereby increasing the level of confidence and understanding between these two superpowers. Lately he has developed additional initiatives, again with a leading Republican counterpart, Senator DOMENICI, to tackle the problem of terrorist actions against the United States. All in all, SAM NUNN, when he leaves this Chamber and walks out of this door for the last time as a Member of this body, can take immense pride in his long, intense and patient efforts in the superpower relations arena. Those hard-won initiatives have had a substantial impact on the measure of safety in our world. It is indeed no exaggeration to say that the world today is a safer place in part because of the monumental efforts of one man, the senior Senator from the State of Georgia—SAM NUNN.

These achievements and the quality of his dedication and work on defense, alliance and international issues, ranging from NATO to arms control and reduction, anti-terrorism, and joint U.S.-Russian threat reduction and communications measures have propelled his glorious reputation far beyond the Senate. He is known internationally and he is viewed universally as an expert in the defense field. He is well known in official circles around the globe and is widely sought for his wise counsel.

Is it not remarkable that in my time there would have been two chairmen of the Senate Armed Services Committee, two ''tall men, who lived above the fog in public duty and in private thinking''—Senator Richard Russell and Senator SAMUEL NUNN—both experts in the field of national defense. Both of whom sought for their wise counsel,—sought out on this floor,—sought out before the bar of the Senate, in the well, sought out in foreign capitals for their wise counsel.

It is not an overstatement to say SAM NUNN's reach and impact have been international and characterized by workable, sound proposals and brilliant judgment. The global scope of his work has set him apart from the vast majority of men who have served in this body and is a testimony to his dedication to the addressing of the burning issues of sanity and order in our world today.

While SAM NUNN will undoubtedly be remembered for his Senate service in the area

of national defense, as if that were not enough, his energy and creativity have also been evident in many other areas. The range of his thinking and his talents as a legislator and policy maker encompass everything from health care, to student loans, to insurance industry reform. In his farewell address, announcing his retirement, in Georgia on October 9, 1995, he dwelled extensively on the need for America to put our youth first, to work on protecting our children from street violence and drugs. He spoke eloquently of the need to reverse the saturation of our TV airwaves with programs of sex and violence. He focused on the need to reinvigorate our educational system in order to reincorporate great numbers of American citizens back into the working culture of our nation. He has developed successful legislation to lay the groundwork for a nationwide ''civilian service corps'' by offering education benefits in exchange for public service. As the co-chairman of the Strengthening of America Commission, a bipartisan group of business, educational, labor and academic leaders, he has proposed an impressive plan to make radical changes in the income tax code to refocus our economy on savings and investment and away from consumption.

Most importantly, and as my fellow Senators well know, SAM NUNN's success is in large part attributable to his hard rock integrity.

A religious man, he does not go around wearing his religion on his sleeve; he does not go around making a big whoop-de-do about his religion, but he is a religious man, a moral man. SAM NUNN is known as a man whose judgment can be trusted. How many times have I heard Senators come to the Senate floor to vote on a measure and ask: ''How is SAM voting on this one?'' He is a leader in this body, in spite of the fact that he has not especially sought to lead. He has not been elected to a leadership position, but he has grown into a leadership position. He is a natural leader. His is the best type of leadership, because it is a leadership that is born of strong character. Horace Greeley said: ''Fame is a vapor; popularity an accident; riches take wings. Those who cheer today, may curse tomorrow. Only one thing endures: character.''

SAM NUNN epitomizes that great trait, character. The Senate will feel the loss of SAM NUNN and feel it deeply. His legacy and achievements certainly will grow with time. I am personally deeply sorry that he has chosen to go. He will leave an empty place in the Senate.

Napoleon rejoiced that the ''bravest of the brave,'' Marshal Ney, had escaped and had returned across the Dnieper River, even though he had lost all of his cannons. Napoleon ordered that there be a salute to celebrate the escape and the return of Ney. And he said, ''I have more than 400 million francs in the cellar of the Tuileries in Paris, and I would have gladly given them all for the ransom of my old companion in arms.''

Had SAM NUNN been an officer in the Grand Army of France, Napoleon would have given everything he possessed for another SAM NUNN.

His great natural talents will continue to bring him to the forefront of the national policy discussion, and he will, I know, continue to achieve great things in a variety of new settings.

I have never really felt about a man in the Senate—other than Senator Richard Russell—as I have felt about SAM NUNN. I was the majority whip in the Senate when SAM NUNN came to the Senate, and I urged that he be placed on the Senate Armed Services Committee. As a member of the Steering Committee, I cast my vote to put SAM NUNN on that committee. That is where he wanted to serve. I watched him grow. I have had some differences, from time to time—minor, of course—with SAM on some issues. That is not the point. SAM has fulfilled my idea of what a Senator ought to be.

There were 74 delegates chosen to attend the Constitutional Convention. The Convention met behind closed doors from May 25 to September 17, 1787. Fifty-five of those 74 delegates who were chosen participated, and 39 of the 74 signed the Constitution of the United States. I can see in my mind's eye a SAM NUNN in that gallery. I might well imagine that, as they met from day to day, if SAM NUNN had been a participant, they would have come, as they come here when Members of this body gather in the well, and asked, ''What does SAM NUNN think about this?'' I have no difficulty in imagining that. In such an august gathering as was that Convention, which sat in 1787, with George Washington, the Commander in Chief at Valley Forge and the soon-to-be first President of the United States, I can imagine that it would have been the same there. They would have said, ''What does SAM NUNN think? How is he going to vote?''

The First Congress was to have convened on March 4, 1789. And only 8 Senators—less than a quorum—of the 22 were there on March 4, 1789. Five States were represented—New Hampshire, Connecticut, Massachusetts, Pennsylvania, and Georgia. And the Senator from Georgia who attended that day was William Few.

It could very well have been SAM NUNN as a Member of that first Senate, serving with Oliver Ellsworth, Maclay and Morris, and others. And as they met to blaze the pioneer paths of this new legislative body, the U.S. Senate, I have no problem in imagining that, often, those men would have turned to SAM NUNN and said, ''How are you going to vote, SAM?'' ''How is SAM going to vote?''

I think every Member of this body shares with me that feeling about SAM NUNN. He could have been an outstanding U.S. Senator at any time in the history of this Republic—not this democracy. When the Convention completed its work, a lady approached Benjamin Franklin and said, ''Dr. Franklin, what have you given us?'' He didn't answer, ''A democracy, Madam.'' He said, ''A republic, Madam, if you can keep it.''

Now, what is there about SAM NUNN that makes him this kind of man? He is not the typical politician that one conjures up in his mind when thinking about Senators and other politicians. Senator NUNN is not glib. He doesn't jump to hasty conclusions.

He does not rush to be ahead of all of the other Senators so that he will get the first headline. He thinks about the problem, and he logically, methodically, and systematically arrives at a decision. Then he carefully prepares to put that decision into action.

I suppose that had he lived at the time of Socrates, who lived during the chaos of the great Peloponnesian wars, SAM would have been out there in the marketplace debating with Socrates, about whom Cicero said he ''brought down philosophy from Heaven to Earth.'' SAM would have been a hard man for Socrates to put down because he has that talent, that knack of thinking, an organized thinking, and the consideration of a matter logically, carefully, and thoroughly. He is truly a man for all seasons. His wisdom, his judgment, and his statesmanship have reflected well on the profession of public service at a time when fierce ''take-no-prisoners politics'' has embroiled the Nation to alarming degrees.

Napoleon did not elect to go into Spain, and Wellington was concerned that Napoleon himself might lead. Wellington later told Earl Stanhope that Napoleon was superior to all of his marshals and that his presence on the field was like 40,000 men in the balance. SAM NUNN, the 1,668th Senator to appear on this legislative field of battle, is like having a great number in array against or for your position.

I was looking just this morning over the names of those Senators who are leaving, and examining their votes on what is called pejoratively the Legislative Line-Item Veto Act of 1995. Of those Senators who are leaving, seven voted against that colossal monstrosity, for which many of those who voted will come to be sorry. If this President is re-elected, he will have it within his power to make them sorry. He is just the man who might do it.

Among the departing Senators, SAM NUNN is one of those who opposed that bill. Senator HEFLIN, Senator JOHNSTON, Senator PELL, Senator PRYOR, Senator COHEN, Senator HATFIELD, and Senator NUNN voted, to their everlasting honor, against that miserable piece of junk.

Just wait until this President exercises that veto and see how they come to heel—h-e-e-l. They will rue the day. But SAM NUNN voted against it.

For the outstanding quality of his character as well as for the brilliance of his service, this Senate and the Nation are eternally in his debt. He will always command, in my heart and in my memory, a place with Senator Richard Russell.

God, give us men. A time like this demands
Strong minds, great hearts, true faith, and ready hands;
Men whom the lust of office does not kill;
Men whom the spoils of office cannot buy;
Men who possess opinions and a will;
Men who have honor; men who will not lie;
Men who can stand before a demagog
And damn his treacherous flatteries without winking.
Tall men, sun-crowned, who live above the fog
In public duty and in private thinking;
For while the rabble, with their thumb-worn creeds,
Their large professions and their little deeds,
Mingle in selfish strife, lo. Freedom weeps,
Wrong rules the land and waiting justice sleeps.
God give us men.
Men who serve not for selfish booty,
But real men, courageous, who flinch not at duty.
Men of dependable character; men of sterling worth.
Then wrongs will be redressed and right will rule the earth.
God, give us men.

Men like SAMUEL AUGUSTUS NUNN.●

ADDITIONAL COSPONSORS

S. 1

At the request of Mr. COVERDELL, the name of the Senator from New York [Mr. D'AMATO] was added as a cosponsor of S. 1, a bill to provide for safe and affordable schools.

S. 25

At the request of Mr. MCCAIN, the name of the Senator from New York [Mr. MOYNIHAN] was added as a cosponsor of S. 25, a bill to reform the financing of Federal elections.

S. 28

At the request of Mr. THURMOND, the name of the Senator from Kansas [Mr. ROBERTS] was added as a cosponsor of S. 28, a bill to amend title 17, United States Code, with respect to certain exemptions from copyright, and for other purposes.