''Internal Revenue Service v. Waldschmidt (in re Bradley)'' ((M.d. Tenn. 1999), aff'g 222 B.R. 313 (Bankr. M.d. Tenn 1998)), received September 7, 1999; to the Committee on Finance.

EC–5099. A communication from the Secretary of Transportation transmitting a draft of proposed legislation relative to the St. Lawrence Seaway; to the Committee on Commerce, Science, and Transportation.

EC–5100. A communication from the Secretary of the Interior, transmitting, pursuant to law, a report entitled ''Operations of the Glen Canyon Dam Pursuant to the Grand Canyon Protection Act of 1992''; to the Committee on Energy and Natural Resources.

EC–5101. A communication from the Assistant Legal Adviser for Treaty Affairs, Department of State, transmitting, pursuant to law, the report of the texts and background statements of international agreements, other than treaties; to the Committee on Foreign Relations.

EC–5102. A communication from the Executive Director, Committee for Purchase from People who are Blind or Severely Disabled, transmitting, pursuant to law, the report of a rule relative to additions to and deletions from the Procurement List, received September 7, 1999; to the Committee on Governmental Affairs.

EC–5103. A communication from the Director, Bureau of Justice Assistance, Department of Justice, transmitting, pursuant to law, the report of a rule entitled ''Public Safety Officers' Educational Assistance Program'' (RIN1121–AA51), received September 7, 1999; to the Committee on the Judiciary.

EC–5104. A communication from the Under Secretary of Defense for Acquisition and Technology, transmitting, pursuant to law, a report entitled ''DoD Demonstration Program to Improve the Quality of Personal Property Shipments of Members of the Armed Forces''; to the Committee on Armed Services.

EC–5105. A communication from the Director, Defense Procurement, Department of Defense, transmitting, pursuant to law, the report of a rule entitled ''Acquisitions for Foreign Military Sales'' (DFARS Case 99–D020), received September 9, 1999; to the Committee on Armed Services.

EC–5106. A communication from the Director, Defense Procurement, Department of Defense, transmitting, pursuant to law, the report of a rule entitled ''Officials Not to Benefit Clause'' (DFARS Case 99–D018), received September 9, 1999; to the Committee on Armed Services.

EC–5107. A communication from the Deputy Chief, Programs and Legislation Division, Office of Legislative Liaison, Office of the Secretary, Department of the Air Force, transmitting a report relative to a multifunction cost comparison of the Base Operating Support functions at Beale Air Force Base, California; to the Committee on Armed Services.

EC–5108. A communication from the Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to law, the report of a rule entitled ''VISAS: Regulations Regarding Public Charge Requirements under the Immigration and Nationality Act, as Amended'' (RIN1400–AA79), received September 3, 1999; to the Committee on Foreign Relations.

EC–5109. A communication from the Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to law, a Memorandum of Justification relative to the United Nations Assistance Mission to East Timor; to the Committee on Foreign Relations.

EC–5110. A communication from the Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to law, the Report on Religious Freedom; to the Committee on Foreign Relations.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. ROTH, from the Committee on Finance:

Report to accompany the bill (S. 1254) to establish a comprehensive strategy for the elimination of market-distorting practices affecting the global steel industry, and for other purposes (Rept. No. 106–155).

Report to accompany the bill (H.R. 1833) to authorize appropriations for fiscal years 2000 and 2001 for the United States Customs Service for drug interdiction and other operations, for the Office of the United States Trade Representative, for the United States International Trade Commission, and for other purposes (Rept. No. 106–156).

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. CONRAD (for himself, Mr. FEINGOLD, and Mr. CHAFEE):

S. 1574. A bill to amend title XVIII of the Social Security Act to improve the interim payment system for home health services, and for other purposes; to the Committee on Finance.

By Mr. FRIST:

S. 1575. A bill to change the competition requirements with respect to the purchase of the products of the Federal Prison Industries by the Secretary of Defense; to the Committee on the Judiciary.

By Ms. COLLINS:

S. 1576. A bill to establish a commission to study the impact of deregulation of the airline industry on small town America; to the Committee on Commerce, Science, and Transportation.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. HARKIN (for himself, Mr. LEAHY, Mr. FEINGOLD, Mr. CHAFEE, and Mr. WELLSTONE):

S. Res. 181. A resolution expressing the sense of the Senate regarding the situation in East Timor; to the Committee on Foreign Relations.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. CONRAD (for himself, Mr. FEINGOLD, and Mr. CHAFEE):

S. 1574. A bill to amend title XVIII of the Social Security Act to improve the interim payment system for home health services, and for other purposes; to the Committee on Finance.

THE FAIRNESS IN MEDICARE HOME HEALTH ACCESS ACT OF 1999

Mr. CONRAD. Mr. President, today I am pleased to be joined by Senators FEINGOLD and CHAFEE in introducing the Fairness in Medicare Home Health Access Act of 1999. I am proud to say that the Governing Board of the North Dakota Home Care Association, as well as the Visiting Nurse Association of America, have endorsed this legislation as a crucial step toward ensuring beneficiaries retain access to vital home care services.

As you know, home health care has proven to be an important component of the Medicare package because it allows beneficiaries with acute needs to receive care in their home rather than in other settings, such as a hospital or nursing home. In my state of North Dakota, home health care has been particularly important because it has allowed seniors living in remote, frontier areas to receive consistent, quality health care without having to travel long distances to the nearest health care facility.

Over the last three decades, we have witnessed significant increases in home health utilization as medical practices have shifted care from an inpatient to outpatient setting. To help address rising health care spending, the Congress included targeted measures in the Balanced Budget Act of 1997 (BBA) to reduce costs and give providers incentives to become more efficient. In particular, the BBA directed the Health Care Financing Administration to implement an interim payment system for home health care until which time a prospective payment system could be instituted. While the interim payment system has allowed agencies to become more cost-effective, there are also concerns that it may be having some unintended consequences on agencies' ability to deliver quality, appropriate home care services to Medicare beneficiaries.

Mr. President, this legislation takes definitive steps to address various unintended consequences of the interim payment system and of the BBA in general.

Home health providers serving rural beneficiaries have been particularly affected by the interim payment system. As you know, home health care delivery is unique because unlike most other services, the health care provider must travel to the patient. Compared to urban agencies, rural home care providers must travel longer distances to serve beneficiaries and they often face poor weather and road conditions. Due to these constraints, agencies serving rural beneficiaries must visit patients less frequently; but during an isolated visit aides tend to spend more time with beneficiaries to ensure that they are receiving appropriate levels of care. Unfortunately, the per visit limits included in the interim payment system do not adequately account for the unique challenges of serving rural beneficiaries. This legislation revises the per visit cost limit to ensure agencies have the resources to deliver care to beneficiaries living in rural and underserved areas.

It also appears that the interim payment system does not adequately account for the needs of medically-complex beneficiaries. Various reports have

suggested that the interim payment system has resulted in restricted access to home health services for high-acuity, high-cost patients. In a recent survey conducted by the Medicare Payment Advisory Commission, nearly 40 percent of agencies reported that they are less likely to admit patients identified as those with long-term or chronic needs. In addition, many beneficiary advocates have raised concerns that home health agencies are denying access to care because they believe Medicare will no longer cover the high costs of providing services to medically complex individuals. When it is implemented, the prospective payment system will include a measure to account for the treatment of medically-complex beneficiaries. In the interim, this legislation will allow agencies to receive more appropriate payments for treating high-acuity, high-cost beneficiaries.

In addition, this legislation includes provisions to further ensure home care agencies have the appropriate resources to serve Medicare beneficiaries. To help slow the growth of home health expenditures, the BBA includes a provision to reduce home health cost limits by 15 percent, beginning October 1, 2000. There is significant concern that the timing and level of the scheduled 15 percent reduction will result in reduced beneficiary access to health care. To address this concern, various industry representatives have requested a complete elimination of the scheduled reduction; however the cost of this reduction is estimated to be nearly $17 billion over ten years. Against the backdrop of impending insolvency of the Medicare program and the overall needs of the health care community as a whole regarding BBA-related relief, it will not be possible to completely eliminate this scheduled reduction. For this reason, this legislation suggests a middle-ground approach to this issue to ensure the scheduled reduction does not result in a reduction in beneficiary access.

Primarily, this legislation would ensure that agencies receive adequate reimbursement by delaying the scheduled 15 percent reduction until the prospective payment system is fully implemented. This means that if implementation of the prospective payment system is delayed, the scheduled reduction would be delayed accordingly. In addition, to allow agencies to transition to the prospective payment system, and ensure they retain the necessary resources to serve beneficiaries, this legislation would reduce the scheduled reduction to 10 percent and would phase-in a further 5 percent reduction three years after the prospective payment system is implemented. These responsible measures will provide home health agencies additional resources to continue serving Medicare beneficiaries.

In addition, this legislation would offer home health agencies relief from a particularly burdensome regulatory requirement. The BBA requires home health agencies to record the length of time of home health visits in 15-minute increments. This requirement is burdensome for agencies because time for travel and administrative duties related to this requirement are not compensated. Also, it is not clear that the collection of this data has a defined use. This provision eliminates the 15-minute reporting requirement and directs that any data collection regarding direct patient care have a defined purpose and not be unnecessary labor-intensive for home care providers.

This bill would also take steps to address concerns regarding the provision of durable medical supplies to Medicare beneficiaries. The BBA requires implementation of consolidated billing for home health services. As part of consolidated billing, the BBA requires home care providers (rather than durable medical equipment suppliers) to provide durable medical equipment (DME) to Medicare beneficiaries during any episode of care by the home health provider. When a beneficiary seeks home health care, there is concern that they may experience a break in the continuum of care as they shift between receiving medical equipment from a DME supplier to receiving these supplies from a home health agency. In addition, many home health agencies are not currently equipped to provide and be reimbursed for the provision of durable medical equipment. This provision would ensure beneficiaries do not experience a break in serve with regard to durable medical equipment by allowing DME providers to continue delivering services to beneficiaries regardless of their home health status.

Lastly, this legislation includes a provision that directs the establishment of a nationally uniform process to ensure that fiscal intermediaries have the training and ability to provide timely and accurate coverage and payment information to home health agencies and beneficiaries. This provision will be particularly important to home health reimbursement transitions to a new prospective payment system.

I am confident that this legislation will ensure home health agencies can continue providing critical health care services to Medicare beneficiaries. I urge my colleagues to support this important legislation.

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 follow:

S. 1574

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''The Fairness in Medicare Home Health Access Act of 1999''.

SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS.—Congress finds the following:

(1) Home health care is a vital component of the medicare program under title XVIII of the Social Security Act.

(2) Home health services provided under the medicare program enable medicare beneficiaries who are homebound and greatly risk costly institutionalized care to continue to live in their own homes and communities.

(3) Implementation of the interim payment system for home health services has inadvertently exacerbated payment disparities for home health services among regions, penalizing efficient, low-cost providers in rural areas and providing insufficient compensation for the care of medicare beneficiaries with acute, medically complex conditions.

(4) The combination of insufficient payments and new administrative changes has reduced the access of medicare beneficiaries to home health services in many areas by forcing home health agencies to provide fewer services, to shrink their service areas, or to limit the types of conditions for which they provide treatment.

(b) PURPOSES.—The purposes of this Act are as follows:

(1) To improve access to care for medicare beneficiaries with high medical needs by establishing a process for home health agencies to exclude services provided to medicare beneficiaries with acute, medically complex conditions from payment limits and to receive payment based on the reasonable costs of providing such services through a process that is feasible for the Health Care Financing Administration to administer.

(2) To ensure that the 15 percent contingency reduction in medicare payments for home health services established under the Balanced Budget Act of 1997 does not occur under the interim payment system for home health services.

(3) To reduce the scheduled 15 percent reduction in the cost limits and per beneficiary limits to 10 percent and to phase-in the additional 5 percent reduction in such limits after the initial 3 years of the prospective payment system for home health services.

(4) To address the unique challenges of serving medicare beneficiaries in rural and underserved areas by increasing the per visit cost limit under the interim payment system for home health services.

(5) To refine the home health consolidated billing provision to ensure that medicare beneficiaries requiring durable medical equipment services do not experience a break in the continuum of care during episodes of home health care.

(6) To eliminate the requirement that home health agencies identify the length of time of a service visit in 15 minute increments.

(7) To express the sense of the Senate that the Secretary of Health and Human Services should establish a uniform process for disseminating information to fiscal intermediaries to ensure timely and accurate information to home health agencies and beneficiaries.

SEC. 3. ADEQUATELY ACCOUNTING FOR THE NEEDS OF MEDICARE BENEFICIARIES WITH ACUTE, MEDICALLY COMPLEX CONDITIONS.

(a) WAIVER OF PER BENEFICIARY LIMITS FOR OUTLIERS.—Section 1861(v)(1)(L) of the Social Security Act (42 U.S.C. 1395x(v)(1)(L)), as amended by section 5101 of the Tax and Trade Relief Extension Act of 1998 (contained in Division J of Public Law 105–277), is amended—

(1) by redesignating clause (ix) as clause (x); and

(2) by inserting after clause (viii) the following:

''(ix)(I) Notwithstanding the applicable per beneficiary limit under clause (v), (vi), or (viii), but subject to the applicable per visit

limit under clause (i), in the case of a provider that demonstrates to the Secretary that with respect to an individual to whom the provider furnished home health services appropriate to the individual's condition (as determined by the Secretary) at a reasonable cost (as determined by the Secretary), and that such reasonable cost significantly exceeded such applicable per beneficiary limit because of unusual variations in the type or amount of medically necessary care required to treat the individual, the Secretary, upon application by the provider, shall pay to such provider for such individual such reasonable cost.

''(II) The total amount of the additional payments made to home health agencies pursuant to subclause (I) in any fiscal year shall not exceed an amount equal to 2 percent of the amounts that would have been paid under this subparagraph in such year if this clause had not been enacted.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on the date of enactment of this Act, and apply with respect to each application for payment of reasonable costs for outliers submitted by any home health agency for cost reporting periods ending on or after October 1, 1999.

SEC. 4. PROTECTION OF THE ACCESS OF MEDICARE BENEFICIARIES TO HOME HEALTH SERVICES BY ADDRESSING THE 15 PERCENT CONTINGENCY REDUCTION IN INTERIM PAYMENTS FOR HOME HEALTH SERVICES.

(a) ELIMINATION OF CONTINGENCY REDUCTION.—Section 4603 of the Balanced Budget Act of 1997 (42 U.S.C. 1395fff note), as amended by section 5101(c)(3) of the Tax and Trade Relief Extension Act of 1998 (contained in division J of Public Law 105–277), is amended by striking subsection (e).

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect as if included in the enactment of the Balanced Budget Act of 1997 (Public Law 105–33; 111 Stat. 251).

SEC. 5. PROTECTION OF THE ACCESS OF MEDICARE BENEFICIARIES TO HOME HEALTH SERVICES THROUGH A PHASE-IN OF THE 15 PERCENT REDUCTION IN PROSPECTIVE PAYMENTS FOR HOME HEALTH SERVICES.

(a) PHASE-IN OF 15 PERCENT REDUCTION.—Section 1895(b)(3)(A)(ii) (42 U.S.C. 1395fff(b)), as amended by section 5101(c)(1)(B) of the Tax and Trade Relief Extension Act of 1998 (contained in division J of Public Law 105–277), is amended—

(1) in paragraph (3)(A)(ii), by striking ''15'' and inserting ''10''; and

(2) by adding at the end the following:

''(7) SPECIAL RULE FOR PAYMENTS BEGINNING WITH FISCAL YEAR 2004.—Beginning with fiscal year 2004, payment under this section shall be made as if '15' had been substituted for '10' in clause (ii) of paragraph (3)(A) when computing the initial basis under such paragraph.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on the date of enactment of this Act.

SEC. 6. INCREASE IN PER VISIT COST LIMIT TO 112 PERCENT OF THE NATIONAL MEDIAN.

Section 1861(v)(1)(L)(i) of the Social Security Act (42 U.S.C. 1395x(v)(1)(L)(i)), as amended by section 5101(b) of the Tax and Trade Relief Extension Act of 1998 (contained in division J of Public Law 105–277), is amended—

(1) in subclause (IV), by striking ''or'';

(2) in subclause (V)—

(A) by inserting ''and before October 1, 1999,'' after ''October 1, 1998,''; and

(B) by striking the period and inserting '', or''; and

(3) by adding at the end the following:

''(VI) October 1, 1999, 112 percent of such median.''.

SEC. 7. REFINEMENT OF HOME HEALTH AGENCY CONSOLIDATED BILLING.

(a) IN GENERAL.—Section 1842(b)(6)(F) of the Social Security Act (42 U.S.C. 1395u(b)(6)(F)) is amended by striking ''payment shall be made to the agency (without regard to whether or not the item or service was furnished by the agency, by others under arrangement with them made by the agency, or when any other contracting or consulting arrangement, or otherwise).'' and inserting ''(i) payment shall be made to the agency (without regard to whether or not the item or service was furnished by the agency, by others under arrangement with them made by the agency, or when any other contracting or consulting arrangement, or otherwise); and (ii) in the case of an item of durable medical equipment (as defined in section 1861(n)), payment for the item shall be made to the agency separately from payment for other items and services furnished to such an individual under such plan.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to items of durable medical equipment furnished on or after the date of enactment of this Act.

SEC. 8. ELIMINATION OF TIMEKEEPING REQUIREMENTS UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOME HEALTH AGENCIES.

(a) IN GENERAL.—Section 1895(c) of the Social Security Act (42 U.S.C. 1395fff(c)) is amended—

(1) by striking ''unless—'' and all that follows through ''(1) the'' and inserting ''unless the''; and

(2) by striking ''1835(a)(2)(A);'' and all that follows through the period and inserting ''1835(a)(2)(A).''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on the date of enactment of this Act.

SEC. 9. SENSE OF THE SENATE REGARDING THE TIMELINESS AND ACCURACY OF INTERMEDIARY COMMUNICATIONS TO HOME HEALTH AGENCIES.

It is the sense of the Senate that the Secretary of Health and Human Services should establish a nationally uniform process that ensures that each fiscal intermediary (as defined in section 1816(a) of the Social Security Act (42 U.S.C. 1395h(a))) and each carrier (as defined in section 1842(f) of such Act (42 U.S.C. 1395u(f))) has the training and ability necessary to provide timely, accurate, and consistent coverage and payment information to each home health agency and to each individual eligible to have payment made under the medicare program under title XVIII of such Act (42 U.S.C. 1395 et seq.).

Mr. FEINGOLD. Mr. President, I rise today to join my colleagues Senator CONRAD and Senator CHAFEE to introduce the Fairness in Medicare Home Health Access Act of 1999 to address some serious access problems in the Medicare home health care program. Our bill contains provisions to ensure that all Medicare beneficiaries who qualify for home health services have real access to those services.

Mr. President, I have been working to promote the availability of home care and other long-term care options for my entire public life because I believe strongly in the importance of enabling people to stay in their own homes. For seniors who are homebound and have skilled nursing needs, having access to home health services through the Medicare program is the difference between staying in their own home and moving into a nursing home. The availability of home health services is integral to preserving independence, dignity and hope for many beneficiaries. I feel strongly that where there is a choice, we should do our best to allow patients to choose home health care. I think seniors need and deserve that choice.

Mr. President, as you know, and as many of our colleagues know, the Balanced Budget Act of 1997 contained significant changes to the way that Medicare pays for home health services. Perhaps the most significant change was a switch from cost-based reimbursement to an Interim Payment System, or IPS. IPS was intended as a cost-saving transitional payment system to tide us over until the development and implementation of a Prospective Payment System or PPS, for home health payments under Medicare. Unfortunately, the cuts went deeper than anyone—including CBO forecasters—anticipated, leaving many Medicare beneficiaries without access to the services they need.

The IPS is based on past spending: agencies are paid the lowest of three measures: (1) actual costs; (2) a per visit limit of 105% of the national median; or (3) a per beneficiary annual limit, derived from a blend of 75% of an agency's costs and 25% regional costs.

These formulas get pretty technical, Mr. President, and I won't go into too much detail about them. What is important is that the net effect of the Interim Payment System is that since IPS pays agencies the lowest of the three measures, agencies in areas where costs are historically low will be disproportionately and unfairly affected. In effect, they are penalized for having kept their costs low in the past.

And, Mr. President, Wisconsin's Medicare home health spending has been very, very low, even before the advent of IPS. The 1999 edition of the Dartmouth Atlas of Health Care described the variation in Medicare home health reimbursements as ''extreme'': in 1996, the national average Medicare home health expenditure per-enrollee was $532.00, but the maximum and minimum ranged from a high of $3,090 in McAllen, Texas, to an unbelievable $81 in Appleton, Wisconsin, in my home state. Even the area of Wisconsin with the highest reimbursements is only at $267 per beneficiary, about half of the national average. When you consider that these figures are adjusted for age, sex, race, illness and price of services, the variation is truly astounding. Pegging reimbursement to past spending, as IPS does, simply magnifies the existing payment inequalities.

Mr. President, in Wisconsin, 29 Medicare home health providers have shut down since the implementation of IPS. Still more have shrunken their service areas, stopped accepting Medicare, or cannot accept assignment for high cost patients because the payments are simply too low.

So, what do these changes mean for Medicare beneficiaries? Well, quite

frankly, in many parts of Wisconsin, the changes mean the beneficiaries in certain areas or with certain diagnoses simply don't have access to home health care. The IPS has created disincentives to treat patients with expensive medical diagnoses. Few agencies, if any, can afford to care for them.

Mr. President, I think that a letter I received from my constituents at the Douglas County Health Department does a great job of illustrating just how bad the access problem is, particularly in rural areas. The Douglas County Health Department operates a home health program in Superior, Wisconsin, in the northwestern corner of my state. According to their letter, as a result of IPS, the program will lose approximately $590,000. Let me read my colleagues a passage from their letter: ''The Douglas County Home Care [program] serves . . . about 400 residents a year, [of which] 82% [are] Medicare covered . . . 33% of our patients live in rural areas not covered by other home care providers. There are four other providers in our area. All have discontinued taking Medicare patients and/or have stopped serving rural patients due to the high cost and low reimbursement.''

The legislation we are introducing today contains several important provisions to enable elderly and disabled homebound individuals to remain in their homes. The bill ensures by statute that by 15% across-the-board cut for all home health providers cannot happen during the Interim Payment System and that it will only be 10% for the first three years of PPS. The bill also makes special provisions for medically complex patients who have more expensive health care needs, and raises the per visit limits to enable home care agencies to continue serving patients in rural areas, where travel times are longer. I think these two provisions are particularly significant because the present IPS does not adequately account for the care needs of homebound individuals in rural areas, and the absence of home care options essentially forces these individuals into nursing homes or hospitals.

The bill provides some administrative relief from the 15 minute increment reporting rule and asks HCFA to reexamine whether the cost associated with the collection of data is worthwhile in terms of what those data may yield. Finally, the bill expresses the sense of the Senate that HCFA should ensure that fiscal intermediaries receive and convey accurate and consistent information to agencies.

These provisions all need to be in place in order to ensure that we do not punish the most efficient and well-performing agencies as we seek to streamline and modernize the program.

Like many of my colleagues, I voted in favor of BBA '97 because I believed it contained meaningful provisions to balance the budget. I want to emphasize that the goal was to balance the budget—it was not to punish home health agencies, and certainly not to deny Medicare beneficiaries access to the home health services they need.

I believe we ought to take a serious look at what refinements and fine tuning need to occur to ensure that our homebound elderly and disabled constituents—among the frailest and most vulnerable of our people we serve—can receive the services they need.

Without that fine-tuning, I am quite certain that more home health agencies in Wisconsin and in other areas across our country will close, leaving some of our frailest Medicare beneficiaries without the choice to receive care at home. Again, I think Seniors need and deserve that choice, and I hope my colleagues will join us in supporting this legislation.

Mr. CHAFEE. Mr. President. I am pleased to join my colleagues, Senators CONRAD and FEINGOLD, in introducing the Fairness in Medicare Home Health Access Act of 1999. This legislation is an important step towards ensuring that our seniors retain access to medically necessary home health care services.

The Fairness in Medicare Home Health Access Act contains several critical provisions, carefully designed to achieve the twin goals of controlling Medicare spending (thereby preserving and protecting the program for future beneficiaries), and ensuring that current beneficiaries continue to have access to crucial home health services.

These provisions will allow the home health agencies in my state of Rhode Island, as well as agencies across the country, to continue delivering high quality, cost-effective care to our most frail seniors.

Why are these provisions necessary? The Balanced Budget Act of 1997 (BBA) included many important reforms to the Medicare program. As a result of these provisions, the program has been strengthened, and solvency of the trust fund extended. However, it now appears that the reductions in home health payments may be limiting access to our Medicare beneficiaries.

In Rhode Island the number of beneficiaries served by Medicare home health providers has decreased by 22 percent, services provided to beneficiaries have decreased by 49 percent, and total payments to home health agencies have decreased by 47 percent. Agencies have had to lay off workers and some have even been forced to close.

On October 1st, 2000, an additional 15 percent reduction in Medicare reimbursements is scheduled to take effect. I am concerned that a cut of that level could jeopardize or restrict access to care. At the same time, we must be mindful of the precarious financial situation of the Medicare program, and the limited resources available. The President has proposed restoring $7.5 billion over the next decade to those programs under Medicare which have been especially hard hit by the cost control measures included in the BBA. In his proposal, these funds would be available for changes to home health policies, as well as other components of the Medicare program which have been adversely impacted by those new policies.

Therefore, while some of my colleagues have called for a repeal of the scheduled 15 percent reduction, given resource constraints, I simply do not believe that will be possible. To repeal that provision outright would cost $17.5 billion over the 10-year budget period. This restoration alone would greatly exceed the $7.5 billion the President has recommended to soften the impact of the BBA. Even in Congress, the most I've heard discussed in the way of ''BBA add-backs'' is in the range of $15 billion. Thus, while in an ideal world some may wish to spend $17.5 billion on this provision, it is clearly not possible.

I believe it is critical to address the very real problems facing home health beneficiaries and agencies, but I also believe we must be realistic in our goals and expectations, and make carefully targeted adjustments to the BBA policies. For that reason I am pleased to join with Senators CONRAD and FEINGOLD in calling for a scaling-back of the scheduled reduction in home health reimbursements. Our bill would provide much-needed relief by gradually phasing-in the 15 percent reduction; for the first three years, the reduction would be limited to 10 percent. Furthermore, beneficiary access will be protected by tying the reduction to implementation of the prospective payment system (PPS). Although I am confident the prospective payment system will be implemented by October 1, 2000 as required under the BBA, in the event the deadline is not met, our provision would ensure that no further reductions occur until the PPS is fully implemented.

In addition, the Conrad-Feingold-Chafee bill includes several other important provisions:

An ''outlier policy'' to ensure that patients with higher than average medical costs do not face access barriers as a result of their intensive medical needs;

An increase in the interim payment system per visit cost limit to 112 percent of the national median;

A refinement to the consolidated billing policy by allowing durable medical equipment suppliers to continue delivering services to beneficiaries regardless of their home health status; and

Elimination of the 15-minute incremental reporting requirement.

The Medicare home health benefit provides vital services to our most vulnerable citizens. Patients receiving these services have lower incomes, are older, and have more serious functional impairments than the general Medicare population. The availability of home health services averts the need for even more costly institutional living arrangements for the elderly and

disabled who rely upon these services. It is these patients who are harmed when home health agencies are forced to close their doors or cut back on services.

It is my hope that we will pass this legislation and therefore protect the beneficiaries who need our help the most. In that regard, I will work for its incorporation into any Medicare legislation the Senate Finance Committee, of which I am a member, may consider in the future. I urge my colleagues to support this measure.

By Mr. FRIST:

S. 1575. A bill to change the competition requirements with respect to the purchase of the products of the Federal Prison Industries by the Secretary of Defense; to the Committee on the Judiciary.

VICTIMS RESTITUTION FAIRNESS ACT

● Mr. FRIST. Mr. President, I ask that the text of the bill be printed in the RECORD.

The bill follows:

S. 1575

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Victims Restitution Fairness Act''.

SEC. 2. APPLICABILITY OF COMPETITION REQUIREMENTS TO PURCHASES FROM A REQUIRED SOURCE.

(a) CONDITIONS FOR COMPETITION.—Chapter 141 of title 10, United States Code, is amended by adding at the end the following:

''§ 2410n. Products of Federal Prison Industries: procedural requirements

''(a) MARKET RESEARCH.—Before purchasing a product listed in the latest edition of the Federal Prison Industries catalog under section 4124(d) of title 18, the Secretary of Defense shall conduct market research to determine whether the Federal Prison Industries product is comparable in price, quality, and time of delivery to products available from the private sector.

''(b) LIMITED COMPETITION REQUIREMENT.—If the Secretary determines that a Federal Prison Industries product is not comparable in price, quality, and time of delivery to products available from the private sector, the Secretary shall use competitive procedures for the procurement of the product. In conducting such a competition, the Secretary shall consider a timely offer from Federal Prison Industries for award in accordance with the specifications and evaluation factors specified in the solicitation.

''(c) EXEMPTIONS.—Notwithstanding any other provision of law, the Secretary shall not be required—

(1) to purchase from Federal Prison Industries any product that is—

(A) integral to, or embedded in, a product that is not available from Federal Prison Industries; or

(B) a national security system; or

(2) to make a purchase from Federal Prison Industries in a total amount that is less than the micropurchase threshold, as defined in section 32(f) of the Office of Federal Procurement Policy Act (41 U.S.C. 428(f)).

''(d) NATIONAL SECURITY SYSTEM DEFINED.—In this section, the term 'national security system' means any telecommunications or information system operated by the United States Government, the function, operation, or use of which—

''(1) involves intelligence activities;

''(2) involves cryptologic activities related to national security;

''(3) involves command and control of military forces;

''(4) involves equipment that is an integral part of a weapon or a weapon system; or

''(5) is critical to the direct fulfillment of military or intelligence missions, except for a system that is to be used for routine administrative and business applications (including payroll, finance, logistics, and personnel management applications).''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following:

''2410n. Products of Federal Prison Industries: procedural requirements.''.

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated from the Judgment Fund as established under section 1304 of title 31, United States Code, such sums as are necessary to offset any losses resulting in the Crime Victims Fund as a result of the enactment of section 2410n of title 10, United States Code, added by subsection (a).●

By Ms. COLLINS:

S. 1576. A bill to establish a commission to study the impact of deregulation of the airline industry on small town America; to the Committee on Commerce, Science, and Transportation.

AIRLINE DEREGULATION STUDY COMMISSION

Ms. COLLINS. Mr. President, I rise today to introduce legislation that would establish a commission to study the impact of deregulation of the airline industry on small-town America. For too long, we have allowed small and medium-sized communities from Bangor, Maine to Billings, Montana to Bristol, Tennessee to weather the effects of airline deregulation without adequately assessing how deregulation has affected their economic development, the quality and availability of air transportation for their residents, and the long-term viability of their local airports. It is time to evaluate the effects of airline deregulation in a new, meaningful way.

The 1978 deregulation of the airline industry has dramatically shaped the modern airline industry and the way Americans travel. The purpose of deregulation was to harness the market in order to foster competition that would improve service and lower costs for consumers. According to some measures, this market experiment has been a success. According to the U.S. Department of Transportation, since the advent of deregulation, the average airfare in major hubs has been reduced by 35 percent. Economists at George Mason University and the Brookings Institution estimate that the increased competition resulting from deregulation saves consumers billions of dollars.

Similarly, other studies conducted by the General Accounting Office have shown that deregulation has ushered in an overall decline in airfares and an improvement in the quality of air service—although many of us who fly frequently would take strong issue with the finding of improved quality.

For many large cities, this is as far as the story needs be told. But for many smaller and medium-sized communities, several chapters remain. The rest of the story tells us that deregulation's benefits are not evenly distributed throughout U.S. markets. Although a March 1999 GAO report found that, on average, airfares declined about 21 percent from 1990 to the second quarter of 1998, it also found that airports serving small communities have experienced the lowest average decline in airfare. Similarly, the Department of Transportation has found that the competition encouraged by deregulation has not made its way to all parts of our great nation. Indeed, the number of cities served by more than two airlines has fallen 41 percent since 1989.

In short, there are signs that the airline deregulation story is not good for smaller and medium-sized communities—like Presque Isle and Bangor in my state. There are important areas of inquiry that, I believe, no one has yet explored, and that is why I am introducing this bill today.

We need to know more about how airline deregulation has affected smaller and medium-sized communities, and we need to focus on the relationship between access to affordable, quality airline service and the economic development of America's smaller communities. As many communities continue to struggle to attract businesses, it is not enough for us report that airfares, in the aggregate, have decreased in constant dollars. Nor is it sufficient to select certain proxies for quality air travel and to conclude that quality has improved. Just as not all communities have benefitted equally from our recent prosperity, not all can say that deregulation has enhanced their air transportation. We need to evaluate how airline deregulation has affected these communities' ability to compete for business development, job creation, and economic expansion. In the process, we need to differentiate between business and leisure travel, as each serves a very different set of needs in our communities. And we much ask communities how they measure quality service, instead of making assumptions that may or may not apply to a given area.

What I am proposing is a thorough evaluation of the effects of airline deregulation on communities—an evaluation that has not yet been done, but would happen under the bill I introduce today.

Mr. President, during the past 20 years, air travel has become increasingly linked to business development. Successful businesses expect and need to be able to travel quickly over long distances. It is expected that a region being considered for business location or expansion should be reachable, conveniently, via airplane. Those areas without air access, or with access that is restricted by prohibitive costs of travel, infrequent flights, or small,

slower planes are at a distinct disadvantage compared to those areas that enjoy accessible, convenient, and economical air service.

This country's air infrastructure has grown to the point where it now rivals our ground transportation infrastructure in its importance to the economic viability of communities. It has long been accepted that building a highway creates an almost instant corridor of economic activity of businesses eager to cut shipping and transportation costs by locating close to the stream of commerce. Like a community located on an interstate versus one only reachable by back roads, a community with a mid-size or small airport underserved by air carriers operates at a distinct disadvantage to one located near a large airport.

Bob Ziegelaar, Director of the Bangor, Maine International Airport, perhaps put it best. He tells me, ''Communities like Bangor are at risk of being left with service levels below what the market warrants both in terms of capacity and quality. The follow-on consequences is a decreasing capacity to attract economic growth.''

This issue is of critical importance and has not received the attention it deserves. The legislation I have introduced will result in a comprehensive examination of how this complicated issue affects the economy of small town America. It would establish a commission of 15 members from all areas of the country, including at least five members from rural areas, to study and report on the effects of airline deregulation. The Commission will examine a vital component of the deregulated airline industry—the effects on economic development and job creation, particularly in areas that are underserved by air carriers.

The Commission will also explore the broader effects of deregulation on affordability, accessibility, availability, and the quality of air transportation, nationally and in small-sized and medium-sized communities. It will explore deregulation's impact on the economical viability of smaller airports and the long-term configuration of the U.S. passenger air transportation system.

Mr. President, sometimes the best use we can make of the Senate's legislative powers is to study the results of our previous actions. In passing airline deregulation, Congress unleashed the power of competition with many positive benefits for consumers who live in large cities. It is now time to evaluate the impact on residents living in small-town America.

I urge my colleagues to join me in passing this important measure.

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. 1576

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

SECTION 1. AIRLINE DEREGULATION STUDY COMMISSION.

(a) ESTABLISHMENT OF COMMISSION.—

(1) ESTABLISHMENT.—There is established a commission to be known as the Airline Deregulation Study Commission (in this section referred to as the ''Commission'').

(2) MEMBERSHIP.—

(A) COMPOSITION.—Subject to subparagraph (B), the Commission shall be composed of 15 members of whom—

(i) 5 shall be appointed by the President;

(ii) 5 shall be appointed by the President pro tempore of the Senate, upon the recommendation of the Majority and Minority leaders of the Senate; and

(iii) 5 shall be appointed by the Speaker of the House of Representatives, in consultation with the Minority leader of the House of Representatives.

(B) MEMBERS FROM RURAL AREAS.—

(i) REQUIREMENT.—Of the individuals appointed to the Commission under subparagraph (A)—

(I) one of the individuals appointed under clause (i) of that subparagraph shall be an individual who resides in a rural area; and

(II) two of the individuals appointed under each of clauses (ii) and (iii) of that subparagraph shall be individuals who reside in a rural area.

(ii) GEOGRAPHIC DISTRIBUTION.—The appointment of individuals under subparagraph (A) pursuant to the requirement in clause (i) of this subparagraph shall, to the maximum extent practicable, be made so as to ensure that a variety of geographic areas of the country are represented in the membership of the Commission.

(C) DATE.—The appointments of the members of the Commission shall be made not later than 60 days after the date of the enactment of this Act.

(3) PERIOD OF APPOINTMENT; VACANCIES.—Members shall be appointed for the life of the Commission. Any vacancy in the Commission shall not affect its powers, but shall be filled in the same manner as the original appointment.

(4) INITIAL MEETING.—Not later than 30 days after the date on which all members of the Commission have been appointed, the Commission shall hold its first meeting.

(5) MEETINGS.—The Commission shall meet at the call of the Chairperson.

(6) QUORUM.—A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold hearings.

(7) CHAIRPERSON.—The Commission shall select a Chairman and Vice Chairperson from among its members.

(b) DUTIES OF THE COMMISSION.—

(1) STUDY.—

(A) DEFINITIONS.—In this subsection, the terms ''air carrier'' and ''air transportation'' have the meanings given those terms in section 40102(a) of title 49, United States Code.

(B) CONTENTS.—The Commission shall conduct a thorough study of the impacts of deregulation of the airline industry of the United States on—

(i) the affordability, accessibility, availability, and quality of air transportation, particularly in small-sized and medium-sized communities;

(ii) economic development and job creation, particularly in areas that are underserved by air carriers;

(iii) the economic viability of small-sized airports; and

(iv) the long-term configuration of the United States passenger air transportation system.

(C) MEASUREMENT FACTORS.—In carrying out the study under this subsection, the Commission shall develop measurement factors to analyze the quality of passenger air transportation service provided by air carriers by identifying the factors that are generally associated with quality passenger air transportation service.

(D) BUSINESS AND LEISURE TRAVEL.—In conducting measurements for an analysis of the affordability of air travel, to the extent practicable, the Commission shall provide for appropriate control groups and comparisons with respect to business and leisure travel.

(2) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Commission shall submit an interim report to the President and Congress, and not later than 18 months after the date of the enactment of this Act, the Commission shall submit a report to the President and the Congress. Each such report shall contain a detailed statement of the findings and conclusions of the Commission, together with its recommendations for such legislation and administrative actions as it considers appropriate.

(c) POWERS OF THE COMMISSION.—

(1) HEARINGS.—The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Commission considers advisable to carry out the duties of the Commission under this section.

(2) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any Federal department or agency such information as the Commission considers necessary to carry out the duties of the Commission under this section. Upon request of the Chairperson of the Commission, the head of such department or agency shall furnish such information to the Commission.

(3) POSTAL SERVICES.—The Commission may use the United States mails in the same manner and under the same conditions as other departments and agencies of the Federal Government.

(4) GIFTS.—The Commission may accept, use, and dispose of gifts or donations of services or property.

(d) COMMISSION PERSONNEL MATTERS.—

(1) TRAVEL EXPENSES.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(2) STAFF.—

(A) IN GENERAL.—The Chairperson of the Commission may, without regard to the civil service laws and regulations, appoint and terminate an executive director and such other additional personnel as may be necessary to enable the Commission to perform its duties. The employment of an executive director shall be subject to confirmation by the Commission.

(B) COMPENSATION.—The Chairperson of the Commission may fix the compensation of the executive director and other personnel without regard to the provisions of chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay for the executive director and other personnel may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

(3) DETAIL OF GOVERNMENT EMPLOYEES.—Any Federal Government employee may be detailed to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

(4) PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES.—The Chairperson of the Commission may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates for individuals which do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

(e) TERMINATION OF COMMISSION.—The Commission shall terminate 90 days after the date on which the Commission submits its report under subsection (b).

(f) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There is authorized to be appropriated $1,500,000 for fiscal year 2000 to the Commission to carry out this section.

(2) AVAILABILITY.—Any sums appropriated pursuant to the authorization of appropriations in paragraph (1) shall remain available until expended.

ADDITIONAL COSPONSORS

S. 662

At the request of Mr. CHAFEE, the name of the Senator from Nebraska (Mr. HAGEL) was added as a cosponsor of S. 662, a bill to amend title XIX of the Social Security Act to provide medical assistance for certain women screened and found to have breast or cervical cancer under a federally funded screening program.

S. 1110

At the request of Mr. LOTT, the names of the Senator from Arizona (Mr. KYL) and the Senator from Missouri (Mr. ASHCROFT) were added as cosponsors of S. 1110, a bill to amend the Public Health Service Act to establish the National Institute of Biomedical Imaging and Engineering.

S. 1172

At the request of Mr. TORRICELLI, the name of the Senator from South Carolina (Mr. THURMOND) was added as a cosponsor of S. 1172, a bill to provide a patent term restoration review procedure for certain drug products.

S. 1449

At the request of Mr. CONRAD, the name of the Senator from North Dakota (Mr. DORGAN) was added as a cosponsor of S. 1449, a bill to amend title XVIII of the Social Security Act to increase the payment amount for renal dialysis services furnished under the medicare program.

S. 1454

At the request of Mr. ROBB, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 1454, a bill to amend the Internal Revenue Code of 1986 to expand the incentives for the construction and renovation of public schools and to provide tax incentives for corporations to participate in cooperative agreements with public schools in distressed areas.

S. 1478

At the request of Mr. DASCHLE, the name of the Senator from North Dakota (Mr. DORGAN) was added as a cosponsor of S. 1478, a bill to amend part E of title IV of the Social Security Act to provide equitable access for foster care and adoption services for Indian children in tribal areas.

SENATE CONCURRENT RESOLUTION 53

At the request of Mrs. FEINSTEIN, the names of the Senator from Wisconsin (Mr. FEINGOLD), the Senator from Illinois (Mr. DURBIN), and the Senator from Washington (Mrs. MURRAY) were added as cosponsors of Senate Concurrent Resolution 53, a concurrent resolution condemning all prejudice against individuals of Asian and Pacific Island ancestry in the United States and supporting political and civic participation by such individuals throughout the United States.

SENATE RESOLUTION 179

At the request of Mr. BIDEN, the name of the Senator from Rhode Island (Mr. CHAFEE) was added as a cosponsor of Senate Resolution 179, a resolution designating October 15, 1999, as ''National Mammography Day.''

SENATE RESOLUTION 181—EXPRESSING THE SENSE OF THE SENATE REGARDING THE SITUATION IN EAST TIMOR

Mr. HARKIN (for himself, Mr. LEAHY, Mr. FEINGOLD, Mr. CHAFEE, and Mr. WELLSTONE) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES 181

Whereas on May 5, 1999, the Governments of Indonesia and Portugal signed an agreement that provided for an August 8, 1999, ballot organized by the United Nations on the political status of East Timor;

Whereas under the May 5th agreement the Government of Indonesia freely agreed to be responsible for establishing a secure environment in East Timor that would be free of intimidation and violence;

Whereas on August 30, 1999, 78 percent of the people in East Timor voted for independence; and

Whereas, after the vote for independence, the militias in East Timor intensified their reign of terror against the people of East Timor unrestrained by the Government of Indonesia: Now, therefore, be it

Resolved,

SECTION 1. SENSE OF THE SENATE REGARDING THE SITUATION IN EAST TIMOR.

(a) IN GENERAL.—The Senate hereby—

(1) congratulates the people of East Timor for their heroic vote on August 30, 1999;

(2) recognizes that the people of East Timor voted for independence;

(3) condemns the violence of the militias in East Timor and the inaction by the Government of Indonesia to end the violence; and

(4) calls on the Government of Indonesia to end all violence in accordance with the May 5, 1999 agreement.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that—

(1) the President of the United States should instruct the United States Permanent Representative to the United Nations to immediately seek the United Nations Security Council authorization for the deployment of an international force to address the security situation in East Timor; and

(2) the United States should assist in this effort in an appropriate manner.

SEC. 2. TRANSMITTAL OF RESOLUTION.

The Secretary of the Senate shall transmit a copy of this resolution to the President.

ADDITIONAL STATEMENTS

EAST TIMOR

● Mr. KERRY. Mr. President, the current situation in East Timor is spiraling dangerously out of control. Members of the international community are meeting to discuss this issue in New Zealand as I speak, while violence is escalating in East Timor and uncertainty is rising in the minds of many about the future of Indonesia as a whole. Indonesia's strategic position in South East Asia, as well as its economic and political stability, are of utmost importance, not only to the United States, but to the international community which has an interest in securing a stable and democratic future for South East Asia and a lasting peace for East Timor.

The Indonesian government holds the primary responsibility for restoring peace and stability to East Timor. I concur wholeheartedly with U.N. Secretary General Kofi Annan that the Indonesian government has so far failed to take adequate steps towards that end. The Indonesian government must move immediately to restore the portion of its credibility that was lost for not preparing adequately for the onslaught of civil strife that was predicted after the August 30 vote. The government must reign in the military factions, disarm the militias, restore law and order on the ground in East Timor, and provide for humanitarian assistance to the thousands of East Timorese who have been displaced from their homes and are fleeing the region. If it cannot, or is unwilling to, then the Indonesian government must accept the international community's offer to send in a peacekeeping force.

To his credit, President Habibie took an important step forward by allowing East Timor's political future to be decided democratically. It truly was significant that for the first time in twenty four years, the Indonesian government made a ballot in East Timor possible. I have long believed that the government should take this action and I have supported numerous pieces of legislation urging the Indonesian government to that effect. However, the Habibie government, once having made the decision to hold a consultation on the future status of East Timor, assumed responsibility for the security of its people during and after the ballot was held.

The international community was watching closely as the May 5, 1999 agreement detailing how the ballot was to be conducted—was signed by the governments of Indonesia and Portugal and the U.N. This agreement held great promise that the future of East Timor could be determined peacefully. However, anti-independence militia leaders refused to sign and refused to disarm, vowing to oppose violently any steps to give the East Timorese their independence. The militia groups have followed