

In the past decade, the former Soviet bloc national have struggled to turn from central planning to market forces and citizen participation. Developing countries abandoned bankrupt nations like "import substitution" in favor of market-based solutions. OECD countries deregulated and dismantled trade barriers. New technology, especially information technology, provided the means to take advantage of newly opened markets. Goods and capital move with amazing speed.

Open markets make the global economy more efficient. But there's a distinction between efficiency and equity. Open markets do not make prosperity more fair. Many citizens believe it is not fair enough. They see widening income gaps, job insecurity, environmental damage, a less certain future.

The next round of global trade talks can't make opening markets an end in itself. We no longer have to convince the world that our economic system is more efficient. The task now is to show that our system also improves the quality of their lives. We need to show that our system delivers benefits to them. It has to make them better off. If we fail to do that, we will face a world polarized by poverty as it was once polarized by cold war ideology.

SENATE RESOLUTION 179—DESIGNATING OCTOBER 15, 1999, AS "NATIONAL MAMMOGRAPHY DAY"

Mr. BIDEN submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 179

Whereas according to the American Cancer Society, in 1999, 175,000 women will be diagnosed with breast cancer and 43,300 women will die from this disease;

Whereas in the decade of the 1990's, it is estimated that about 2,000,000 women will be diagnosed with breast cancer, resulting in nearly 500,000 deaths;

Whereas the risk of breast cancer increases with age, with a woman at age 70 years having twice as much of a chance of developing the disease as a woman at age 50 years;

Whereas at least 80 percent of the women who get breast cancer have no family history of the disease;

Whereas mammograms, when operated professionally at a certified facility, can provide a safe and quick diagnosis;

Whereas experts agree that mammography is the best method of early detection of breast cancer, and early detection is the key to saving lives;

Whereas mammograms can reveal the presence of small cancers up to 2 years or more before a regular clinical breast examination or breast self-examination, reducing mortality by more than 30 percent; and

Whereas the 5-year survival rate for localized breast cancer is currently 97 percent; Now, therefore, be it

Resolved, That the Senate—

(1) designates October 15, 1999, as "National Mammography Day"; and

(2) requests that the President issue a proclamation calling upon the people of the United States to observe such day with appropriate programs and activities.

Mr. BIDEN. Mr. President, today I am submitting a resolution designating

October 15, 1999, as "National Mammography Day". I have submitted a similar resolution each year since 1993, and on each occasion the Senate has shown its support for the fight against breast cancer by approving it.

Each year, as I prepare to submit this resolution, I look at the latest information from the American Cancer Society about breast cancer. This year, the news is depressingly familiar: in 1999, an estimated 175,000 women will be diagnosed with breast cancer and an estimated 43,300 women will die of this disease.

In the midst of these gloomy numbers, however, one statistic stands out like a beacon of hope: the 5-year survival rate for women with localized breast cancer is a whopping 97%. Moreover, we already know one sure-fire method for detecting breast cancer when it is at this early, highly curable stage: periodic mammograms for all women over age 40. Periodic mammography can detect a breast cancer almost 2 years earlier than it would have been detected by breast self-examination. The importance of periodic mammography for women's health is recognized by health plans and health insurers, and virtually all of them cover its cost. Low-income women who do not have health insurance can get free mammograms through a breast cancer screening program sponsored by the Centers for Disease Control and Prevention.

Given all this, that modern mammography is highly effective in discovering breast cancer at a very early stage, rarely causes any discomfort, and generally cost nothing, why aren't all women over 40 getting this valuable test every year? One answer is that we are human, and we all forget things, especially as we get older. Even if we remember that we need a mammogram, we often have so many things going on in our lives that we just keep putting the mammogram off for that "less busy" day that never comes. Consequently, we need a "National Mammography Day" to remind us that we need to make sure all the women in our lives don't overlook this crucial preventive service.

How should we use "National Mammography Day" to achieve our goal of fighting breast cancer through early diagnosis? This year, National Mammography Day falls on Friday, October 15, right in the middle of National Breast Cancer Awareness month. On that day, let's make sure that each woman we know picks a specific date on which to get a mammogram each year. I well understand how easy it is to forget do something that comes around only once per year, but for each of us there are certainly some dates that we don't forget: a child's birthday, an anniversary, perhaps even the day our taxes are due. On National Mammography Day, let's ask our loved ones: pick one of these dates, fix it in your mind along with a picture of your child, your wedding, or another symbol

of that date, and promise yourself to get a mammogram on that date every year. Do it for yourself and for the others that love you and want you to be part of their lives for as long as possible.

Mr. President, I urge my colleagues to join me in the ongoing fight against breast cancer by cosponsoring this resolution to designate October 15, 1999, as National Mammography Day.

AMENDMENTS SUBMITTED

DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES APPROPRIATIONS ACT, 2000

LOTT AMENDMENT NO. 1621

Mr. BOND (for Mr. LOTT) proposed an amendment to the bill (H.R. 2466) making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2000, and for other purposes; as follows:

On page 62, line 10, add the following before the period "Provided, That within the funds available, \$250,000 shall be used to assess the potential hydrologic and biological impact of lead and zinc mining in the Mark Twain National Forest of Southern Missouri: *Provided further*, That none of the funds in this Act may be used by the Secretary of the Interior to issue a prospecting permit for hardrock mineral exploration on Mark Twain National Forest land in the Current River/Jack's Fork River—Eleven Point Watershed (not including Mark Twain National Forest land in Townships 31N and 32N, Range 2 and Range 3 West, on which mining activities are taking place as of the date of enactment of this Act); *Provided further*, That none of the funds in this Act may be used by the Secretary of the Interior to segregate or withdraw land in the Mark Twain National Forest, Missouri under section 204 of the Federal Land Policy and Management Act of 1976 (43 U.S.C. 1714)"

VETERANS COMPENSATION COST-OF-LIVING ADJUSTMENT ACT OF 1999

ROCKEFELLER (AND SPECTER) AMENDMENT NO. 1622

Mr. BROWNBACK (for Mr. ROCKEFELLER (for himself and Mr. SPECTER)) proposed an amendment to the bill (S. 1076) to amend title 38, United States Code, to provide a cost-of-living adjustment in rates of compensation paid to veterans with service-connected disabilities, to enhance programs providing health care, education, and other benefits for veterans, to authorize major medical facility projects, to reform eligibility for burial in Arlington National Cemetery, and for other purposes; as follows:

On page 66, strike lines 9 through 19 and insert the following:

SEC. 101. CONTINUUM OF CARE FOR VETERANS.

(a) INCLUSION OF NONINSTITUTIONAL EXTENDED CARE SERVICES IN DEFINITION OF MEDICAL SERVICES.—Section 1701 is amended—

(1) in paragraph (6)(A)(i), by inserting “noninstitutional extended care services,” after “preventive health services;” and
 (2) by adding at the end the following new paragraphs:

“(10) The term ‘noninstitutional extended care services’ includes—

- “(A) home-based primary care;
- “(B) adult day health care;
- “(C) respite care;
- “(D) palliative and end-of-life care; and
- “(E) home health aide visits.

“(11) The term ‘respite care’ means hospital care, nursing home care, or residence-based care which—

“(A) is of limited duration;

“(B) is furnished in a Department facility or in the residence of an individual on an intermittent basis to an individual who is suffering from a chronic illness and who resides primarily at that residence; and

“(C) is furnished for the purpose of helping the individual to continue residing primarily at that residence.”.

(b) CONFORMING AMENDMENTS TO TITLE 38.—(1)(A) Section 1720 is amended by striking subsection (f).

(B) The section heading of such section is amended by striking “; adult day health care”.

(2) Section 1720B is repealed.

(3) Chapter 17 is further amended by redesignating sections 1720C, 1720D, and 1720E as sections 1720B, 1720C, and 1720D, respectively.

(c) CLERICAL AMENDMENTS.—The table of sections for chapter 17 is amended—

(1) in the item relating to section 1720, by striking “; adult day health care”; and

(2) by striking the items relating to sections 1720B, 1720C, 1720D, and 1720E and inserting the following:

“1720B. Noninstitutional alternatives to nursing home care.

“1720C. Counseling and treatment for sexual trauma.

“1720D. Nasopharyngeal radium irradiation.”.

(d) ADDITIONAL CONFORMING AMENDMENT.—Section 101(g)(2) of the Veterans Health Programs Extension Act of 1994 (Public Law 103-452; 108 Stat. 4785; 38 U.S.C. 1720D note) is amended by striking “section 1720D” both places it appears and inserting “section 1720C”.

SEC. 102. PILOT PROGRAMS RELATING TO LONG-TERM CARE OF VETERANS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall carry out three pilot programs for the purpose of determining the feasibility and practicability of a variety of methods of meeting the long-term care needs of eligible veterans. The pilot programs shall be carried out in accordance with the provisions of this section.

(b) LOCATIONS OF PILOT PROGRAMS.—(1) Each pilot program under this section shall be carried out in two designated health care regions of the Department of Veterans Affairs selected by the Secretary for purposes of this section.

(2) In selecting designated health care regions of the Department for purposes of a particular pilot program, the Secretary shall, to the maximum extent practicable, select designated health care regions containing a medical center or medical centers whose current circumstances and activities most closely mirror the circumstances and activities proposed to be achieved under such pilot program.

(3) The Secretary may not carry out more than one pilot program in any given designated health care region of the Department.

(c) SCOPE OF SERVICES UNDER PILOT PROGRAMS.—(1) The services provided under the pilot programs under this section shall in-

clude a comprehensive array of health care services and other services that meet the long-term care needs of veterans, including—

(A) inpatient long-term care in intermediate care beds, in nursing homes, and in domiciliary care facilities; and

(B) non-institutional long-term care, including hospital-based primary care, adult day health care, respite care, and other community-based interventions and care.

(2) As part of the provision of services under the pilot programs, the Secretary shall also provide appropriate case management services.

(3) In providing services under the pilot programs, the Secretary shall emphasize the provision of preventive care services, including screening and education.

(4) The Secretary may provide health care services or other services under the pilot programs only if the Secretary is otherwise authorized to provide such services by law.

(d) DIRECT PROVISION OF SERVICES.—Under one of the pilot programs under this section, the Secretary shall provide long-term care services to eligible veterans directly through facilities and personnel of the Department of Veterans Affairs.

(e) PROVISION OF SERVICES THROUGH COOPERATIVE ARRANGEMENTS.—(1) Under one of the pilot programs under this section, the Secretary shall provide long-term care services to eligible veterans through a combination (as determined by the Secretary) of—

(A) services provided under cooperative arrangements with appropriate public and private non-Governmental entities, including community service organizations; and

(B) services provided through facilities and personnel of the Department.

(2) The consideration provided by the Secretary for services provided by entities under cooperative arrangements under paragraph (1)(A) shall be limited to the provision by the Secretary of appropriate in-kind services to such entities.

(f) PROVISION OF SERVICES BY NON-DEPARTMENT ENTITIES.—(1) Under one of the pilot programs under this section, the Secretary shall provide long-term care services to eligible veterans through arrangements with appropriate non-Department entities under which arrangements the Secretary acts solely as the case manager for the provision of such services.

(2) Payment for services provided to veterans under the pilot programs under this subsection shall be made by the Department to the extent that payment for such services is not otherwise provided by another government or non-government entity.

(g) DATA COLLECTION.—As part of the pilot programs under this section, the Secretary shall collect data regarding—

(1) the cost-effectiveness of such programs and of other activities of the Department for purposes of meeting the long-term care needs of eligible veterans, including any cost advantages under such programs and activities when compared with the Medicare program, Medicaid program, or other Federal program serving similar populations;

(2) the quality of the services provided under such programs and activities;

(3) the satisfaction of participating veterans, non-Department, and non-Government entities with such programs and activities; and

(4) the effect of such programs and activities on the ability of veterans to carry out basic activities of daily living over the course of such veterans’ participation in such programs and activities.

(h) REPORT.—(1) Not later than six months after the completion of the pilot programs under subsection (i), the Secretary shall submit to Congress a report on the health services and other services furnished by the De-

partment to meet the long-term care needs of eligible veterans.

(2) The report under paragraph (1) shall—

(A) describe the comprehensive array of health services and other services furnished by the Department under law to meet the long-term care needs of eligible veterans, including—

(i) inpatient long-term care in intermediate care beds, in nursing homes, and in domiciliary care facilities; and

(ii) non-institutional long-term care, including hospital-based primary care, adult day health care, respite care, and other community-based interventions and care;

(B) describe the case management services furnished as part of the services described in subparagraph (A) and assess the role of such case management services in ensuring that eligible veterans receive services to meet their long-term care needs; and

(C) in describing services under subparagraphs (A) and (B), emphasize the role of preventive services in the furnishing of such services.

(i) DURATION OF PROGRAMS.—(1) The Secretary shall commence carrying out the pilot programs required by this section not later than 90 days after the date of the enactment of this Act.

(2) The authority of the Secretary to provide services under the pilot programs shall cease on the date that is three years after the date of the commencement of the pilot programs under paragraph (1).

(j) DEFINITIONS.—In this section:

(1) ELIGIBLE VETERAN.—The term “eligible veteran” means the following:

(A) Any veteran eligible to receive hospital care and medical services under section 1710(a)(1) of title 38, United States Code.

(B) Any veteran (other than a veteran described in subparagraph (A)) if the veteran is enrolled in the system of annual patient enrollment under section 1705 of title 38, United States Code.

(2) LONG-TERM CARE NEEDS.—The term “long-term care needs” means the need by an individual for any of the following services:

(A) Hospital care.

(B) Medical services.

(C) Nursing home care.

(D) Case management and other social services.

(E) Home and community based services.

SEC. 103. PILOT PROGRAM RELATING TO ASSISTED LIVING SERVICES.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a pilot program for the purpose of determining the feasibility and practicability of providing assisted living services to eligible veterans. The pilot program shall be carried out in accordance with this section.

(b) LOCATION.—The pilot program under this section shall be carried out at a designated health care region of the Department of Veterans Affairs selected by the Secretary for purposes of this section.

(c) SCOPE OF SERVICES.—(1) Subject to paragraph (2), the Secretary shall provide assisted living services under the pilot program to eligible veterans.

(2) Assisted living services may not be provided under the pilot program to a veteran eligible for care under section 1710(a)(3) of title 38, United States Code, unless such veteran agrees to pay the United States an amount equal to the amount determined in accordance with the provisions of section 1710(f) of such title.

(3) Assisted living services may also be provided under the pilot program to the spouse of an eligible veteran if—

(A) such services are provided coincidentally with the provision of identical services to the veteran under the pilot program; and

(B) such spouse agrees to pay the United States an amount equal to the cost, as determined by the Secretary, of the provision of such services.

(d) REPORTS.—(1) The Secretary shall annually submit to Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the pilot program under this section. The report shall include a detailed description of the activities under the pilot program during the one-year period ending on the date of the report and such other matters as the Secretary considers appropriate.

(2)(A) In addition to the reports required by paragraph (1), not later than 90 days before concluding the pilot program under this section, the Secretary shall submit to the committees referred to in that paragraph a final report on the pilot program.

(B) The report on the pilot program under this paragraph shall include the following:

(i) An assessment of the feasibility and practicability of providing assisted living services for veterans and their spouses.

(ii) A financial assessment of the pilot program, including a management analysis, cost-benefit analysis, Department cash-flow analysis, and strategic outlook assessment.

(iii) Recommendations, if any, regarding an extension of the pilot program, including recommendations regarding the desirability of authorizing or requiring the Secretary to seek reimbursement for the costs of the Secretary in providing assisted living services in order to reduce demand for higher-cost nursing home care under the pilot program.

(iv) Any other information or recommendations that the Secretary considers appropriate regarding the pilot program.

(e) DURATION.—(1) The Secretary shall commence carrying out the pilot program required by this section not later than 90 days after the date of the enactment of this Act.

(2) The authority of the Secretary to provide services under the pilot program shall cease on the date that is three years after the date of the commencement of the pilot program under paragraph (1).

(f) DEFINITIONS.—In this section:

(1) ELIGIBLE VETERAN.—The term "eligible veteran" means the following:

(A) Any veteran eligible to receive hospital care and medical services under section 1710(a)(1) of title 38, United States Code.

(B) Any veteran (other than a veteran described in subparagraph (A)) if the veteran is enrolled in the system of annual patient enrollment under section 1705 of title 38, United States Code.

(2) ASSISTED LIVING SERVICES.—The term "assisted living services" means services which provide personal care, activities, health-related care, supervision, and other assistance on a 24-hour basis within a residential or similar setting which—

(A) maximizes flexibility in the provision of such care, activities, supervision, and assistance;

(B) maximizes the autonomy, privacy, and independence of an individual; and

(C) encourages family and community involvement with the individual.

On page 85, between lines 4 and 5, insert the following:

(4) Renovations and environmental improvements at the Department of Veterans Affairs Medical Center, Atlanta, Georgia, in an amount not to exceed \$12,400,000.

On page 85, line 9, strike "\$213,100,000" and insert "\$225,500,000".

NOTICES OF HEARINGS

COMMITTEE ON SMALL BUSINESS

Mr. BOND. Mr. President, I wish to announce that the Committee on Small

Business will hold a hearing entitled "Slotting: Fair to Small Business & Consumers?" The hearing will be held on Tuesday, September 14, 1999, beginning at 9:30 a.m. in room 608 Dirksen Senate Office Building.

For further information, please contact either Paul Cooksey or Paul Conlon at 224-5175.

SUBCOMMITTEE ON ENERGY RESEARCH, DEVELOPMENT, PRODUCTION AND REGULATION

Mr. NICKLES. Mr. President, I would like to announce that a subcommittee hearing has been scheduled before the Subcommittee on Energy Research, Development, Production and Regulation.

The hearing will take place Tuesday, September 14, 1999, at approximately 10:30 a.m. (or immediately following the 9:30 Full Committee hearing) in room SD-366 of the Dirksen Senate Office Building in Washington, D.C.

The purpose of this hearing is to receive testimony on S. 1051, a bill to amend the Energy Policy and Conservation Act to manage the Strategic Petroleum Reserve more effectively, and for other purposes.

Those who wish to testify or to submit written testimony should write to the Committee on Energy and Natural Resources, U.S. Senate, Washington, D.C. 20510. Presentation of oral testimony is by Committee invitation only.

For further information, please contact Jo Meuse or Brian Malnak at (202) 224-6730.

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. MURKOWSKI. Mr. President, I would like to announce for the information of the Senate and the public that a full committee hearing has been scheduled before the Committee on Energy and Natural Resources.

The hearing will take place on Wednesday, September 15, 1999, at 10:00 a.m. in room SD-366 of the Dirksen Senate Office Building in Washington, DC.

The purpose of this hearing is to consider the nominations of Sylvia Baca to be Assistant Secretary of the Interior for Land and Minerals Management, David Hayes to be Deputy Secretary of the Interior, and Ivan Itkin to be Director of the Department of Energy's Office of Civilian Radioactive Waste Management.

For further information, please contact David Dye of the Committee staff at (202) 224-0624.

SUBCOMMITTEE ON INVESTIGATIONS

Ms. COLLINS. Mr. President, I would like to announce for the information of the Senate and the public that the Permanent Subcommittee on Investigations of the Committee on Governmental Affairs, will hold a hearing entitled "Day Trading: An Overview." This Subcommittee hearing will focus on the practices and operations of the securities day trading industry.

The hearing will take place on Thursday, September 16, 1999, at 9:30 a.m., in Room 628 of the Dirksen Senate Office Building. For further information,

please contact Lee Blalack of the Subcommittee staff at 224-3721.

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. CRAIG. Mr. President, I would like to announce for the public that a hearing has been scheduled before the Subcommittee on Forests and Public Land Management of the Senate Committee on Energy and Natural Resources.

The hearing will take place Thursday, September 16, 1999 at 2:30 p.m. in room SD-366 of the Dirksen Senate Office Building in Washington, D.C.

The purpose of this hearing is to receive testimony on the Administration's Northwest Forest Plan.

Those who wish to submit written statements should write to the Committee on Energy and Natural Resources, U.S. Senate, Washington, D.C. 20510. For further information, please call Mark Rey at (202) 224-6170.

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. CRAIG. Mr. President, I would like to announce for the public that a hearing has been scheduled before the Subcommittee on Forests and Public Land Management of the Senate Committee on Energy and Natural Resources.

The hearing will take place Thursday, September 30, 1999 at 2:30 p.m. in room SD-366 of the Dirksen Senate Office Building in Washington, D.C.

The purpose of this hearing is to receive testimony on S. 1457, Forest Resources for the Environment and the Economy Act.

Those who wish to submit written statements should write to the Committee on Energy and Natural Resources, U.S. Senate, Washington, D.C. 20510. For further information, please call Mark Rey at (202) 224-6170.

AUTHORITY FOR COMMITTEE TO MEET

COMMITTEE ON FOREIGN RELATIONS

Mr. THOMAS. Mr. President, I ask unanimous consent that the Senate Foreign Relations Committee be authorized to meet during the session of the Senate on September 8, 1999 at 2:00 p.m. to hold a closed full committee briefing.

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

ADDITIONAL STATEMENTS

JOHN W. SMART, NATIONAL COMMANDER IN CHIEF OF VFW

• Mr. GREGG. Mr. President, I ask my fellow senators to join me in offering congratulations to John W. Smart of Nashua, New Hampshire, who is to be installed this month as National Commander-in-Chief of the Veterans of Foreign Wars of the United States in this the 100th Anniversary of the organization's founding.