

contributions that Presidents have made to the development of our Nation and the principles of freedom and democracy.

S. 510

At the request of Mr. CAMPBELL, the name of the Senator from Nebraska (Mr. HAGEL) was added as a cosponsor of S. 510, a bill to preserve the sovereignty of the United States over public lands and acquired lands owned by the United States, and to preserve State sovereignty and private property rights in non-Federal lands surrounding those public lands and acquired lands.

S. 514

At the request of Mr. COCHRAN, the name of the Senator from Idaho (Mr. CRAPO) was added as a cosponsor of S. 514, a bill to improve the National Writing Project.

S. 517

At the request of Mr. GRAHAM, the names of the Senator from Michigan (Mr. LEVIN) and the Senator from California (Mrs. FEINSTEIN) were added as cosponsors of S. 517, a bill to assure access under group health plans and health insurance coverage to covered emergency medical services.

S. 566

At the request of Mr. LUGAR, the name of the Senator from Vermont (Mr. LEAHY) was added as cosponsor of S. 566, a bill to amend the Agricultural Trade Act of 1978 to exempt agricultural commodities, livestock, and value-added products from unilateral economic sanctions, to prepare for future bilateral and multilateral trade negotiations affecting United States agriculture, and for other purposes.

S. 631

At the request of Mr. DEWINE, the name of the Senator from North Dakota (Mr. DORGAN) was added as cosponsor of S. 631, a bill to amend the Social Security Act to eliminate the time limitation on benefits for immunosuppressive drugs under the medicare program, to provide continued entitlement for such drugs for certain individuals after Medicare benefits end, and to extend certain Medicare secondary payer requirements.

S. 648

At the request of Mr. KERRY, the name of the Senator from Massachusetts (Mr. KENNEDY) was added as cosponsor of S. 648, a bill to provide for the protection of employees providing air safety information.

S. 712

At the request of Mr. LOTT, the name of the Senator from Michigan (Mr. ABRAHAM) was added as cosponsor of S. 712, a bill to amend title 39, United States Code, to allow postal patrons to contribute to funding for highway-rail grade crossing safety through the voluntary purchase of certain specially issued United States postage stamps.

S. 751

At the request of Mr. LEAHY, the name of the Senator from Maryland

(Ms. MIKULSKI) was added as cosponsor of S. 751, a bill to combat nursing home fraud and abuse, increase protections for victims of telemarketing fraud, enhance safeguards for pension plans and health care benefit programs, and enhance penalties for crimes against seniors, and for other purposes.

S. 784

At the request of Mr. ROCKEFELLER, the name of the Senator from Hawaii (Mr. AKAKA) was added as cosponsor of S. 784, a bill to establish a demonstration project to study and provide coverage of routine patient care costs for medicare beneficiaries with cancer who are enrolled in an approved clinical trial program.

S. 820

At the request of Mr. CHAFEE, the name of the Senator from Utah (Mr. HATCH) was added as cosponsor of S. 820, a bill to amend the Internal Revenue Code of 1986 to repeal the 4.3-cent motor fuel excise taxes on railroads and inland waterway transportation which remain in the general fund of the Treasury.

## SENATE RESOLUTION 59

At the request of Mr. LAUTENBERG, the name of the Senator from Montana (Mr. BAUCUS) was added as cosponsor of Senate Resolution 59, a resolution designating both July 2, 1999, and July 2, 2000, as "National Literacy Day."

## SENATE RESOLUTION 81

At the request of Mr. CRAPO, the names of the Senator from Louisiana (Mr. BREAUX) the Senator from Massachusetts (Mr. KENNEDY), the Senator from Utah (Mr. BENNETT), the Senator from Florida (Mr. GRAHAM), the Senator from Michigan (Mr. ABRAHAM), the Senator from Washington (Mrs. MURRAY), the Senator from Maine (Ms. COLLINS), the Senator from South Dakota (Mr. DASCHLE), the Senator from New York (Mr. MOYNIHAN), the Senator from Georgia (Mr. CLELAND), the Senator from California (Mrs. FEINSTEIN), the Senator from Nevada (Mr. BRYAN), the Senator from Missouri (Mr. BOND), the Senator from Oregon (Mr. WYDEN), the Senator from Idaho (Mr. CRAIG), the Senator from New Jersey (Mr. LAUTENBERG), the Senator from New York (Mr. SCHUMER), the Senator from California (Mrs. BOXER), the Senator from Illinois (Mr. DURBIN), the Senator from Delaware (Mr. BIDEN), the Senator from Ohio (Mr. VOINOVICH), the Senator from Indiana (Mr. LUGAR), the Senator from Oklahoma (Mr. INHOFE), the Senator from Virginia (Mr. WARNER), the Senator from Connecticut (Mr. LIEBERMAN), the Senator from North Carolina (Mr. HELMS), the Senator from Maine (Ms. SNOWE), the Senator from Delaware (Mr. ROTH), the Senator from South Dakota (Mr. JOHNSON), the Senator from New Jersey (Mr. TORRICELLI), the Senator from Minnesota (Mr. WELLSTONE), the Senator from Nebraska (Mr. KERREY), the Senator from Virginia (Mr. ROBB), the Senator from Arkansas (Mrs. LINCOLN), the Senator from North Dakota (Mr.

CONRAD), the Senator from South Carolina (Mr. THURMOND), the Senator from Texas (Mrs. HUTCHISON), the Senator from New Hampshire (Mr. SMITH), the Senator from North Dakota (Mr. DORGAN), the Senator from Indiana (Mr. BAYH), the Senator from Connecticut (Mr. DODD), the Senator from Wyoming (Mr. THOMAS), the Senator from Iowa (Mr. GRASSLEY), the Senator from South Carolina (Mr. HOLLINGS), and the Senator from Hawaii (Mr. INOUE), were added as cosponsors of Senate Resolution 81, a resolution designating the year of 1999 as "The Year of Safe Drinking Water" and commemorating the 25th anniversary of the enactment of the Safe Drinking Water Act.

# SENATE CONCURRENT RESOLUTION 32—EXPRESSING THE SENSE OF CONGRESS REGARDING THE GUARANTEED COVERAGE OF CHIROPRACTIC SERVICES UNDER THE MEDICARE+CHOICE PROGRAM

Mr. CONRAD (for himself, Mr. HARKIN, Mr. GRASSLEY, and Mr. HATCH) submitted the following concurrent resolution; which was referred to the Committee on Finance:

S. CON. RES. 32

*Resolved by the Senate (the House of Representatives concurring), That*

## SECTION 1. SENSE OF CONGRESS REGARDING GUARANTEED COVERAGE OF CHIROPRACTIC SERVICES UNDER THE MEDICARE+CHOICE PROGRAM.

(a) FINDINGS.—Congress finds the following:

(1) In 1972, Congress included chiropractors in the medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) through the definition of the term "physician" under section 1861(r) of such Act (42 U.S.C. 1395x(r)), which referred to the "treatment by means of manual manipulation of the spine (to correct a subluxation)". Congress crafted this language to identify a specific chiropractic service using terminology that was unique to the chiropractic profession at that time. Such language shows that Congress was aware that patients required direct access to chiropractic care in order to provide this benefit under the medicare program.

(2) The traditional fee-for-service medicare program gave beneficiaries direct access to doctors of chiropractic for treatment by means of manual manipulation of the spine to correct a subluxation. The sole limitation, shared by all entities and health care providers under the medicare program, is the limitation outlined in section 1862(a)(1) of the Social Security Act (42 U.S.C. 1395y(a)(1)), which requires that items and services provided to medicare beneficiaries be reasonable and necessary in order for payment to be made for such items and services.

(3) Treatment by means of manual manipulation of the spine to correct a subluxation is uniquely chiropractic. Doctors of chiropractic are the only health care providers educated and trained to perform such a treatment.

(4) In 1982, Congress established provisions for making payments to health maintenance organizations and competitive medical plans under section 1876 of the Social Security Act (42 U.S.C. 1395mm). Such provisions directed all eligible organizations with contracts

under the section to provide all benefits under part B of the medicare program to medicare beneficiaries enrolled with the organization. In promulgating regulations to carry out the section, the Health Care Financing Administration created a regulatory authority for eligible organizations with contracts under such section to specify which health care provider would furnish medicare benefits to an individual under the plan offered by the organization.

(5) In 1990, Congress directed the Health Care Financing Administration to study the extent to which eligible organizations under section 1876 of the Social Security Act (42 U.S.C. 1395mm) made chiropractic services available to medicare beneficiaries enrolled in a plan offered by the organization. Based on the findings of this study, the Secretary of Health and Human Services was required to make specific legislative and regulatory recommendations necessary to ensure access of medicare beneficiaries to chiropractic services. This study and subsequent recommendations have not been forthcoming.

(6) Historically, medicare beneficiaries that are chiropractic patients have encountered nearly total exclusion from chiropractic services once they enter into a plan offered by an eligible organization under section 1876 of the Social Security Act (42 U.S.C. 1395mm).

(7) The Balanced Budget Act of 1997 instituted part C of the medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395w-21 et seq.), and section 1852(a)(1) of such Act (42 U.S.C. 1395w-22(a)(1)) required each Medicare+Choice plan to "provide those items and services . . . for which benefits are available under parts A and B".

(8) As a covered service under part B of the medicare program, chiropractic care, which includes treatment by means of manual manipulation of the spine to correct a subluxation as performed by a doctor of chiropractic, is a covered service under part C of the medicare program.

(b) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) treatment by means of manual manipulation of the spine to correct a subluxation is a uniquely chiropractic service that Congress recognized in 1972 as a benefit under the medicare program under part B of title XVIII of the Social Security Act (42 U.S.C. 1395j et seq.);

(2) it is the unequivocal intent of Congress to ensure that every individual enrolled in a Medicare+Choice plan under part C of title XVIII of the Social Security Act (42 U.S.C. 1395w-21 et seq.) has access to all covered services under part B of the medicare program; and

(3) as a covered service under part B of the medicare program, treatment by means of manual manipulation of the spine to correct a subluxation provided by a doctor of chiropractic is a covered service for individuals enrolled in a Medicare+Choice plan under part C of the medicare program.

• Mr. CONRAD. Mr. President, today I am pleased to be joined by Senators HARKIN, HATCH, and GRASSLEY in submitting a concurrent resolution that will ensure Medicare beneficiaries have access to the medical care they need. The Balanced Budget Act of 1997 established the Medicare+Choice program and required that all services covered under traditional Medicare would also be covered in the Medicare+Choice program. Unfortunately, subsequent Medicare+Choice regulations do not ensure that beneficiaries participating in Medicare managed care will be eligi-

ble for the services provided by a chiropractor.

Medicare beneficiaries have access to chiropractic services under Part B of Medicare. Chiropractors are uniquely educated and trained to perform chiropractic services, such as a manual manipulation to the spine to correct a subluxation, a covered service under the traditional Medicare program. When the Medicare+Choice program was created, it was the unequivocal intent of Congress to ensure that every beneficiary that chooses to enroll in a Medicare+Choice program would have access to all services covered under Medicare Parts A and B—including chiropractic services.

Under the current Medicare+Choice regulations, managed care plans have incorrectly assumed that they can limit access to chiropractic care by referring patients to other types of providers. As the number of beneficiaries enrolling in Medicare HMOs continues to rise we must make sure that beneficiaries have access to the same services that they are promised under traditional Medicare—and chiropractic services are now exception.

This legislation will clarify the Congressional intent to ensure that all chiropractic services covered under traditional, fee-for-Medicare are also covered under the Medicare+Choice program.

I urge my colleagues to support this resolution.

• Mr. HARKIN. Mr. President, I am pleased to join with my colleagues, Senators CONRAD, HATCH, and GRASSLEY, to submit this concurrent resolution to ensure that Medicare beneficiaries can continue to receive the medical care they need and deserve.

Under the traditional Medicare program, chiropractic care is a covered benefit. When the Medicare+Choice program was created in the Balance Budget Act of 1997, it was the intent of Congress to ensure that every beneficiary that chooses to enroll in a Medicare+Choice program would have access to all services covered under Medicare Parts A and B—including chiropractic services.

In addition, the Balanced Budget Act is explicit in requiring Part C plans to assure continuity of benefits for beneficiaries who switch into these plans from the fee-for-service program. The clear intent is to ensure that beneficiaries who chose Part C plans have uninterrupted access to the same physician practitioners.

Finally, the Part C provisions of the Balanced Budget Act contain strong antidiscrimination language prohibiting Medicare+Choice plans from discriminating against any provider solely on the basis of his or her license or certification.

Every Medicare beneficiary ought to have access to the range of services covered under the Medicare fee-for-service program. Therefore, as a covered service under Part B of Medicare, chiropractic care should be considered

a covered service under Medicare Part C.

Mr. President, we were disappointed to learn last year that the Health Care Financing Agency's regulations for this program ignore Congressional intent and do not ensure that beneficiaries participating in Medicare managed care plans will be eligible for the services provided by a chiropractor. Under their Medicare+Choice regulations, managed care plans can limit access to chiropractic care by referring patients to other types of providers. As seniors continue to enroll in Medicare HMOs, we must make sure that they have access to the same services they are promised under traditional Medicare—and chiropractic services are no exception.

This legislation will send a strong message to HCFA by clarifying congressional intent to ensure that all chiropractic services covered under traditional, fee-for-service Medicare are also covered under the Medicare+Choice program.

Mr. President, I urge my colleagues to cosponsor this resolution.

• Mr. GRASSLEY. Mr. President, I am joining my colleagues, Senators CONRAD, HATCH, and HARKIN in support of a concurrent resolution establishing the Sense of Congress regarding Medicare beneficiaries access to chiropractic services under the Medicare+Choice program. In 1997, Congress passed the Balanced Budget Act (BBA) which established the Medicare+Choice program. The BBA required that all benefits covered under traditional Medicare be guaranteed under Medicare+Choice. However, it has come to our attention that chiropractic coverage is not being ensured under the regulations.

Under traditional Medicare, beneficiaries can go to a chiropractor for manual manipulation to the spine which is a covered benefit under Part B. Under the regulations for Medicare+Choice plans, this benefit is covered. However, access to chiropractors for this benefit is not guaranteed. Unfortunately, some Medicare+Choice plans have interpreted this omission to mean they no longer need to cover chiropractic services for this benefit, which is most commonly provided by chiropractors. The result is that beneficiaries enrolled in Medicare+Choice are losing access to chiropractic services, a situation clearly not intended by Congress.

The concurrent resolution I am cosponsoring today would clarify congressional intent regarding guaranteed coverage to chiropractic services under the Medicare+Choice program. Medicare beneficiaries should have the same benefits required by law under traditional fee-for-service as they do under Medicare+Choice. If beneficiaries can receive care for manual manipulation by a chiropractor under Part B, then they should have this same right under Medicare+Choice.

I urge you to join me and my colleagues in support of this resolution.