

Secretary and the appropriators, and the fairness of the organ allocation system.

Mr. President, I will take only a moment or two more—because the time is moving on—to refer to the Institute of Medicine report, which really is the authoritative report on this whole issue. I will mention relevant parts of the institute report, and focus on the conclusion that the Institute of Medicine had on the whole question of developing rules on fairness for organ transplantation—the question of how to best address the moral issues and the ability of people to be able to be treated fairly under a system of organ distribution.

The Institute of Medicine's analysis shows that patients who have a less urgent need for a transplant sometimes receive transplants before more severely ill patients who are served by different OPOs. There is no credible evidence that implementing the HHS's recommendation would result in closure of smaller transplant centers.

Mr. President, that fear about the fate of small centers is the heart of the argument of those that have put on this rider. A rider that has no business being put on this legislation.

The Institute of Medicine analysis further found that there is no reason to conclude that minority and low-income patients would be less likely to obtain organ transplants as a result. Likewise, data does not support the assertion that potential donors and their families would decline to make donations because an organ might be used outside the donor's immediate geographical area.

The Institute of Medicine recommended that HHS—and this is on page 12 of the report—should exercise the legitimate oversight responsibilities assigned to it by the National Organ Transplant Act, and articulated in the Final Rule, to manage the system of organ procurement and transplantation in the public interest.

Federal oversight is needed to ensure that high standards of equity and quality are met. Those high standards of equity and quality were included in the Secretary's excellent recommendation. By tampering with those, we are undermining enormously powerful and important health policy issues. And this extremely controversial rider is added onto underlying legislation which is so important to millions of disabled individuals in our country. Individuals who thought—when this legislation moved through with very strong bipartisan support in the Senate, and then through the final months, has moved through the House of Representatives, and has the strong support of President Clinton, and has had the bipartisan support here in the Congress—thought that there was going to be a new day for those who have physical or mental challenges and disabilities to have the ability to participate in the workforce and become more productive, useful, active, and independent citizens in this country, and also to be able to con-

tribute to the Nation in a more significant way.

I certainly hope we can work through this process because the legislation, which as I mentioned, has been completed and supported in a bipartisan way, is a lifeline to millions of Americans and deserves passage.

I see my friend and colleague, Senator JEFFORDS, who has been instrumental in having this legislation advanced. I am glad to see him on the floor at this time. I hope he will address the Senate on this issue.

MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

The Senator from Vermont.

EXTENSION OF MORNING BUSINESS

Mr. JEFFORDS. Mr. President, I ask unanimous consent that morning business be extended until 1 p.m. with the time equally divided in the usual form.

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

Mr. JEFFORDS. Mr. President, I thank the Senator from Massachusetts. I would be happy if he desires to more fully discuss what we have done. I was not here to hear his full speech. I thank him. We have worked together. He was here years before I came to the Senate. In 1975, we had the initial big step forward for the disabled and were able to set up the 94142, as it was called then, to make sure all children got a good education, and specially those with disabilities.

As we have walked through this over a period of many years, we have fought year by year to remove block by block what the disabled community has had to face. Finally, we are at that point where we are opening the final door to allow them to do what all disabled want to do, and that is to have a meaningful life, to be able to seek employment, and get employment without having the doors slammed because they lost their benefits.

I can't thank the Senator enough for what he has done. Also, there are others, some who have left this body, such as Bob Dole, who was another leader for the disabled. I praise him also for the work he did, and especially in this area where he helped us introduce the bill that we were so happy to be able to cosponsor and to see it put into the final steps.

I thank the Senator from Massachusetts profusely for all he has done. I would be happy to yield for any further comment.

Mr. KENNEDY. As I mentioned earlier, this has been a continuing process beginning with the passage of the Americans With Disabilities Act, when we put into law protections for the disabled so they wouldn't be discriminated against in the workplace based upon their disability.

As the Senator knows very well, that has been enormously important and

has been effective. But as the Senator has pointed out, with this legislation complimenting what has been achieved with the Americans With Disabilities Act, we can open an entirely new dawn for millions who have some disability.

As we are getting closer to achieving that, I am sure the Senator agrees with me that when we finally have the President's signature on this, there will be people saying: What has taken them so long? This is such a common-sense approach. But as the Senator knows, this has been a battle every step of the way. There have been those who have felt that if we do this for this particular group, we might be establishing some form of precedent that may be used somewhere down the road, and worry if we know where it might lead.

There are a number of strong negative voices out there. Nonetheless, I think with the leadership of the Senator from Vermont and others—he mentioned certainly Senator Dole, Senator Weicker, and our good friend on our human resources committee, TOM HARKIN, who is generally recognized in this body as one of the real authorities on disability issues—this has been a common effort of this institution. It is an area of public policy where this institution has done what it is challenged to do; and that is to find common ground in a bipartisan way to address a common concern that affects millions of Americans and make progress on it.

I again thank the Senator from Vermont for the opportunity to work with him. We still have a ways to go to make sure the legislation actually reaches the people and addresses the regulations in the way it is intended. But I think this is going to be enormously important—and I hope soon to finally have the President's signature on this legislation. We are much closer today than we have ever been in the past.

I join with the Senator to thank him for his good work. We hope to see that this is actually put into place and implemented so it will benefit those that it should benefit.

I thank the Senator.

Mr. JEFFORDS. Mr. President, again, I thank the Senator from Massachusetts for those comments and for all the work he has done.

I am delighted to stand before you today, to speak about an extremely important piece of legislation. The bill we are sending to the President today, a bill I know he is eager to sign into law, will have a tremendous impact on people with disabilities. In fact, this legislation is the most important piece of legislation for the disability community since the Americans with Disabilities Act.

My reason for sponsoring this particular piece of legislation is quite simple. The Work Incentives Improvement Act of 1999 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 federal law, if people with disabilities work and earn over \$700 per month, they will lose 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 cannot get in the private sector. This is not right.

Once enacted, the Work Incentives Improvement Act of 1999 will allow individuals with disabilities, in states that elect to participate, continuing access to health care when they return to work or remain working. In addition, those individuals who seek it, will have access to job training and job placement assistance from a wider range of providers than is available at this time. Currently, there are 9.5 million individuals with disabilities across the country who receive cash payments and health care coverage from the federal government. Approximately 24,000 of these individuals live in my home state, Vermont. Once enacted, the Work Incentives Improvement Act will actually save the federal government money. For example, let's assume that 200 Social Security disability beneficiaries in each state return to work and forgo cash payments. That would be 10,000 individuals out of the 9.5 million individuals with disabilities across the country. The annual savings to the Federal Treasury in cash payments for just these 10,000 people would be \$133,550,000! Imagine the savings to the Federal Treasury if this number were higher. Clearly, the Work Incentives Improvement Act of 1999 is fiscally responsible legislation.

I began work on this bill in 1996. Though it was a long and sometimes difficult task, many hands made light work. Senator KENNEDY, Ranking Member on the HELP Committee, joined me in March of 1997. Senators ROTH and MOYNIHAN, Chairman and Ranking Member on the Finance Committee signed on as committed partners in December of 1998. Last January, 35 of our colleagues, from both sides of the aisle, joined us in introducing S. 331, the Senate version of this legislation. One week later, in a Finance Committee hearing, we heard compelling testimony from our friend, former Senator Dole, a strong supporter of this legislation. A month later, we marked this legislation out of the Finance Committee with an overwhelming majority in favor of the bill. Finally, on June 15th, with a total of 80 cosponsors, we passed this legislation on the floor of the United States Senate, with a unanimous vote of 99-0.

Four months later, over 35 of our colleagues in the House of Representatives, took to the floor of their chamber, and spoke eloquently for their version of this legislation. Later that day, the bill passed the floor of the House with a vote of 412-9. Since then, the Senate and House Conferees have been working diligently in effort to

reach common ground. I am very pleased today, that the differences in policy in the two different bills have been resolved and consensus has been reached on a conference agreement. This agreement does not compromise the original intent of the legislation, retaining key provisions from S. 331.

From my perspective, the Work Incentives Improvement Act of 1999 represents a natural and important progression in federal policy for individuals with disabilities. That is, federal policy increasingly reflects the premise that individuals with disabilities are cherished by their families, valued and respected in their communities, and are an asset and resource to our national economy. Today, most federal policy promotes opportunities for these individuals, regardless of the severity of their disabilities, to contribute to their maximum potential—at home, in school, at work, and in the community.

I have been committed to improving the lives of individuals with disabilities throughout my Congressional career. Providing a solid elementary and secondary education for children with disabilities, so that they will be equipped, along with their peers, to benefit from post-secondary and employment opportunities is crucial. When I came to Congress in 1975, Public Law 94-142, the Education for all Handicapped Children Act, now the Individuals with Disabilities Education Act (IDEA), was enacted into law. IDEA assures each child with a disability, a free and appropriate public education. I am proud to be one of the original drafters of this legislation which has reshaped what we offer to and expect of children with disabilities in our nation's schools.

In addition, I have been committed to providing job training opportunities for individuals with disabilities. In 1978, I played a central role in ensuring access to programs and services offered by the federal government for individuals with disabilities through an amendment to the Rehabilitation Act. I believe that this amendment alone laid the foundation for significant legislation that followed, including the Technology-Related Assistance for Individuals with Disabilities Act of 1988, now the Assistive Technology Act of 1998, both of which I drafted. Most importantly, this legislation opened the doors for the most comprehensive piece of legislation of all, the Americans with Disabilities Act of 1990. This legislation prohibits discrimination on the basis of disability in employment, public services, public accommodations, transportation, and telephone service.

These laws have forever changed the social landscape of America. They serve as models for other countries who recognize that their citizens with disabilities are an untapped resource. In our country, individuals with disabilities are seen everywhere, doing everything. Just this past weekend, thousands of physically disabled individuals participated in the New York City Mar-

athon, as they have been doing for years. The expectations that these people set for themselves and the standards we apply to them have increasingly been raised, and now in many circumstances equal those set and applied to other individuals.

Unfortunately, one major inequity remains. That is, the loss of health care coverage if an individual on the Social Security disability rolls chooses to work. Individuals with disabilities want to work. They have told me this. In fact, a Harris survey found that 72 percent of Americans with disabilities want to work, but only one-third of them do work. With today's enactment of the Work Incentives Improvement Act of 1999, individuals with disabilities will no longer need to worry about losing their health care if they choose to work a forty-hour week, to put in overtime, or to pursue career advancement. Individuals with disabilities are sitting at home right now, waiting for this legislation to become law. Having a job will provide them with a sense of self-worth. Having a job will allow them to contribute to our economy. Having a job will provide them with a living wage, which is not what one has through Social Security.

In addition to continuing health care coverage and providing job training opportunities for individuals with disabilities, this legislation offers many other substantial long-term benefits. The Work Incentives Improvement Act of 1999 will give us access to data regarding the numbers, the health care needs, and the characteristics of individuals with disabilities who work. Furthermore, this legislation will provide the federal government as well as private employers and insurers, the facts upon which to craft appropriate future health care options for working individuals with disabilities. It will allow employers and insurers to factor in the effects of changing health care needs over time for this population. Hopefully, it will even improve the way in which employers operate return-to-work programs. Through increased tracking of data, we will learn the benefits of intervening with appropriate health care, when an individual initially acquires a disability. We will also learn the value of continuing health care to a working individual with a disability. If an individual, even with a severe disability, knows that he or she has access to uninterrupted, appropriate health care, the individual will be a healthier, happier and thus more productive worker.

I would like to take the time now to briefly outline the major provisions which have remained as part of this legislation. The conference agreement retains the two state options of establishing Medicaid buy-ins for individuals on Social Security disability rolls, who choose to work and exceed income limits in current law, as well as for those who show medical improvement, but still have an underlying disability.

For working individuals with disabilities, the conference agreement extends access, beyond what is allowed in current law, to Medicare. In addition, the legislation before us today retains several key provisions from S. 331, including, the authority to fund Medicaid demonstration projects to provide access to health care to working individuals with a potentially severe disability; the State Infrastructure Grant Program, to assist states in reaching and helping individuals with disabilities who work; work incentive planners and protection and advocacy provisions; and finally, most of the provisions in the Ticket to Work Program.

In order to control the cost of this legislation, compromises were made. Although the purpose of the State Infrastructure Grant Program and the Medicaid Demonstration Grant Program remain the same, the terms and conditions of these grants were altered in conference. As a result, states are not required to offer a Medicaid buy-in option to individuals with disabilities on Social Security, who work and exceed income limits in current law, prior to receiving an Infrastructure or a Medicaid Demonstration Grant.

Also in Conference, the extended period of eligibility for Medicare for working individuals with disabilities has been changed from 24 to 78 months. During this extended period, the federal government is to cover the cost of the Part A premium of Medicare for a working individual with a disability, who is eligible for Medicare. S. 331 would have extended such coverage for an individual's working life, if he or she became eligible during a 6-year time period.

I would like to note two changes to the Ticket to Work program made during Conference. The new legislation shifts the appointment authority for the members of the Work Incentives Advisory Panel from the Commissioner of Social Security to the President and Congress. In addition, language regarding the reimbursements between employment networks and state vocational rehabilitation agencies was deleted in Conference. The new legislation gives the Commissioner of Social Security the authority to address these matters through regulation.

Although several changes have been made from the original Work Incentives bill, I am still very pleased with what we are adopting today. This is legislation that makes sense, and it will contribute to the well-being of millions of Americans, including those with disabilities and their friends, their families, and their co-workers. Today's vote provides us 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 of 1999 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.

In closing, I would like to thank the many people who contributed to reaching this day. I especially thank the conferees, Majority Leader LOTT, Senators ROTH and MOYNIHAN, and in the House, Majority Leader ARMEY, and Congressmen ARCHER, BLILEY, RANGEL, and DINGELL. I also thank their staff who worked so closely in effort to reach this day. From my staff, I thank Pat Morrissey, Lu Zeph, Leah Menzies, Chris Crowley, and Kim Monk. I want to recognize and extend my appreciation to the staff members of my three fellow sponsors of this bill; Connie Garner in Senator KENNEDY's office, Jennifer Baxendell and Alexander Vachon with Senator ROTH, and Kristen Testa, John Resnick, and Edwin Park from Senator MOYNIHAN's staff. Finally, I wish to thank Ruth Ernst with the Senate Legislative Counsel for her drafting skill and substantive expertise, her willingness to meet time tables, and most of all, her patience.

In addition to staff, we received countless hours of assistance and advice from the Work Incentives Task Force of the Consortium for Citizens with Disabilities. These individuals worked tirelessly to educate Members of Congress about the need for and the effects of this legislation.

Finally, I would like to urge my colleagues in both chambers to set aside any concerns about peripheral matters and to focus on the central provisions of this legislation. Let's focus on what today's vote will mean to the 9.5 million individuals with disabilities across the nation. At last, these individuals will be able to work, to preserve their health, to support their families, to become independent, and most importantly, to contribute to their communities, the economy, and the nation. We are making a statement, a noble statement and we must do the right thing. Let's send this bill to the President.

Thank you, Mr. President.

Mr. DURBIN. Mr. President, under the unanimous consent agreement, how much time remains in morning business?

The PRESIDING OFFICER (Mr. BENNETT). We are in morning business until 1 o'clock, with the time equally divided between the two sides.

Mr. DURBIN. The remaining time on the Democratic side?

The PRESIDING OFFICER. Twenty-six minutes.

LEGISLATIVE LANDFILL

Mr. DURBIN. Mr. President, as we reflect at the end of this legislative session on our accomplishments, it is my belief that there are very few things we can go back home to tell the American people we achieved.

100 Senators and 435 Members of the House of Representatives came to

Washington, DC, at the beginning of the year and listened closely to President Clinton's State of the Union Address where he outlined a program and some objectives, many stood and cheered. The applause lines were frequent during the course of that speech. People of both political parties left the State of the Union Address saying they were now energized and invigorated to go forward and address the issues facing America, and we began the legislative process.

For me, it is the 17th time I have been through this. It is hard for me to remember another session of the Congress as unproductive as this session of the Congress. When it came to issues that the people and families across America care about, this Congress refused to do anything. This wasn't a titanic struggle between the Republican conservative agenda and the progressive agenda of the Democrats where we brought issues to the floor and fought over amendments from one side to the other. That is what we are supposed to see on Capitol Hill. That didn't happen because there was no agenda on the other side. The Republican leadership had no agenda.

Recently, a Republican Congressman said we considered this year a "legislative timeout." When timeouts occur during the course of an NFL football game, most people leave the room and go to the refrigerator; if America's families had left the room and gone to the refrigerator, they would have spent a lot of time there this year if they were waiting for Congress to do something. We didn't do it. We didn't respond. Now we have to go home, as we should, and explain it.

Let me state some of the issues we failed to act on this year, issues that make a difference to families across America. The Patients' Bill of Rights: The relationship of a person, a family, a business, to their health insurance company. That is pretty basic. When we asked America's families, they said that is the No. 1 concern. We want to make certain, when we go in a doctor's office, that the doctor makes the decision, not some clerk at an insurance company off in Topeka, KS.

I know from my experience in Illinois, as most others know from their own personal experiences, many times doctors are being overruled. I can recall a doctor who said to me a mother came in the office with an infant and the baby had been complaining of a headache on the right side of his head for several months. The doctor asked if it was always complaining about one side of the head, and the mother said yes. The doctor thought: I had better take an MRI to see if there might be a brain tumor. Before he said that to the mother, he looked at her file for the name of her insurance company. He said, excuse me, left the room, got on the phone and called the insurance company. He said: The mother presents herself with an infant complaining of headaches for several weeks and