

Mr. President, this program will only begin to touch upon some of the fundamental areas which must be addressed in halting alcohol from rearing its evil head on other vulnerable college campuses. The work now lies ahead for all schools to endorse these noteworthy approaches and ideas which are working on select campuses throughout the United States. Let these seven schools be models for all institutions of higher education today and in the future. I congratulate the awardees of the program, and look forward to a strong, prosperous future for all college-going students, a future that is free from alcohol and other drugs.

Mr. President, I yield the floor.

THE WORK INCENTIVES IMPROVEMENT ACT OF 1999

Mr. JEFFORDS. Mr. President, right now, my home state of Vermont is celebrating Disability Employment Awareness Month. For that reason, I am delighted to speak about the "Work Incentives Improvement Act of 1999," legislation that I developed with my colleagues, Senators KENNEDY, ROTH and MOYNIHAN. This Act, also known as the Work Incentives Improvement Act (WIIA), is the most important piece of legislation for individuals with disabilities since the Americans with Disabilities Act. This legislation is bipartisan. This legislation was brought to the floor of the United States Senate with 80 cosponsors. And, most importantly, this legislation passed through the Senate on June 15th with a unanimous vote of 99-0.

The "Work Incentives Improvement Act" addresses a fundamental flaw in current law. Today, individuals with disabilities are forced to make a choice, an absurd choice. They must choose between working and receiving health care. Under current law, if people with disabilities work and earn over \$500 per month, they will lose their cash payments and health care coverage under Medicaid or Medicare. This is health care coverage that they need. This is health care coverage that they can not get in the private sector. This is not right.

Individuals with disabilities want to work. They have told me this. In fact, national surveys over the past 10 years have consistently confirmed that people with disabilities want to be part of the American workforce. But only one-third of them do work. With the enactment of WIIA, these individuals would not need to worry about losing their health care if they choose to work a forty-hour week, to put in overtime, or to pursue a career advancement. Individuals with disabilities are sitting at home right now, waiting for this legislation to become law. Having a job would provide them with a sense of self-worth. Having a job would allow them to contribute to our economy. Having a job would provide them with a living wage, which is not what one has through Social Security.

Currently, there are 7.5 million individuals with disabilities across the nation who receive health care coverage and cash payments from the federal government. 24,000 of these people live in Vermont. Only, one-half of one percent of the 7.5 million work to their full potential, because, when they earn over \$500 per month, they lose their access to health care coverage. The first part of my legislation tackles this problem. In states that elect to take up this option, WIIA provides continuing access to health care for Social Security Income and Social Security Disability Insurance beneficiaries who work and exceed the income threshold.

Recognizing that some SSI and SSDI recipients will need job training and job placement assistance, the second part of my bill provides these incentives. People with disabilities would have more choices in where to obtain vocational rehabilitation and employment services. In addition, we would increase the incentives to public and participating private providers serving these individuals.

This legislation makes sense. When I came to Congress in 1975, one of my legislative priorities was to provide individuals with disabilities access to the American dream. Through the Individuals with Disabilities Education Act, the Rehabilitation Act, the Americans with Disabilities Act, and the Assistive Technology Act, we have consistently improved the lives of people with disabilities. Unfortunately, one major flaw remains, providing health care to individuals who want to work. The enactment of the Work Incentives Improvement Act would diminish this flaw in federal policy.

The Work Incentives Improvement Act reflects what individuals with disabilities say they need. Over 100 national organizations have given us their input and endorsed our bill. The President has made it clear that he would like to sign this legislation into law by the end of the current year. The Incentives Improvement Act provides the opportunity to bring responsible change to federal policy and to eliminate a misguided result of the current system—if you don't work, you get health care; if you do work, you don't get health care. The Work Incentives Improvement Act makes living the American dream a reality for millions of individuals with disabilities, who will no longer be forced to choose between the health care coverage they so strongly need and the economic independence they so dearly desire.

I am looking forward to having my colleagues in the House of Representatives finish their work on the Work Incentives Improvement Act. Let's send this bill to President Clinton by the end of this session of the 106th Congress.

CONFIRMATION OF COL. JOHN H. SINCLAIR TO BE UNITED STATES MARSHAL FOR DISTRICT OF VERMONT

Mr. LEAHY. Mr. President, I congratulate Col. John Sinclair on his Senate confirmation as the next United States Marshal for the District of Vermont.

As a 30-year veteran of the Vermont State Police, Col. Sinclair has served as a uniformed trooper at both the Colchester and Bethel Barracks, later joined the Fraud Unit and the Governor's security detail, and then was promoted to the post of Station Commander at the Brattleboro Barracks. He has also commanded both the Criminal Division and the Field Force. In 1996, he was appointed to his present position as director of the Vermont State Police, the department's highest-ranking uniformed post.

I have known Col. Sinclair for nearly 30 years, since the time when he was a new State trooper and I was Chittenden County's new State's attorney. We worked closely together on a number of investigations, trials, and law enforcement education programs. I have watched his career for the past three decades and consider him to be one of the finest police officers with whom I have ever worked. He is a police officer's police officer. He is a strong component of our law enforcement team in Vermont.

He has gained extensive experience with State, federal, and local law enforcement matters. It is fitting that his longstanding service to the people of Vermont culminate in this important law enforcement position. His practical experience, background and training qualify him to be Vermont's 34th United States Marshal.

Again, I congratulate Col. Sinclair and his wife, Barbara, who live in Charlotte, and their two sons, on receiving Senate confirmation as United States Marshal for the District of Vermont.

SESQUICENTENNIAL OF THE SALT LAKE COUNTY SHERIFF'S OFFICE

Mr. HATCH. Mr. President, this month the Salt Lake County Sheriff's Office is celebrating their sesquicentennial anniversary. The Sheriff's Office is a proud tradition of Utah, and I am grateful to them for keeping Salt Lake County a safe place to live and visit.

Pioneers first settled the Salt Lake Valley in 1847. In March 1849, they elected Brigham Young to be their Governor. Then, in October of the same year, John D. Parker was elected to serve as the first sheriff of what would become the state of Utah. Later, in 1852, after the federal government ratified the creation of the office of county sheriff, James B. Ferguson became John D. Parker's successor. Sheriff Ferguson was the first officially elected sheriff of Salt Lake County. This makes the Salt Lake County Sheriff's

Office one of the oldest law enforcement agencies in the west. Today, the 1,254 employees of the Sheriff's Office continue that tradition.

Today, there are more than 835,000 citizens of Salt Lake County. These citizens are served by the Sheriff's Office through patrols, investigations, jails—which have held Ted Bundy, Mark Hoffman, and Charles Manson among others—court security, civil service, and specialized services, including K-9, air support, SWAT, and search and rescue units. The Sheriff's Office also coordinates local, state, and federal task forces.

Some of the more heroic deeds have received national recognition. Captain Lloyd Prescott is just one example of the kind of person we have working for the people of Utah. During a hostage situation at a Salt Lake County library, then Lieutenant Lloyd Prescott offered himself as an additional hostage to see if he could defuse the situation. After almost five hours, it was obvious that the suspect was becoming more agitated and that he would likely harm one of the hostages. Lieutenant Prescott then announced himself as a police officer and was forced to shoot the suspect. For this act of bravery and courage, Lieutenant Prescott was awarded the Presidential Commendation from President Clinton, the Governor's Commendation from Governor Leavitt, Officer of the Year from the International Association of the Chiefs of Police, Officer of the Year from the International Foot Printers Association, and Deputy Sheriff of the Year from the National Sheriff's Association. Captain Prescott continues to serve the citizens of Salt Lake County and the Sheriff's Office as the Division Commander for the Special Operations Division.

This is just one example of the many acts of courage, bravery, and simple acts of service performed daily by employees of the Salt Lake County Sheriff's Office. I want to extend a public thank you to all the employees and deputies of the Sheriff's Office for their hard work, service, and dedication to upholding justice and the rule of law. I offer my hearty congratulations to them on this landmark anniversary.

MEDICARE BENEFICIARIES ACCESS TO CARE ACT OF 1999

Mr. FEINGOLD. Mr. President, I rise today to express my strong support for S. 1678, the Medicare Beneficiaries Access to Care Act of 1999, a bill to ensure that Medicare beneficiaries across our nation continue to have access to the health care services that they need. The package that has been introduced addresses some of the most troubling areas in implementation of the Balanced Budget Act of 1997, and I commend the Senate Democratic Leader, Senator DASCHLE, for the hard work that he and his staff put into the creation of this bill.

I joined my Senate colleagues to vote in favor of the Balanced Budget Act of

1997, with the expectation that we would save \$100 billion that would help preserve the solvency of the Medicare program. Yet the magnitude of cuts in BBA of 1997 have been much deeper than anyone intended. Present projections indicate that actual reductions have been in the area of \$200 billion, twice as much as originally anticipated.

The unintended consequences of the Balanced Budget Act of 1997 have been severe indeed. And while there is a lot of publicity about the impact of BBA 1997 cuts on entities like hospitals, nursing homes and home health agencies, the real issue here is that the cuts are threatening the ability of our constituents—patients who rely on these entities to provide care, rehabilitation, and life-saving services—to gain access to the care they need.

Take for example the impact of the BBA 1997 Interim Payment System for home health agencies in Medicare. IPS was designed as a way to counteract fraud, waste and abuse within the Medicare program. Unfortunately, the way in which IPS was implemented created a counterintuitive and unfair system that penalizes low-cost areas for their thrift by basing reimbursement on past spending. More than 40 home health agencies in 22 counties have closed in Wisconsin since the implementation of Medicare home health IPS. IPS has ratcheted Medicare home health payments so low that Wisconsin home health agencies are losing hundreds of dollars per patient per day treating Medicare patients. Agencies in Wisconsin are not closing just because the business isn't profitable, they are closing to reduce the devastating rate of loss.

BBA 1997 cuts have also been devastating for our nursing homes and patients' ability to gain access to outpatient therapy services. Reimbursements to some nursing homes in Wisconsin has been so low that one nursing home administrator in La Crosse, Wisconsin, informed me that his agency, one of the few Medicare-certified ventilator-dependent programs in the region, was losing between \$150 and \$300 per patient per day treating patients who depend on ventilators to breathe. That agency had no choice but to stop new admissions of ventilator-dependent patients. Similarly, residents of nursing homes who require physical therapy, occupational therapy or speech pathology services are faced with an arbitrary \$1500 cap on their services, an amount that is grossly inadequate to provide the necessary rehabilitation to patients recovering from a stroke, an amputation or other life-altering event. These arbitrary caps on the provision of rehabilitative therapy, have the effect—though inadvertently—of placing a cap on the extent to which these patients can regain their independence.

One final area that I would like to raise is the expected impact on hospitals of BBA 1997 changes such as cuts

to Graduate Medical Education payments and the impact of a Prospective Payment System on hospital outpatient departments. Preliminary estimates from my constituents at the Wisconsin Health and Hospital Association, WHA, indicate that Wisconsin's 28 teaching hospitals will lose almost \$25 million per year from GME cuts. In addition, WHA projects that Wisconsin hospitals will lose \$30 million over the next three years if PPS is implemented—a loss of such magnitude that several rural hospitals in Wisconsin would likely be forced to close.

S. 1678 speaks directly to these concerns by increasing payments to Medicare Dependent Hospitals and Critical Access Hospitals, of which my home state of Wisconsin has 44. S. 1678 also includes stop-loss protection to ensure that hospitals do not suffer dramatic losses under the Outpatient Prospective Payment System. Lastly, S. 1678 freezes Indirect Medical Education cuts at 6.5% over 8 years and increases the number of residency slots available in rural areas.

The provisions of S. 1678 are important to ensuring continued access to care, and I hope my colleagues will join me in supporting this legislation.

INTRODUCTION OF S. 1714

Mr. WARNER. Mr. President, I ask unanimous consent that the Senator from Virginia may proceed for not to exceed 4 minutes.

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

Mr. WARNER. I thank the Chair.

(The remarks of Mr. WARNER pertaining to the introduction of S. 1714 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mr. Williams, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

REPORT ON THE CONTINUED PRODUCTION OF THE NAVAL PETROLEUM RESERVES BEYOND APRIL 5, 2000—MESSAGE FROM THE PRESIDENT—PM 62

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; which was referred to the Committee on Armed Services.