

to September 30, 2000 and October 1, 2000 to February 28, 2001, by the Committee on Energy and Natural Resources; from the Committee on Energy and Natural Resources; to the Committee on Rules and Administration.

By Mr. GRAHAM (for himself, Mr. DEWINE, Mr. DODD, Mr. BIDEN, and Mr. LUGAR):

S. Res. 130. A resolution expressing the sense of the Senate that Haiti should conduct free, fair, transparent, and peaceful elections; to the Committee on Foreign Relations.

By Mr. LOTT (for himself, Mr. DASCHLE, Mr. MOYNIHAN, Mr. AKAKA, Mr. BAUCUS, Mr. BAYH, Mr. BIDEN, Mr. BINGAMAN, Mrs. BOXER, Mr. BREAUX, Mr. BRYAN, Mr. BYRD, Mr. CLELAND, Mr. CONRAD, Mr. DODD, Mr. DORGAN, Mr. DURBIN, Mr. EDWARDS, Mr. FEINGOLD, Mrs. FEINSTEIN, Mr. GRAHAM, Mr. HARKIN, Mr. HOLLINGS, Mr. INOUE, Mr. JOHNSON, Mr. KENNEDY, Mr. KERREY, Mr. KERRY, Mr. KOHL, Ms. LANDRIEU, Mr. LAUTENBERG, Mr. LEAHY, Mr. LEVIN, Mr. LIEBERMAN, Mrs. LINCOLN, Ms. MIKULSKI, Mrs. MURRAY, Mr. REED, Mr. REID, Mr. ROBB, Mr. ROCKEFELLER, Mr. SARBANES, Mr. SCHUMER, Mr. TORRICELLI, Mr. WELLSTONE, and Mr. WYDEN):

S. Res. 131. A resolution relating to the retirement of Ron Kavulick; considered and agreed to.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. MURRAY (for herself, Mr. DODD, Mr. KENNEDY, Mr. DASCHLE, Mr. FEINGOLD, Mr. HARKIN, Mr. LAUTENBERG, Mr. INOUE, Mr. WELLSTONE, Mr. KERRY, Mr. AKADA, and Ms. MIKULSKI):

S. 1304. A bill to amend the Family and Medical Leave Act of 1993 to allow employees to take school involvement leave to participate in the academic school activities of their children or to participate in literacy training, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

##### TIME FOR SCHOOLS ACT OF 1999

Mrs. MURRAY. Mr. President, in 1993, thanks to the hard work of Senator DODD and others, we passed the Family and Medical Leave Act (FMLA). It was one of the first pieces of legislation that I was intimately involved in passing. During the last six years we've come to realize that it has been a huge success. In fact, as we come to the close of the decade we can honestly say that FMLA has been one of the more useful laws we've passed in the last ten years.

Now I want to expand upon that success and allow parents a little bit of time under the current time constraints of FMLA to participate in school activities. The "Time for Schools Act of 1999" will allow a parent 24 hours per year to participate in the academic activities of his or her child. This 24 hour period comes from the already available 12 weeks under FMLA.

This is something our country needs. Parents overwhelmingly want more

time to support their children in school. Businesses thrive when our schools produce well-trained graduates—and parental involvement helps kids succeed.

As a parent, I know how difficult and how important it is to participate in the education of children. I have been lucky to have had the opportunity to be involved in the school lives of my children. But many parents don't have the time it takes to do those little things that will assure their child's success in school, because they can't get away from their jobs.

By adding academic school activities to one of our most successful laws, we will give parents something they need: time off to become directly involved with their children's learning.

These days we have many dual-income families and single parents struggling to work to make ends meet. All of these families know how important it is to be involved in their children's learning. However, the single largest barrier to parental involvement at schools seems to be lack of time.

Studies have shown that family involvement is more important to student success than family income or family education levels. In fact, things parents can control, such as limiting excess television watching and providing a variety of reading materials, account for almost all the differences in average student achievement across states.

All sectors of our communities want more time for young people. Students, teachers, parents and businesses feel something must be done to improve family involvement. In fact, 89 percent of company executives identified the biggest obstacle to school reform as the lack of parental involvement.

And, a 1996 post-election poll commissioned by the national PTA found that 86 percent of people favor legislation that would allow workers unpaid leave to attend parent-teacher conferences, or to take other actions to improve learning for their children.

A commitment to our children is a commitment to our nation's future. I want to make sure all young people receive the attention they need to succeed.

My legislation will allow parents time to: (1) attend a parent/teacher conference; (2) participate in classroom educational activities; or (3) research new schools.

I look at the Family and Medical Leave Act—which has helped one in six American employees take time to deal with serious family health problems, and which 90 percent of businesses had little or no cost implementing—and I see success. People in my state have been able to deal with urgent family needs, without losing their jobs.

A 1998 study by the Families and Work Institute found that 84% of employers felt that the benefits of providing family or medical leave offset or outweigh the costs. Taking time out for children not only helps parents and

children, but is also beneficial to business.

My bill extends the uses of family leave to another urgent need families face—the need to help their children learn. The time is right for the "Time for Schools Act."

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. 1304

*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 "Time for Schools Act of 1999".

#### SEC. 2. GENERAL REQUIREMENTS FOR LEAVE.

(a) ENTITLEMENT TO LEAVE.—Section 102(a) of the Family and Medical Leave Act of 1993 (29 U.S.C. 2612(a)) is amended by adding at the end the following:

"(3) ENTITLEMENT TO SCHOOL INVOLVEMENT LEAVE.—

"(A) IN GENERAL.—Subject to section 103(f), an eligible employee shall be entitled to a total of 24 hours of leave during any 12-month period to participate in an academic activity of a school of a son or daughter of the employee, such as a parent-teacher conference or an interview for a school, or to participate in literacy training under a family literacy program.

"(B) DEFINITIONS.—In this paragraph:

"(i) FAMILY LITERACY PROGRAM.—The term 'family literacy program' means a program of services that are of sufficient intensity in terms of hours, and of sufficient duration, to make sustainable changes in a family and that integrate all of the following activities:

"(I) Interactive literacy activities between parents and their sons and daughters.

"(II) Training for parents on how to be the primary teacher for their sons and daughters and full partners in the education of their sons and daughters.

"(III) Parent literacy training.

"(IV) An age-appropriate education program for sons and daughters.

"(ii) LITERACY.—The term 'literacy', used with respect to an individual, means the ability of the individual to speak, read, and write English, and compute and solve problems, at levels of proficiency necessary—

"(I) to function on the job, in the family of the individual, and in society;

"(II) to achieve the goals of the individual; and

"(III) to develop the knowledge potential of the individual.

"(iii) SCHOOL.—The term 'school' means an elementary school or secondary school (as such terms are defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)), a Head Start program assisted under the Head Start Act (42 U.S.C. 9831 et seq.), and a child care facility operated by a provider who meets the applicable State or local government licensing, certification, approval, or registration requirements, if any.

"(4) LIMITATION.—No employee may take more than a total of 12 workweeks of leave under paragraphs (1) and (3) during any 12-month period."

(b) SCHEDULE.—Section 102(b)(1) of such Act (29 U.S.C. 2612(b)(1)) is amended by inserting after the second sentence the following: "Leave under subsection (a)(3) may be taken intermittently or on a reduced leave schedule."

(c) SUBSTITUTION OF PAID LEAVE.—Section 102(d)(2)(A) of such Act (29 U.S.C.

2612(d)(2)(A)) is amended by inserting before the period the following: “, or for leave provided under subsection (a)(3) for any part of the 24-hour period of such leave under such subsection”.

(d) NOTICE.—Section 102(e) of such Act (29 U.S.C. 2612(e)) is amended by adding at the end the following:

“(3) NOTICE FOR SCHOOL INVOLVEMENT LEAVE.—In any case in which the necessity for leave under subsection (a)(3) is foreseeable, the employee shall provide the employer with not less than 7 days’ notice, before the date the leave is to begin, of the employee’s intention to take leave under such subsection. If the necessity for the leave is not foreseeable, the employee shall provide such notice as is practicable.”.

(e) CERTIFICATION.—Section 103 of such Act (29 U.S.C. 2613) is amended by adding at the end the following:

“(f) CERTIFICATION FOR SCHOOL INVOLVEMENT LEAVE.—An employer may require that a request for leave under section 102(a)(3) be supported by a certification issued at such time and in such manner as the Secretary may by regulation prescribe.”.

### SEC. 3. SCHOOL INVOLVEMENT LEAVE FOR CIVIL SERVICE EMPLOYEES.

(a) ENTITLEMENT TO LEAVE.—Section 6382(a) of title 5, United States Code, is amended by adding at the end the following:

“(3)(A) Subject to section 6383(f), an employee shall be entitled to a total of 24 hours of leave during any 12-month period to participate in an academic activity of a school of a son or daughter of the employee, such as a parent-teacher conference or an interview for a school, or to participate in literacy training under a family literacy program.

“(B) In this paragraph:

“(i) The term ‘family literacy program’ means a program of services that are of sufficient intensity in terms of hours, and of sufficient duration, to make sustainable changes in a family and that integrate all of the following activities:

“(I) Interactive literacy activities between parents and their sons and daughters.

“(II) Training for parents on how to be the primary teacher for their sons and daughters and full partners in the education of their sons and daughters.

“(III) Parent literacy training.

“(IV) An age-appropriate education program for sons and daughters.

“(ii) The term ‘literacy’, used with respect to an individual, means the ability of the individual to speak, read, and write English, and compute and solve problems, at levels of proficiency necessary—

“(I) to function on the job, in the family of the individual, and in society;

“(II) to achieve the goals of the individual; and

“(III) to develop the knowledge potential of the individual.

“(iii) The term ‘school’ means an elementary school or secondary school (as such terms are defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)), a Head Start program assisted under the Head Start Act (42 U.S.C. 9831 et seq.), and a child care facility operated by a provider who meets the applicable State or local government licensing, certification, approval, or registration requirements, if any.

“(4) No employee may take more than a total of 12 workweeks of leave under paragraphs (1) and (3) during any 12-month period.”.

(b) SCHEDULE.—Section 6382(b)(1) of such title is amended by inserting after the second sentence the following: “Leave under subsection (a)(3) may be taken intermittently or on a reduced leave schedule.”.

(c) SUBSTITUTION OF PAID LEAVE.—Section 6382(d) of such title is amended by inserting

before “, except” the following: “, or for leave provided under subsection (a)(3) any of the employee’s accrued or accumulated annual leave under subchapter I for any part of the 24-hour period of such leave under such subsection”.

(d) NOTICE.—Section 6382(e) of such title is amended by adding at the end the following:

“(3) In any case in which the necessity for leave under subsection (a)(3) is foreseeable, the employee shall provide the employing agency with not less than 7 days’ notice, before the date the leave is to begin, of the employee’s intention to take leave under such subsection. If the necessity for the leave is not foreseeable, the employee shall provide such notice as is practicable.”.

(e) CERTIFICATION.—Section 6383 of such title is amended by adding at the end the following:

“(f) An employing agency may require that a request for leave under section 6382(a)(3) be supported by a certification issued at such time and in such manner as the Office of Personnel Management may by regulation prescribe.”.

### SEC. 4. EFFECTIVE DATE.

This Act takes effect 120 days after the date of enactment of this Act.

Mr. KENNEDY. Mr. President, it is a privilege to join in sponsoring The Time for Schools Act of 1999, and I commend Senator MURRAY for her impressive leadership. This legislation will provide parents with much-needed assistance as they struggle to balance the needs of their children and the demands of their jobs.

Six years ago, the Family and Medical Leave Act became the first bill signed into law by President Clinton. Workers covered by the law can take up to 12 weeks of unpaid leave a year in order to care for a newborn or adopted child, or a seriously ill family member, and know that their jobs will be there when they get back.

By any measure, the Family and Medical Leave Act has been a resounding success. Over 89 million Americans—70% of the workforce—are covered by the law, and millions of workers have been able to take the time they need to care for their families. The vast majority of covered employers—over 90%—have found the law relatively easy to administer, according to the bipartisan Commission on Family and Medical Leave.

Now it is time to take another step, and extend that success to enable parents to take up to 24 hours of unpaid family leave a year to be involved in their children’s academic activities at school. I am proud that, under state law, parents in Massachusetts know they can take care of their children’s school needs without losing their jobs. We should give all parents across the nation that right under federal law, too.

Parents play a crucial role in their children’s lives. But too often, society offers them only barriers and blame as they try to raise their children. While we hear a lot of talk about family values, the test is whether we genuinely value families. If we do, then we must adopt better policies to help working parents balance the competing demands of the workplace and their responsibility to care for their children.

We know that working parents want to be more involved in their children’s lives. In a study by the PTA, two-thirds of employed parents with children under 18 felt they did not have enough time to spend with their children. Forty percent felt they weren’t devoting enough time to their children’s education. Almost a quarter reported that attending teacher-parent conferences created problems at work.

We know that involved parents increase the likelihood of a child’s success at school. According to some studies, it may be the single most important factor in student learning. One study showed that the involvement of both parents in their child’s school was significantly associated with the child’s academic achievement.

The Time for Schools Act will give working parents up to 24 hours of leave a year to participate in their children’s school activities, such as attending parent-teacher conferences, taking part in classroom educational activities, or selecting the right school for their children.

Responsible employers know that flexible family workplace policies mean better, more productive workers. These policies are good for families, and good for business. In 1998, survey by the Families and Work Institute reported that the overwhelming majority of employers—84%—agree that the benefits of family or medical leave offset the costs.

The advantage of this legislation to employers are clear. A mother or father worried about how a child is doing at school is a less effective employee. The 24 hours of leave granted under this Act will be counted towards the 12 weeks of leave already provided under the Family and Medical Leave Act. In addition, workers must give employers a week’s notice, except in emergencies. As a result, the legislation will have only a minimal impact on employers.

The tragedies we have witnessed at schools in recent years demonstrate how important it is for parents to pay attention to how children are doing at school. When this bill becomes law, workers will know they don’t have to stop being parents when they go to work. They can be good parents at school, as well as after school.

Again, I commend Senator MURRAY for her leadership on this important measure, and I look forward to working with her to enact it as soon as possible this year.

By Mr. THOMAS (for himself and Mr. ENZI):

S. 1305. A bill to amend the Endangered Species Act of 1973 to improve the process for listing, recovery planning, and delisting, and for other purposes; to the Committee on Environment and Public Works.

LISTING AND DELISTING REFORM ACT OF 1999

Mr. THOMAS. Mr. President, I rise today to introduce the Listing and Delisting Reform Act of 1999, cosponsored by my colleague from Wyoming,

Senator ENZI. The Endangered Species Act has become one of the best examples of good intentions gone astray, and so today I am taking one small step toward injecting some common sense into what has become a regulatory nightmare. It is my intention to start making the law more effective for local landowners, public land managers, communities and state governments who truly hold the key to any successful effort to conserve species. My legislation seeks to improve the listing, recovery planning and delisting processes so that recovery, the goal of the act, is easier to achieve.

In Wyoming, we have seen first hand the need to revise the listing and delisting processes of the Endangered Species Act. Listing should be a purely scientific decision. Listing should be based on credible data that has been peer-reviewed. Recently, the Prebles Meadow Jumping Mouse was listed in the State of Wyoming. The listing process for this mouse demonstrates how the system has gone haywire devoid of good science. One of the more significant shortcomings of the Preble's Rule relates to confusion about claims regarding the "known range" of as opposed to the alleged "historical range." Historical data and current knowledge do not support the high, short-grass, semi-arid plains for southeastern Wyoming as part of the mouse's historical habitat range. The U.S. Fish and Wildlife Service has even admitted to uncertainties regarding taxonomic distinctions and ranges. Further, the State was not properly notified causing counties, commissioners, and landowners all to be caught off guard. Such poor practices do not foster the types of partnerships that are required if meaningful species conservation is to occur. Clearly, changes are desperately needed to the Endangered Species Act.

Not far behind the mouse in Wyoming, is the black tailed prairie dog. Petitions to list the prairie dog have been filed and the U.S. Fish and Wildlife Service has said the petition is not only warranted but deserves further study. I have lived in Wyoming most of my life, and I have logged a lot of miles on the roads and highways in my State over the years. I can tell you from experience that there is no shortage of prairie dogs in Wyoming. Any farmer or rancher will concur with that opinion. This petition, and countless other actions throughout the country, makes it painfully clear that some folks are intent on completely eliminating activity on public lands, no matter what the cost to individuals or local communities that rely on the land for economic survival.

My legislation will require the Secretary of the Interior to use scientific or commercial data that is empirical, field tested and peer-reviewed. Right now, it is basically a "postage stamp" petition: any person who wants to start a listing process may petition a species with little or no scientific support.

This legislation prevents this absurd practice by establishing minimum requirements for a listing petition that includes an analysis of the status of the species, its range, population trends and threats. The petition must also be peer reviewed. In order to list a species, the Secretary must determine if sufficient biological information exists in the petition to support a recovery plan. Under my proposal, states are made active participants in the process and the general public is provided a more substantial role.

This legislation requires explicit planning and forethought with regard to conservation and recovery at the time the species is listed. Let me be clear about the intent of this requirement. I do not question the basic premise that some species require the protection of the Endangered Species Act. However, listing a species can cause hardship on a community. For that reason, it is critically important and only reasonable that every listing be supported by sound science. We should be sure of the need for a listing before we ask the members of our communities and private landowners to make sacrifices.

In my State of Wyoming, I have found that with several listings, the Secretary of the Interior is unable to tell me what measures will be required to achieve species recovery. The Secretary cannot tell me what acts or omissions we can expect to face as a consequence of listing. How can this be, if the Secretary is fully apprized of the status of the species? Conversely, if the Secretary cannot clearly describe how to reverse threatening acts to a species so that we can achieve recovery, how can we be sure that the species is, in fact, threatened?

This ambiguity has caused much undue frustration to the people of Wyoming. If the Secretary believes that certain farming or ranching practices, or the diversion of a certain amount of water, or a private citizen's development of one's own property, is the cause for a listing, then the Secretary should identify those activities that have to be curtailed or changed. If the Secretary does not have enough information to indicate what activities should be restricted, then why list a species? Why open producers and others to the burden of over-zealous enforcement and even litigation without being able to achieve the goal of recovering the species?

This legislation is ultimately designed to improve the quality of information used to support a listing. If the Secretary knows enough to list a species, he should know enough to tell us what will be required for recovery. That should be the case under current law, and that is all that this provision would require.

Just as the beginning of the process needs changes, we need to revise the end of the process—the delisting procedure. Recovery and delisting are quite simply, the goals of the Endangered

Species Act. Yet, it is virtually impossible to currently delist a species. There is no certainty in the process and the States—the folks who have all the responsibility for managing the species once it is off the list—are not true partners in that process. Once the recovery plan is met, the species should be delisted.

Wyoming's experience with the Grizzly Bear pinpoints some of the problems with the current delisting process. The Interagency Grizzly Bear Committee set criteria for recovery and in the Yellowstone ecosystem, those targets have been met, but the bear has still not been removed from the list. We've been battling the U.S. Fish and Wildlife Service for years over this one to no avail, despite tremendous effort and financial resources to meet recovery objectives. Despite rebounded populations, we keep funneling money down a black hole.

The point is something needs to be done. My constituents, rightly so, are angry and upset about this current law and the trickling effects of countless listings. Real lives are being impacted. It is time for some real changes. These are small changes but I believe they will make big impacts. The changes I have suggested will have a significant effect on the quality of science, public participation, state involvement, speed in recovery and finally the delisting of a species. Species that truly need protection will be protected, but let's not lose sight of the real goal—recovery and delisting.

By Mr. SCHUMER:

S. 1306. A bill to amend chapter 44 of title 18, United States Code, relating to the regulation of firearms dealers, and for other purposes; to the Committee on the Judiciary.

TARGETED GUN DEALER ENFORCEMENT ACT OF 1999

Mr. SCHUMER Mr. President, today I am introducing the "Targeted Gun Dealer Enforcement Act of 1999." This legislation would enable law enforcement to crack down on certain gun dealers and "straw purchasers" responsible for funneling firearms into the hands of those who use guns in crime.

A licensed gun dealer in West Milwaukee, Wisconsin was the retail source of 1,195 guns linked to crime between 1996 and 1998. Similarly, 1,176 crime guns recovered by law enforcement authorities over those three years were traced to a single gun dealer in Riverdale, Illinois. In fact, 137 gun stores account for more than 13,000 crime guns seized in 1998. Year after year, many of these 137 dealers emerge as major sources of crime guns, even though most are not located in high-crime areas.

The path a gun takes to a crime scene is often a path of rapid diversion from first retail sale at federally licensed gun dealers to an illegal market supplying juveniles and felons. According to a February 1999 ATF crime gun trace analysis report, "New guns in juvenile or criminal hands signal direct

diversion, by illegal firearms trafficking—for instance through straw purchases or off the book sales by corrupt FFLs.”

An extremely small percentage of gun dealers are disproportionately responsible for this problem of rapid diversion of guns from first retail sale to crime scenes. Indeed, almost half of the guns recovered in crime and traced through ATF in 1998 are traceable to a mere 1.1 percent of the nation's licensed gun dealers. Yet law enforcement's ability to prevent certain gun dealers and straw purchasers from supplying young people and felons with new guns for use in crime is constrained by current federal firearms law—which limits the records and sanctions to which law enforcement has ready access.

My legislation would give law enforcement the tools it needs to crack down on certain gun dealers and “straw purchasers” responsible for funneling firearms into the hands of those who use guns in crime. The bill would, among other things, impose strict new reporting requirements and automatic sanctions for illegal activity upon the 0.4 percent of licensed gun dealers responsible for 25 or more crime gun traces in given year; authorize ATF to suspend the licenses of and impose civil monetary penalties upon licensed gun dealers who willfully violate federal firearms law; clearly outlaw and increase penalties for “straw purchasing”; and enable law enforcement more readily to trace the purchase-and-sale histories of firearms used in crime.

Mr. President, I ask unanimous consent that a copy of the legislation be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1306

*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 “Targeted Gun Dealer Enforcement Act of 1999”.

#### SEC. 2. REGULATION OF LICENSED DEALERS.

##### (a) PROHIBITION ON STRAW PURCHASES.—

(1) IN GENERAL.—Section 922(a)(6) of title 18, United States Code, is amended by inserting “, or with respect to the identity of the person in fact purchasing or attempting to purchase such firearm or ammunition,” before “under the”.

(2) PENALTIES.—Section 924(a)(3) of title 18, United States Code, is amended by adding at the end the following: “Notwithstanding the preceding sentence, a violation in relation to section 922(a)(6) or 922(d) by a licensed dealer, licensed importer, licensed manufacturer, or licensed collector shall be subject to the penalties under paragraph (2) of this subsection.”.

(b) NOTIFICATION OF STATE LAW REGARDING CARRYING CONCEALED FIREARMS.—Section 922 of title 18, United States Code, is amended by inserting after subsection (y) the following:

“(z) NOTIFICATION OF STATE REQUIREMENTS.—It shall be unlawful for a licensed dealer to transfer a firearm to any person, unless the dealer notifies that person whether applicable State law requires persons to

be licensed to carry concealed firearms in the State, or prohibits the carrying of concealed firearms in the State.”.

(c) REVOCATION OR SUSPENSION OF LICENSE; CIVIL PENALTIES.—Section 923 of title 18, United States Code, is amended by striking subsections (e) and (f) and inserting the following:

“(e) REVOCATION OR SUSPENSION OF LICENSE; CIVIL PENALTIES.—

“(1) IN GENERAL.—The Secretary may, after notice and opportunity for hearing—

“(A) suspend or revoke any license issued under this section, if the holder of such license—

“(i) willfully violates any provision of this chapter or any rule or regulation prescribed by the Secretary under this chapter; or

“(ii) fails to have secure gun storage or safety devices available at any place in which firearms are sold under the license to persons who are not licensees (except that in any case in which a secure gun storage or safety device is temporarily unavailable because of theft, casualty loss, consumer sales, backorders from a manufacturer, or any other similar reason beyond the control of the licensee, the licensed dealer shall not be considered to be in violation of the requirement to make available such a device);

“(B) suspend or revoke the license issued under this section to a dealer who willfully transfers armor piercing ammunition; and

“(C) assess and collect a civil penalty of not more than \$10,000 per violation against any holder of a license, if the Secretary is authorized to suspend or revoke the license of that holder under subparagraph (A) or (B).

“(2) LIABILITY.—The Secretary may at any time compromise, mitigate, or remit the liability with respect to any willful violation of this subsection or any rule or regulation prescribed by the Secretary under this subsection.

“(3) REVIEW.—An action of the Secretary under this subsection may be reviewed only as provided in subsection (f).

“(4) NOTIFICATION REQUIREMENT.—Not less than once every 6 months, the Secretary shall notify each licensed manufacturer and each licensed dealer of the name, address, and license number of each dealer whose license was suspended or revoked under this section during the preceding 6-month period.

“(f) RIGHTS OF APPLICANTS AND LICENSEES.—

“(1) IN GENERAL.—If the Secretary denies an application for, or revokes or suspends a license, or assesses a civil penalty under this section, the Secretary shall provide written notice of such denial, revocation, suspension, or assessment to the affected party, stating specifically the grounds upon which the application was denied, the license was suspended or revoked, or the civil penalty was assessed. Any notice of a revocation or suspension of a license under this paragraph shall be given to the holder of such license before the effective date of the revocation or suspension, as applicable.

“(2) APPEAL PROCESS.—

“(A) HEARING.—If the Secretary denies an application for, or revokes or suspends a license, or assesses a civil penalty under this section, the Secretary shall, upon request of the aggrieved party, promptly hold a hearing to review the denial, revocation, suspension, or assessment. A hearing under this subparagraph shall be held at a location convenient to the aggrieved party.

“(B) NOTICE OF DECISION; APPEAL.—If, after a hearing held under subparagraph (A), the Secretary decides not to reverse the decision of the Secretary to deny the application, revoke or suspend the license, or assess the civil penalty, as applicable—

“(i) the Secretary shall provide notice of the decision of the Secretary to the aggrieved party;

“(ii) during the 60-day period beginning on the date on which the aggrieved party receives a notice under clause (i), the aggrieved party may file a petition with the district court of the United States for the judicial district in which the aggrieved party resides or has a principal place of business for a de novo judicial review of such denial, revocation, suspension, or assessment;

“(iii) in any judicial proceeding pursuant to a petition under clause (ii)—

“(I) the court may consider any evidence submitted by the parties to the proceeding, regardless of whether or not such evidence was considered at the hearing held under subparagraph (A); and

“(II) if the court decides that the Secretary was not authorized to make such denial, revocation, suspension, or assessment, the court shall order the Secretary to take such actions as may be necessary to comply with the judgment of the court.

“(3) STAY PENDING APPEAL.—If the Secretary suspends or revokes a license under this section, upon the request of the holder of the license, the Secretary shall stay the effective date of the revocation, suspension, or assessment.”.

(d) EFFECT OF CONVICTION.—Section 925(b) of title 18, United States Code, is amended by striking “until any conviction pursuant to the indictment becomes final” and inserting “until the date of any conviction pursuant to the indictment”.

(e) REGULATION OF HIGH-VOLUME CRIME GUN DEALERS.—Section 923(g) of title 18, United States Code, is amended by adding at the end the following:

“(8) HIGH-VOLUME CRIME GUN DEALERS.—

“(A) DEFINITION.—In this paragraph, the term ‘high-volume crime gun dealer’ means any licensed dealer with respect to which a designation under subparagraph (B)(i) is in effect, as provided in subparagraph (B)(ii).

“(B) DESIGNATION OF HIGH-VOLUME CRIME GUN DEALERS.—

“(i) IN GENERAL.—The Secretary shall designate a licensed dealer as a high-volume crime gun dealer—

“(I) as soon as practicable, if the Secretary determines that the licensed dealer sold, delivered, or otherwise transferred to 1 or more persons not licensed under this chapter not less than 25 firearms that, during the preceding calendar year, were used during the commission or attempted commission of a criminal offense under Federal, State, or local law, or were possessed in violation of Federal, State, or local law; or

“(II) immediately upon the expiration date of a suspension of the license of that dealer for a willful violation of this chapter, if such violation involved 1 or more firearms that were subsequently used during the commission or attempted commission of a criminal offense under Federal, State, or local law.

“(ii) EFFECTIVE PERIOD OF DESIGNATION.—A designation under clause (i) shall remain in effect during the period beginning on the date on which the designation is made and ending on the later of—

“(I) the expiration of the 18-month period beginning on that date; or

“(II) the date on which the license issued to that dealer under this section expires.

“(C) NOTIFICATION REQUIREMENT.—Upon the designation of a licensed dealer as a high-volume crime gun dealer under subparagraph (B), the Secretary shall notify the appropriate United States attorney's office, the appropriate State and local law enforcement agencies (including the district attorney's

offices and the police or sheriff's departments), and each State and local agency responsible for the issuance of business licenses in the jurisdiction in which the high-volume crime gun dealer is located of such designation.

“(D) REPORTING AND RECORDKEEPING REQUIREMENTS.—Notwithstanding any other provision of this paragraph—

“(i) not later than 10 days after the date on which a handgun is sold, delivered, or otherwise transferred by a high-volume crime gun dealer to a person not licensed under this chapter, the high-volume crime gun dealer shall submit to the Secretary and to the department of State police or State law enforcement agency of the State or local jurisdiction in which the sale, delivery, or transfer took place, on a form prescribed by the Secretary, a report of the sale, delivery, or transfer, which report shall include—

“(I) the manufacturer or importer of the handgun;

“(II) the model, type, caliber, gauge, and serial number of the handgun; and

“(III) the name, address, date of birth, and height and weight of the purchaser or transferee, as applicable;

“(ii) each high-volume crime gun dealer shall submit to the Secretary, on a form prescribed by the Secretary, a monthly report of each firearm received and each firearm disposed of by the dealer during that month, which report shall include only the name of the manufacturer or importer and the model, type, caliber, gauge, serial number, date of receipt, and date of disposition of each such firearm, except that the initial report submitted by a dealer under this clause shall include such information with respect to the entire inventory of the high-volume crime gun dealer; and

“(iii) a high-volume crime gun dealer may not destroy any record required to be maintained under paragraph (1)(A).

“(E) INSPECTION.—Notwithstanding paragraph (1), the Secretary may inspect or examine the inventory and records of a high-volume crime gun dealer at any time without a showing of reasonable cause or a warrant for purposes of determining compliance with the requirements of this chapter.

“(F) RECORDKEEPING BY LOCAL POLICE DEPARTMENTS.—Notwithstanding paragraph (3)(B), a State or local law enforcement agency that receives a report under subparagraph (D)(i) may retain a copy of that record for not more than 5 years.

“(G) LICENSE RENEWAL.—Notwithstanding subsection (d)(2), the Secretary shall approve or deny an application for a license submitted by a high-volume crime gun dealer before the expiration of the 120-day period beginning on the date on which the application is received.

“(H) EFFECT OF FAILURE TO COMPLY.—

“(i) IN GENERAL.—Notwithstanding subsection (e), the Secretary shall, after notice and an opportunity for a hearing—

“(I) suspend for not less than 90 days any license issued under this section to a high-volume crime gun dealer who willfully violates any provision of this section (including any requirement of this paragraph);

“(II) revoke any license issued under this section to a high-volume crime gun dealer who willfully violates any provision of this section (including any requirement of this paragraph) and who has committed a prior willful violation of any provision of this section (including any requirement of this paragraph); and

“(III) revoke any license issued under this section to a high-volume crime gun dealer who willfully violates any provision of section 922 or 924.

“(ii) STAY PENDING APPEAL.—Notwithstanding subsection (f)(3), the Secretary may

not stay the effective date of a suspension or revocation under this subparagraph pending an appeal.”.

### SEC. 3. ENHANCED ABILITY TO TRACE FIREARMS.

(a) VOLUNTARY SUBMISSION OF DEALER'S RECORDS.—Section 923(g)(4) of title 18, United States Code, is amended to read as follows:

“(4) VOLUNTARY SUBMISSION OF DEALER'S RECORDS.—

“(A) BUSINESS DISCONTINUED.—

“(i) SUCCESSOR.—When a firearms or ammunition business is discontinued and succeeded by a new licensee, the records required to be kept by this chapter shall appropriately reflect that fact and shall be delivered to the successor. Upon receipt of those records, the successor licensee may retain the records of the discontinued business or submit the discontinued business records to the Secretary.

“(ii) NO SUCCESSOR.—When a firearms or ammunition business is discontinued without a successor, records required to be kept by this chapter shall be delivered to the Secretary within 30 days after the business is discontinued.

“(B) OLD RECORDS.—A licensee maintaining a firearms business may voluntarily submit the records required to be kept by this chapter to the Secretary if such records are at least 20 years old.

“(C) STATE OR LOCAL REQUIREMENTS.—If State law or local ordinance requires the delivery of records regulated by this paragraph to another responsible authority, the Secretary may arrange for the delivery of records to such other responsible authority.”

(b) CENTRALIZATION AND MAINTENANCE OF RECORDS.—Section 923(g) of title 18, United States Code, is amended by adding at the end the following:

“(9) CENTRALIZATION AND MAINTENANCE OF RECORDS BY SECRETARY.—Notwithstanding any other provision of law, the Secretary—

“(A) may receive and centralize any information or records submitted to the Secretary under this chapter and maintain such information or records in whatever manner will enable their most efficient use in law enforcement investigations; and

“(B) shall retain a record of each firearms trace conducted by the Secretary, unless the Secretary determines that there is a valid law enforcement reason not to retain the record.”.

(c) LICENSEE REPORTS OF SECONDHAND FIREARMS.—Section 923(g) of title 18, United States Code, is amended by adding at the end the following:

“(10) LICENSEE REPORTS OF SECONDHAND FIREARMS.—A licensed importer, licensed manufacturer, and licensed dealer shall submit to the Secretary, on a form prescribed by the Secretary, a monthly report of each firearm received from a person not licensed under this chapter during that month, which report shall not include any identifying information relating to the transferor or any subsequent purchaser.”.

### SEC. 4. GENERAL REGULATION OF FIREARMS TRANSFERS.

(a) TRANSFERS OF CRIME GUNS.—Section 924(h) of title 18, United States Code, is amended by inserting “or having reasonable cause to believe” after “knowing”.

(b) INCREASED PENALTIES FOR TRAFFICKING IN FIREARMS WITH OBLITERATED SERIAL NUMBERS.—Section 924(a) of title 18, United States Code, is amended—

(1) in paragraph (1)(B), by striking “(k),”;

and

(2) in paragraph (2), by inserting “(k),” after “(j),”.

### SEC. 5. AMENDMENT OF FEDERAL SENTENCING GUIDELINES.

The United States Sentencing Commission shall amend the Federal sentencing guide-

lines to reflect the amendments made by this Act.

Mr. DURBIN. Mr. President, I am happy to join my colleague Senator SCHUMER in introducing the “Targeted Gun Dealer Enforcement Act of 1999.” This bill will give law enforcement the tools they need to prevent suspect gun dealers from supplying firearms to criminals and plaguing our communities with gun violence.

Guns kill 34,000 Americans every year—thirteen children every day. They kill more teen-agers than any natural cause.

This bill allows the Bureau of Alcohol Tobacco and Firearms (ATF) to closely monitor those gun dealers who they should be monitoring—the dealers who have had more than 25 crime guns traced to them in the last year.

The facts in Illinois are particularly compelling on this issue. In Illinois, 26 gun dealers account for more crime guns than the remaining 3,700 Illinois federally licensed gun dealers combined.

These figures show that while most gun dealers are law abiding and responsible, some shops have become “convenience stores” for criminals. Twenty-six dealers were the source of more than 1,600 crime guns with each dealer responsible for selling at least 25 guns used in crimes in 1998.

This bill will help law enforcement find out why these dealers are the source of guns later used to commit crimes. The bill will require high volume crime dealers to report handgun sales to ATF and local police. Law enforcement can then use these records to more effectively trace crime guns.

The bill will also encourage gun dealers to sell guns more responsibly. In the Youth Crime Gun Interdiction Initiative, ATF found that many guns used by youths to commit crimes are purchased from licensed dealers by individuals acting as “straw” purchasers. A “straw purchaser” is a person who illegally purchases a firearm for another person, such as a juvenile or a felon.

This bill seeks to address that problem by prohibiting the sale of a firearm when a seller has “reason to know” that such firearm will be used to commit a crime of violence or a drug crime. Current law requires actual knowledge on the part of the dealer that the buyer will use the firearm to commit a crime of violence. This change will make it easier for law enforcement to target dealers who they believe are turning a blind eye in supplying guns to buyers under questionable circumstances.

In 1998, Chicago police officers conducted “Operation Gunsmoke,” an investigation to target gun-sellers just outside the city limits. Seven undercover officers purchased 171 guns from 12 suburban gun stores in a three month period. Not one dealer refused to sell the agents weapons even as the agents openly violated laws needed to purchase firearms. This investigation was key to the City of Chicago's

groundbreaking lawsuit against the gun industry on the theory of public nuisance.

We must act now to keep guns from getting into the hands of criminals. I applaud Senator SCHUMER's leadership on this issue and hope my colleagues will join us in this important effort to make our communities safer. The statistics show most gun dealers are responsible, but a few unscrupulous dealers are supplying criminals with guns that plague our communities.

By Mr. HARKIN (for himself, Mr. HATCH, and Mr. McCONNELL):

S. 1307. A bill to amend the Food Stamp Act of 1977 to permit participating households to use food stamp benefits to purchase nutritional supplements providing vitamins or minerals, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

FOOD STAMP VITAMIN AND MINERAL  
IMPROVEMENT ACT OF 1999

Mr. HARKIN. Mr. President, today I am pleased to be joined by Senator HATCH and Senator McCONNELL in introducing the Food Stamp Vitamin and Mineral Improvement Act of 1999.

Mr. President, this bipartisan legislation is very simple and I believe makes just plain common sense. It would give those Americans using food stamps the ability to purchase vitamin and mineral supplements for themselves and their families.

The change called for in this legislation has been supported by a broad coalition of groups and nutrition experts. For example, it is backed by the Alliance for Aging Research, the Spina Bifida Association of America, the National Osteoporosis Foundation and the National Nutritional Foods Association. Nutrition experts such as Dr. Paul Lachance, Chair of the Department of Food Science at Rutgers University, Dr. Jeffrey Blumberg of Tufts University, Dr. Charles Butterworth, Director of Human Nutrition at the University of Alabama Birmingham, and Dr. Dennis Heldman, Chair of the Department of Food Science and Human Nutrition at the University of Missouri have also called for making this common sense change to food policy.

Mr. President, I believe this legislation would contribute substantially to improving the nutrition and health of a segment of our society that too often falls below recommended levels of nutrient consumption.

Scientific evidence continues to mount showing that sound nutrition is essential for normal growth and cognitive development in children, and for improved health and the prevention of a variety of conditions and illnesses.

Studies have also shown, unfortunately, that many Americans do not have dietary intakes sufficient to meet even the conservative Recommended Daily Allowances or RDA's for a number of essential nutrients. Insufficient dietary intakes are especially critical

for children, pregnant women and the elderly.

A recent study conducted by the Tufts University School of Nutrition, and based on government data, showed that millions of poor children in the United States have dietary intakes that are well below the government's Recommended Daily Allowance for a number of important nutrients. The study found that major differences exist in the intakes of poor versus non-poor children for 10 out of 16 nutrients (food energy, folate, iron, magnesium, thiamin, vitamin A, vitamin B6, vitamin C, vitamin E, and zinc). Moreover, the proportion of poor children with inadequate intakes of zinc is over 50 percent; for iron, over 40 percent; and for vitamin E, over 33 percent.

For some nutrients, such as vitamin A and magnesium, the proportion of poor children with inadequate intakes is nearly six times as large as for non-poor children.

Pregnant women also have high nutritional needs. Concerns about inadequate folate intake by pregnant women prompted the Public Health Service to issue a recommendation regarding consumption of folic acid by all women of childbearing age who are capable of becoming pregnant for the purpose of reducing the incidence of spina bifida or other neural tube defects. That is why this change has long been a priority of the Spina Bifida Association of America.

Furthermore, the percent of pregnant and nursing women who get the RDA level of calcium has dropped from just 24 percent in 1986 to a mere 16 percent in 1994. That's 84 percent of women who aren't getting enough calcium—which we know is critical to preventing the debilitating effects of osteoporosis.

And again, the evidence is that lower income women, many of whom are eligible for Food Stamps, are more likely to have inadequate intake of key nutrients. Women with income of 130 percent or less of the poverty level have higher rates of deficiencies in intake of Vitamins A, E, C, B-6 and B-12, as well as Iron, Thiamin, Riboflavin and Niacin than those with higher incomes.

Obviously, the best way to obtain sufficient nutrient intake is through eating a variety of nutritious foods, but some groups—particularly those at the greatest risk, including children, pregnant women and the elderly—may find it significantly difficult to obtain sufficient nutrient intake through foods alone. Accordingly, many people in our nation do rely on nutritional supplements to ensure that they and their families are consuming sufficient levels of key nutrients.

This legislation would enable low-income people to have greater access to nutritional supplements to improve their nutrient intake. Currently, recipients of food stamps are not allowed to use those resources to purchase nutritional supplements. This restriction clearly serves as an impediment to adequate nutrition for low-income people

who may need supplements to ensure they are consuming sufficient levels of nutrients. It defies common sense.

This restriction also prevents food stamp recipients from exercising their own responsibility and choice to use food stamps for purchasing nutritional supplements that they determine are important to adequate nutrition for their children or themselves. It is a glaring inconsistency that food stamps may currently be used to purchase a variety of non-nutritious or minimally nutritious foods but not to purchase nutritional supplements. Incredibly, you can use Food Stamps to buy Twinkies, but not Vitamin C or a multivitamin.

Opponents of this legislation will argue that food stamps are most effectively used to improve nutrition through purchasing food rather than nutritional supplements, and that if food stamps may be used for nutritional supplements, households will be less able to stretch their resources to purchase sufficient quantities of food.

The available evidence indicates, however, that food stamp households actually make more careful and effective use of their resources in purchasing nutritious foods than consumers in general. Since food stamp households necessarily have a limited amount of money to spend on food—and generally already find it difficult to meet their food needs—they simply cannot afford to make unwise or unnecessary purchases of nutritional supplements using food stamps which would otherwise be used for food.

In addition, a month's worth of daily multivitamin supplements can cost as little as one can of soda. So I believe the concerns that food stamps will be wasted or unwisely used for nutritional supplements is unfounded.

Our proposal is also clearly consistent with the stated purpose of the Food Stamp program, that is to "promote the general welfare and to safeguard the health of the nation's population by raising the nutrition among low-income households."

So, Mr. President, I hope that my colleagues will join us in supporting this legislation designed to improve opportunities for low-income Americans to ensure adequate nutrition for their families and themselves. Simply put, if you think it doesn't make sense that Food Stamps can be used to buy twinkies and doughnuts but not Vitamin C or a daily multi-vitamin supplement, you should support this bipartisan legislation.

Mr. President, I ask unanimous consent that a copy 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. 1307

*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 "Food Stamp Vitamin and Mineral Improvement Act of 1999".



**SEC. 2. FINDINGS.**

Congress finds that—

(1) the dietary patterns of Americans do not result in nutrient intakes that fully meet recommended dietary allowances of vitamins and minerals;

(2) children in low-income families and the elderly often fail to achieve adequate nutrient intakes from diet alone;

(3) pregnant women have particularly high nutrient needs, which they often fail to meet through diet alone;

(4)(A) scientific studies show that nutritional supplements that contain folic acid (a B vitamin) can prevent as many as 60 to 80 percent of neural tube birth defects;

(B) the Public Health Service, in September 1992, recommended that all women of childbearing age who are capable of becoming pregnant should consume at least 0.4 of a milligram of folic acid per day for the purpose of reducing the risk of having a pregnancy affected with spina bifida or other neural tube birth defects; and

(C) the Food and Drug Administration has approved a health claim for folic acid to reduce the risk of neural tube birth defects;

(5) infants who do not receive adequate intakes of iron may be somewhat impaired in mental and behavioral development; and

(6) scientific evidence indicates that increasing intake of specific nutrients over an extended period of time protects against diseases or conditions such as osteoporosis, cataracts, cancer, and heart disease.

**SEC. 3. USE OF FOOD STAMPS TO PURCHASE VITAMINS AND MINERALS.**

Section 3(g)(1) of the Food Stamp Act of 1977 (7 U.S.C. 2012(g)(1)) is amended by striking "or food product" and inserting ", food product, or nutritional supplement providing a vitamin or mineral".

By Mr. MURKOWSKI:

S. 1308. A bill to amend section 468A of the Internal Revenue Code of 1986 with respect to deductions for decommissioning costs of nuclear power plants; to the Committee on Finance.

**NUCLEAR DECOMMISSIONING FUND**

Mr. MURKOWSKI. Mr. President, I am joined today by Senator JOHN BREAUX in introducing The Nuclear Decommissioning Funds Clarification Act. This change in the tax law is necessary because the electricity industry is rapidly moving from a regulatory monopoly model to the competitive marketplace.

In 1984, Congress enacted Code Section 468A which was designed to allow state public service commissions to authorize that future costs for decommissioning nuclear power plants could be charged by a utility to its customers to be dedicated to a nuclear decommissioning fund. Currently, utilities are permitted a deduction for contributions to their decommissioning funds. The amount that can be deducted is currently limited to the cost of service amount or the ruling amount. The cost of service amount is the amount of decommissioning costs included in the taxpayer's cost of service for rate-making purposes. The ruling amount is the amount that the IRS determines to be necessary to provide for level funding of an amount equal to the taxpayer's nuclear decommissioning costs.

Since Section 468A was adopted, the electricity industry landscape has been substantially transformed. Since 1992,

more than 20 states have approved plans to introduce competition and all states are considering deregulation. The Energy Committee which I chair has also held several hearings on Federal deregulation proposals and it is my hope that a federal deregulation bill will be adopted in this Congress.

Since deductible contributions made to a nuclear decommissioning fund are based on limitations reflected in cost-of-service ratemaking, companies operating in a competitive market can no longer deduct contributions to decommissioning funds. Our bill clarifies the deductibility of nuclear decommissioning costs in a market environment and codifies the definition of nuclear decommissioning costs that limit contributions.

This legislation also clarifies a number of tax issues relating to decommissioning funds to ensure that nuclear utilities can operate effectively in this new competitive environment.

By Mr. SESSIONS:

S. 1309. A bill to amend title I of the Employee Retirement Income Security Act of 1974 to provide for the preemption of State law in certain cases relating to certain church plans; to the Committee on Health, Education, Labor, and Pensions.

**CHURCH PLAN PARITY AND ENTANGLEMENT PREVENTION ACT OF 1999**

Mr. SESSIONS. Mr. President, today I am introducing legislation to protect the health and pension benefits of thousands of clergy and lay workers. This legislation clarifies the regulatory status of church benefit programs and allows service providers to continue contracting with church plans.

Unfortunately, state insurance statutes, in all but three states, fail to address the legal status of these benefit programs. Thus, under some interpretations of state insurance law it is possible to conclude that these employer plans are subject to regulation as insurance companies. This uncertain legal status has caused service providers to refuse to contract with church plans—leaving these programs without the necessary tools to maximize benefits and reduce costs.

Recently, the Insurance Department of South Dakota informed the church benefits community that either federal or state legislation is necessary to exempt their programs from their state's insurance laws. With the possibility that 46 more states could make the same request, I believe the only practical solution is for Congress to clarify the status of these plans. That is what my legislation does.

Mr. President, my legislation is with in the spirit of the National Securities Markets Improvement Act (NSMIA) of 1996 (P.L. 104-290) which not only exempted church plans from federal securities laws—providing the same treatment secular plans had previously enjoyed—but, also preempted state securities laws. This is not a unique idea.

Similarly, the Internal Revenue Code includes numerous accommodations to the special circumstances of church plans. For example, the church plans which annuitize benefits are deemed not to be commercial insurers for purposes of maintaining their tax-exempt status.

Mr. President, I have heard from ministers in my state about the urgency to move this legislation expeditiously. Indeed, Bishop Wesley Morris of the United Methodist Church visited me about this very matter. It is supported by the Church Alliance, a coalition of more than 30 denominational benefit programs, including the Presbyterian Church in America, the Rabbinical Pension Board, the Christian Brothers Service, the United Church of Christ, The United Methodist Church, the Episcopal Church, the Southern Baptist Convention and many others.

While these denominations may disagree about certain theological issues, they are united in providing sound health care and pension programs to their ministers and lay workers. Furthermore, while there are differing opinions with the Senate, and among ourselves, about health care legislation, there should be no disagreement that we need to protect benefit plans that serve ministers and lay workers. It makes no sense to leave these programs at the mercy of 47 different insurance laws. Every person active in his or her church knows the rising cost of health care is a problem.

Mr. President, I want to clarify two points with respect to preemption of State laws as provided by this legislation. The exception that allows states to enact legislation applicable to church plans is intended to permit states to regulate church plans only if a specific statute is passed by a State legislature on a stand-alone basis and the sole purpose of the statute is to regulate church plans.

Furthermore, I want to point that this legislation is intended to permit insurance companies and other service providers to contract with church plans regardless of whether such church plans would have been treated as multiple-employer welfare arrangements under State law, if this legislation had not been enacted.

Mr. President, I urge the Senate to pass this measure.

By Ms. COLLINS (for herself, Mr. BOND, Mr. LEVIN, Mr. BENNETT, Mr. SANTORUM, Mrs. HUTCHISON, Mr. TORRICELLI, Mr. LUGAR, Mr. ALLARD, Mr. SPECTER, Mr. EDWARDS, Mr. BROWNBACK, Mr. LAUTENBERG, Mr. COCHRAN, Mr. ENZI, Mr. FRIST, Mr. HELMS, and Mr. ABRAHAM):

S. 1310. A bill to amend title XVIII of the Social Security Act to modify the interim payment system for home health services, and for other purposes; to the Committee on Finance.

Ms. COLLINS. Mr. President, I rise today to introduce the Medicare Home

Health Equity Act of 1999, which is designed to provide a measure of financial and regulatory relief for cost-efficient home health agencies across the country. These agencies are experiencing severe financial problems that are inhibiting their ability to deliver much-needed care, particularly to chronically ill seniors with complex needs.

America's home health agencies provide invaluable services that have enabled a growing number of our most frail and vulnerable Medicare beneficiaries to avoid hospitals and nursing homes and stay just where they want to be—in the comfort and security of their own homes.

In 1996, home health was the fastest growing component of Medicare spending, consuming one out of every eleven Medicare dollars, compared with one in every forty in 1989. The program grew at an average annual rate of more than 25 percent from 1990 to 1997. As a consequence, the number of home health beneficiaries more than doubled, and Medicare home health spending soared from \$2.5 billion in 1989 to \$18.1 billion in 1996.

This rapid growth in home health spending understandably prompted Congress and the Administration, as part of the Balanced Budget Act of 1997, to initiate changes that were intended to make the program more cost-effective and efficient. Therefore, there was widespread support for the provision in the Balanced Budget Act of 1997 which called for the implementation of a prospective payment system for home care. Until this system can be implemented, home health agencies are being paid according to an "interim payment system," or IPS.

In trying to get a handle on costs, however, Congress and the Administration created a system that penalizes efficient agencies and that may be restricting access for the very Medicare beneficiaries who need care the most—the sicker seniors with complex, chronic care needs like diabetic, wound care patients or IV therapy patients who require multiple visits.

Unfortunately, the "interim payment system" is critically flawed in that it effectively rewards the agencies that provided the most visits and spent the most Medicare dollars in 1994, the base year, while it penalizes low-cost, more efficient providers—and their patients. None of us should tolerate wasteful expenditures, but neither should we impede the delivery of necessary services by low-cost providers.

Home health agencies in the Northeast and the mid-West have been among those particularly hard-hit by the interim payment system. As the Wall Street Journal observed last year, "If New England had been just a little greedier, its home health industry would be a lot better off now—Ironically, the region is getting clobbered by the system because of its tradition of non-profit community service and efficiency."

Even more troubling, this flawed system may force our most cost-efficient providers to stop accepting Medicare patients with more serious health care needs. According to a recent survey by the Medicare Payment Advisory Commission, almost 40 percent of the home health agencies surveyed indicated that there were patients whom they previously would have accepted whom they no longer accept due to the IPS. Thirty-one percent of the agencies admitted that they had discharged patients due to the IPS. These discharged patients tended to be those with chronic care needs who required a large number of visits and were expensive to serve. As a consequence, these patients caused the agencies to exceed their aggregate per-beneficiary caps.

I simply do not believe that Congress and the Administration intended to construct a payment system that inevitably discourages home health agencies from caring for those seniors who need care the most. Last year's Omnibus Appropriations bill did provide a small measure of relief for home health agencies. This proposal did not, however, go far enough to relieve the financial distress that cost-effective agencies are experiencing.

These problems are all the more pressing given the fact that the Health Care Financing Administration was unable to meet its original deadline for implementing a prospective payment system. As a result, home health agencies will be struggling under the IPS far longer than Congress envisioned when it enacted the Balanced Budget Act.

Moreover, it now appears that Congress greatly underestimated the savings stemming from the BBA. Medicare spending for home health fell by nearly 15 percent last year, and the CBO now projects that post-BBA reductions in home care spending will exceed \$47 billion in FY 1998–2002. This is a whopping three times greater than the \$16 billion CBO originally estimated for that time period.

I recently chaired a Permanent Subcommittee on Investigations (PSI) hearing where we heard about the financial distress and cash-flow problems cost-efficient agencies across the country are experiencing. Witnesses expressed concern that these problems are inhibiting their ability to deliver much-needed care, particularly to chronically ill patients with complex needs. More than a thousand agencies have closed in the past year because the reimbursement levels under Medicare fell so far short of their actual operating costs. Others are laying off staff or declining to accept new patients with more serious health problems.

This points to the most central and critical issue—cuts of this magnitude cannot be sustained without ultimately affecting care for our most vulnerable seniors. At the PSI hearing, Barbara Smith, a senior research staff scientist with the Center for Health

Services Research and Policy at George Washington University, testified that the preliminary findings of her studies suggest significant potential effects on beneficiaries, particularly those with unstable chronic care needs. Her research shows that these patients are being displaced from home care or are experiencing significant changes in services that appear to be driven by reimbursement policies rather than by clinical considerations. In her testimony, she stated:

"My main concern is that we are carving out a wedge of people who are chronically ill and have intensive needs for services who are not going to have a reliable source of care in any sector. They are becoming the health care system's untouchables."

Moreover, the financial problems that home health agencies have been experiencing have been exacerbated by a number of new regulatory requirements imposed by HCFA, including the implementation of OASIS, the new outcome and assessment information data set; new requirements for surety bonds; sequential billing; IPS overpayment recoupment; and a new 15-minute increment home health reporting requirement. Witnesses at the PSI hearing expressed particular frustration about what Maryanna Arsenault, the CEO of the Visiting Nurse Service in Saco, Maine, termed HCFA's regulatory policy of "implement and suspend." They pointed to examples such as the hastily enacted requirements for surety bonds and sequential billing where no sooner had a mandate been put into an effect, than it was suspended but only after agencies had invested significant time and resources in compliance.

The legislation that my colleague from Missouri and I are introducing today, along with a bipartisan group of 16 of our colleagues, responds to these concerns. It makes needed adjustments to the Balanced Budget Act of 1997 and related federal regulations to ensure that Medicare beneficiaries have access to medically-necessary home health services.

Among other provisions, the bill eliminates the automatic 15 percent reduction in Medicare home health payments now scheduled for October 1, 2000, whether or not a prospective payment system is enacted. When the Balanced Budget Act was enacted, CBO reported that the effect of the BBA would be to reduce home health expenditures by \$16.1 billion between fiscal years 1998 and 2002. CBO's March 1999 revised analysis estimates those reductions to exceed \$47 billion—three times the anticipated budgetary impact. A further 15 percent cut would be devastating to cost-efficient providers and would further reduce seniors' access to care. Moreover, it is unnecessary since the budget target for home health outlays will be achieved, if not exceeded, without it.

The legislation will also provide supplemental "outlier" payments to home health agencies on a patient-by-patient



basis, if the cost of care for an individual is considered to be significantly higher than average due to the patient's particular health and functional condition. This provision would remove the existing financial disincentive for agencies to care for patients with intensive medical needs who, according to recent reports issued by both the General Accounting Office (GAO) and the Medicare Payment Advisory Commission (MedPAC), are the individuals most at risk of losing access to home health care under the IPS.

The current IPS unfairly penalizes historically cost-efficient home health agencies that have been most prudent with their Medicare resources. Our legislation builds on reforms in last year's Omnibus Appropriations Act by gradually raising low-cost agencies' per-beneficiary limits up to the national average over three years, or until the new home health prospective payment system is implemented and IPS is terminated.

To decrease total costs in order to remain under their per-beneficiary limits, agencies have had to significantly reduce the number of visits to patients, which has, in turn, increased the cost of each visit. Implementation of OASIS has also significantly increased agencies' per-visit costs. Therefore, the legislation will increase the IPS per-visit cost limit from 106 to 108 percent of the national median.

Other provisions of the legislation will:

- Extend the current IPS overpayment recoupment period from one to three years without interest;

- Revise the surety bond requirement for home health agencies to more appropriately target fraud;

- Eliminate the 15-minute incremental reporting requirement; and

- Maintain the Periodic Interim Payment (PIP) program through the first year of implementation of the prospective payment system to ensure that such a dramatic change in payment systems does not create new cash-flow problems for agencies. I ask unanimous consent that a section-by-section summary further detailing these provisions be included in the RECORD at the conclusion of my remarks.

Mr. President, the Medicare Home Health Equity Act of 1999 will provide a measure of financial and regulatory relief to beleaguered home health agencies in order to ensure that Medicare beneficiaries have access to medically-necessary home health services, and I encourage all of my colleagues to join us as cosponsors.

Mr. President, I ask unanimous consent that a summary of the bill be printed in the RECORD.

There being no objection, the summary was ordered to be printed in the RECORD, as follows:

#### THE HOME HEALTH EQUITY ACT OF 1999— SUMMARY

The Home Health Equity Act of 1999 is intended to make needed adjustments to the Balanced Budget Act of 1997 and related fed-

eral regulations to ensure that Medicare beneficiaries have access to medically-necessary home health care services.

#### MAJOR PROVISIONS

- Eliminates the automatic 15 percent reduction in Medicare home health payments now scheduled for October 1, 2000.

- Under the Balanced Budget Act of 1997 (as amended by the Omnibus Consolidated and Emergency Supplemental Appropriations Act), expenditures for Medicare home health care are to be reduced by 15 percent, whether or not a Medicare home health prospective payment system is implemented on October 1, 2000. This provision would eliminate that proposed reduction. When it was enacted, the Congressional Budget Office (CBO) reported that the effect of the BBA would be to reduce home health expenditures by \$16.1 billion between fiscal years 1998 and 2002. CBO's March 1999 revised analysis now estimates those reductions to exceed \$47 billion—three times the anticipated budgetary impact. A further 15 percent cut to home health cost limits would be devastating to cost-efficient providers and would reduce seniors' access to care. Moreover, it is unnecessary since the budget target for home health outlays will be achieved, if not exceeded, without it.

- Provides supplemental "outlier" payments to home health agencies on a patient-by-patient basis if the cost of care for an individual is considered by the Secretary to be significantly higher than average due to the patient's particular health and functional condition.

- Recent reports issued by both the General Accounting Office (GAO) and the Medicare Payment Advisory Commission (MedPAC) conclude that patients with intensive medical needs are the individuals most at risk of losing access to home health care under the Interim Payment System (IPS). This provision would remove the existing financial disincentive under the IPS for agencies to care for these patients.

- Increases the per-beneficiary cost limit for agencies with limits below the national average to the national average cost per patient over a three-year period or until the Medicare home health prospective payment system is implemented.

- The Balanced Budget Act of 1997's Interim Payment System (IPS) bases an agency's average per-patient reimbursement on that agency's average cost per patient in 1993 or 1994. As a consequence, the system unfairly penalizes historically cost-efficient home health agencies that have been most prudent with their Medicare resources. This provision builds on reforms made by the Omnibus Consolidated and Emergency Supplemental Appropriations Act (OCESSA) by gradually raising low-cost agencies' per-beneficiary limits up to the national average over three years or until the new home health prospective payment system is implemented and IPS is terminated.

- Increases the IPS per-visit cost limit to 108 percent of the national median.

- The Balanced Budget Act reduced the per-visit cost limit from 112 percent of the mean to 105 percent of the median. The OCESSA increased the limit to 106 percent of the median. This provision would further increase it to 108 percent of the national median. Most analysts agree that the growth in Medicare home health expenditures in the early 1990s was due to the high number of visits provided to patients, not to the cost per visit. CBO confirms that controlling use, not price, is the key to Medicare home health cost containment. To decrease total costs in order to remain under their per-beneficiary limits, agencies have had to significantly reduce the number of visits to patients, which has, in turn, increased the cost

of each visit. Implementation of OASIS has also significantly increased agencies' per-visit costs.

- Revises the surety bond requirements for home health agencies to more appropriately target fraud.

- This provision would clarify that the surety bond requirement is only to be used to protect against overpayments based on fraudulent claims or behavior. Perhaps the main problem with the surety bond proposal that HCFA developed last year (and which is currently in regulatory limbo) was that it went beyond Congressional intent. Congress enacted the original surety bond provision as a way to use private sector monitors to help keep fraudulent providers out of the market. HCFA tried, through the regulations it developed, to use surety bonds as a means to recover any overpayments they made to home health agencies. This unnecessarily increased both the costs and difficulties agencies encountered in trying to obtain a surety bond.

- Extends the IPS overpayment recoupment period to three years without interest.

- The BBA did not require HCFA to publish information on calculating the IPS per-visit limits until January 1, 1998, even though the limits were effective beginning October 1, 1997. Similarly, HCFA was not required to publish information related to the calculation of the agencies' annual aggregate per-beneficiary limit until April 1, 1998, despite an October 1 start date. More than a year after the implementation of the IPS, HCFA's fiscal intermediaries still had not notified many agencies of the visit and per-beneficiary limits under which they were expected to operate. Moreover, throughout this period, fiscal intermediaries continued to pay agencies in accordance with the previous years' limits, resulting in significant overpayments to many home health agencies throughout the country.

- Fiscal intermediaries have begun to issue notices of overpayments to these agencies and are demanding repayment. This has posed a significant problem, particularly for smaller agencies that do not have large cash reserves. To ease these repayment problems, HCFA has directed the fiscal intermediaries to allow home health agencies to extend their repayments over 12 months. Many agencies, however, say that this is insufficient. This provision would extend the overpayment recoupment period to three years without interest.

- Eliminates the 15-minute incremental reporting period.

- The BBA mandates that home health agencies record the length of time of home health visits in 15-minute increments, which the HCFA will implement on July 1, 1999. Unfortunately, HCFA's instructions implementing the 15-minute reporting requirement are excessively labor-intensive. As proposed by HCFA, the only time that can be counted is time spent actively treating the beneficiary. Time for travel or for administrative duties that are essential to patient care, such as charting or coordinating work with the physician, may not be counted. Implementation of the 15-minute reporting requirement will not only be difficult for staff, but will also be disruptive to patient care. This provision would eliminate the current 15-minute reporting requirement. An alternative to the 15-minute reporting requirement that better measures time of direct patient care and its relationship to outcomes should be developed within the context of the Medicare home health PPS.

- Temporarily maintains the Periodic Interim Payment (PIP) program

- PIP is a program that is available to many home health agencies that permits HCFA to make payments to the agencies—based on

historical payment levels—prior to the final settlement of claims and cost-reports. This program, which is scheduled to terminate on October 1, 2000, has been invaluable to participating agencies and has helped them to avoid cash-flow difficulties. This provision would continue PIP through the first year of implementation of the prospective payment system to ensure that such a dramatic change in payment systems does not create new cash-flow problems.

Mr. BOND. In the last couple days, a lot of people have been talking about the Medicare program and what we want it to look like as we think far ahead into the future. I'm glad this is happening, because this is an important debate. We do need to discuss things like a prescription drug benefit, comprehensive Medicare reform, the long-term solvency of the program, and other related issues.

But as we focus on the future of Medicare, we also need to do our best to make sure that the existing program is working as well as it can. That's why we're here today. Part of the existing program—the home health care benefit—is completely broken, and we've come together to try to fix it.

Why do we care? Well, home health care is the key to fulfilling what is virtually a universal desire among seniors and those with disabilities—to remain independent and within the comfort of their own homes despite their health problems. For people who have difficulty leaving their home and who have health conditions that require low- to mid-level medical attention, home health care is a tremendous help. Home health care keeps these people out of more expensive and less comfortable settings such as nursing homes and hospitals. And home care is often the only source of care for many disabled individuals and frail elderly, especially those living in underserved rural and urban areas of our country. Simply put, home health is crucial to millions of Americans' comfort and health, and we must make sure they continue to have access to it.

The problem is that more and more Americans do not have access to needed home health services—they simply cannot find a home health agency that will care for them. This means they will either not receive the care they need, or that they will get this care, they'll just get it at more expensive and intimidating facilities like hospitals or nursing homes. This is the crisis we are facing.

I would like to take a moment to describe several different ways this home health crisis is rearing its ugly head across the country.

First, we have seen literally thousands of home health agencies close their doors in the last two years. Perhaps as many as 2,000 of the 10,000 agencies that existed in 1997 have either been driven out of business or out of Medicare. In Missouri alone, about 75 out of 300 home health agencies have closed since 1997, including the well-respected and well-established Visiting Nurse Association of Greater St. Louis.

A few of the agencies that have closed have no doubt been shady characters we should be glad to see go. But many—and perhaps most—of the agencies that have closed are legitimate providers with real patients.

Second, those agencies that have survived have had to change drastically the way they operate. Many have been forced into layoffs and cutbacks in other areas that directly or indirectly impact patient care. Many face chronic cash flow problems and may be forced to refund large amounts of cash to the Health Care Financing Administration—perhaps in the hundreds of thousands of dollars—that they accidentally received because they had not yet been informed of the new ground rules for home health payments. Because of the bizarre incentives against caring for patients with the most complex cases, many home health agencies have also been actively managing the types of patients they care for, trying to avoid or discharge costlier patients.

All of this is bad for patients, and it will likely get worse. Without Congressional action, it may never get better. I truly believe that without significant changes, home health services within Medicare could practically disappear. Home health services would theoretically still be part of the Medicare program, but few if any people with Medicare would be able to receive care in their home simply because there will be nobody there to provide it for them.

The Medicare Home Health Equity Act—which I am introducing today with Senator COLLINS and 12 other colleagues—responds to this crisis and attempts to save home health care within the Medicare program.

This bill addresses a variety of payment and regulatory issues, all of which have impeded or prevented home health agencies from providing high-quality, efficient care. Two provisions are particularly critical.

First, as I have mentioned, home health agencies currently have little incentive to provide care for sicker and costlier patients. In fact, because more complex patients put an agency at risk of exceeding the annual per patient budget that is now in place for each home health agency, there is actually an incentive not to care for sicker patients. The result—which shouldn't be a surprise—is that home health agencies are actively trying to avoid these sicker patients, either leaving them without care or leaving them to check in to a more expensive health facility such as a nursing home or a hospital.

The Medicare Home Health Equity Act solves this problem by creating a system of "extra" payments for sicker patients—sometimes these are called "outlier" payments. Under this plan, home health agencies would be assured from the start that they could receive extra payments for patients who meet the criteria for "sicker" patients. This way, we can remove the incentive for home health agencies to try to deny care to seniors with complex cases.

The second crucial provision in the bill is something similar to a last-minute pardon from the governor. In addition to all of the problems they have faced in the last couple of years, home health agencies are scheduled to take another huge payment cut—about 15% of the total amount they receive from Medicare—in October of 2000. I fear that this cut would truly be the death-knell for the industry. We cannot allow this radical payment reduction to take place.

In addition to these core provisions, the Collins-Bond bill deals with a variety of payment and regulatory issues, all designed to make sure that Medicare recipients continue to have access to quality home health care and that the home health agencies are permitted to provide that care in an efficient manner.

I would like to commend Senator COLLINS for her leadership on this issue. I am pleased that we were able to develop a joint bill so that we could unite our forces behind one bipartisan legislative vehicle and one bipartisan solution. It is also encouraging to see that all of the national trade associations that represent home health agencies are supporting this bill. Finally, I would like to again thank this bill's cosponsors for supporting this effort and for helping to raise awareness that there is a home health crisis that desperately needs our attention in Congress.

I for one pledge to do my best to maintain seniors access to home health care. We cannot allow home health services within the Medicare program to disappear. It doesn't make sense for the patients, and it doesn't make sense for Medicare.

By Mr. MURKOWSKI:

S. 1311. A bill to direct the Administrator of the Environmental Protection Agency to establish an eleventh region of the Environmental Protection Agency, comprised solely of the State of Alaska; to the Committee on Environment and Public Works.

EPA REGION 11

Mr. MURKOWSKI. Mr. President, I rise today to introduce legislation to create a new regional office for the Environmental Protection Agency to be based in Alaska. I have been concerned for some time about the relationship between the federal government and my constituents. Alaska has always provided unique challenges for federal regulators. Its weather, remoteness, and the special problems caused by them have often resulted in a disconnect between federal regulators and my state. Currently, Alaska is part of Region 10 of the EPA based in Seattle. While it rains a lot in Seattle, the environment of Washington state is much more similar to Oregon and Idaho than Alaska. Alaska comprises 17% of America's total size and faces climactic extremes unheard of in the lower 48.

For example, many people have heard that the unique geography of Los Angeles creates extreme atmospheric inversion conditions that contributes to its air pollution. However, I have been told that my home town of Fairbanks actually has a greater inversion problem than not only Los Angeles, but also anywhere else in the world except for the South Pole.

I also believe that the cost issue is an important one since creation of a regional office would lower the tremendous travel and temporary duty costs faced by lower 48 based EPA staff who must fly back and forth to Alaska. Basing them in Alaska should significantly reduce these travel costs.

I recognize that some may feel that the creation of a new regional office in Alaska is unwise. I would point out that I do not believe that the Seattle office has regularly handled Alaska issues poorly, but I do believe that these issues could be handled better if there was a regional office located in Alaska. Alaska faces wetland challenges like no other state. Our nation has seen a tremendous loss in wetlands in states such as California that has lost over 80% of its original wetlands. In comparison, Alaska has lost less than half of one percent of our nation's wetlands due to development even though we are a large producer of our nation's natural resources. Alaska is a state where wetlands banking is not an appropriate solution to address the loss of wetlands in California. Alaska's wetlands are also very different than those found in California or anywhere else in our nation. Much of Alaska's wetlands are frozen for all but a few months of the year.

Even the Clean Air Act has a different application in Alaska. Low sulfur diesel in the lower 48 for on-road usage is not appropriate for my state where the percentage of diesel used for on-road uses is minuscule compared to that of the off-road uses. This situation is reversed in every other state. Fortunately, the EPA has seen fit to waive the low sulfur diesel requirement until a new lower national standard for both off and on-road diesel is in place during the next decade. However, we need to ensure that all federal regulations put into place reflect the realities of every state in our nation. Creation of a new Alaska based regional office of the EPA would be a firm step forward towards this goal.

In conclusion, Mr. President, I encourage my colleagues to support this bill in order to make the EPA more efficient and responsive to some unique environmental challenges in my state.

I ask unanimous consent that the text of the bill be included in the RECORD.

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

#### SECTION 1. ESTABLISHMENT OF EPA REGION FOR ALASKA.

(a) IN GENERAL.—The Administrator of the Environmental Protection Agency shall establish—

(1) an eleventh region of the Environmental Protection Agency, comprised solely of the State of Alaska; and

(2) a regional office for the region located in the State.

(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as are necessary to carry out this Act.

#### ADDITIONAL COSPONSORS

S. 51

At the request of Mr. BIDEN, the name of the Senator from Alaska (Mr. STEVENS) was added as a cosponsor of S. 51, a bill to reauthorize the Federal programs to prevent violence against women, and for other purposes.

S. 85

At the request of Mr. BUNNING, the name of the Senator from Iowa (Mr. HARKIN) was added as a cosponsor of S. 85, a bill to amend the Internal Revenue Code of 1986 to reduce the tax on vaccines to 25 cents per dose.

S. 242

At the request of Mr. JOHNSON, the name of the Senator from Colorado (Mr. CAMPBELL) was added as a cosponsor of S. 242, a bill to amend the Federal Meat Inspection Act to require the labeling of imported meat and meat food products.

S. 285

At the request of Mr. MCCAIN, the name of the Senator from New Hampshire (Mr. GREGG) was added as a cosponsor of S. 285, a bill to amend title II of the Social Security Act to restore the link between the maximum amount of earnings by blind individuals permitted without demonstrating ability to engage in substantial gainful activity and the exempt amount permitted in determining excess earnings under the earnings test.

S. 343

At the request of Mr. BOND, the name of the Senator from Iowa (Mr. GRASSLEY) was added as a cosponsor of S. 343, a bill to amend the Internal Revenue Code of 1986 to allow a deduction for 100 percent of the health insurance costs of self-employed individuals.

S. 386

At the request of Mr. GORTON, the name of the Senator from Wisconsin (Mr. KOHL) was added as a cosponsor of S. 386, a bill to amend the Internal Revenue Code of 1986 to provide for tax-exempt bond financing of certain electric facilities.

S. 427

At the request of Mr. ABRAHAM, the name of the Senator from Tennessee (Mr. FRIST) was added as a cosponsor of S. 427, a bill to improve congressional deliberation on proposed Federal private sector mandates, and for other purposes.

S. 459

At the request of Mr. HATCH, the name of the Senator from Washington (Mr. GORTON) was added as a cosponsor of S. 459, a bill to amend the Internal Revenue Code of 1986 to increase the State ceiling on private activity bonds.

S. 472

At the request of Mr. GRASSLEY, the names of the Senator from Minnesota (Mr. WELLSTONE), the Senator from Utah (Mr. BENNETT), the Senator from Alaska (Mr. MURKOWSKI), and the Senator from Montana (Mr. BURNS) were added as cosponsors of S. 472, a bill to amend title XVIII of the Social Security Act to provide certain medicare beneficiaries with an exemption to the financial limitations imposed on physical, speech-language pathology, and occupational therapy services under part B of the medicare program, and for other purposes.

S. 600

At the request of Mr. WELLSTONE, the name of the Senator from Iowa (Mr. HARKIN) was added as a cosponsor of S. 600, a bill to combat the crime of international trafficking and to protect the rights of victims.

S. 632

At the request of Mr. DEWINE, the name of the Senator from Florida (Mr. MACK) was added as a cosponsor of S. 632, a bill to provide assistance for poison prevention and to stabilize the funding of regional poison control centers.

S. 642

At the request of Mr. GRASSLEY, the name of the Senator from Missouri (Mr. BOND) was added as a cosponsor of S. 642, a bill to amend the Internal Revenue Code of 1986 to provide for Farm and Ranch Risk Management Accounts, and for other purposes.

S. 761

At the request of Mr. ABRAHAM, the names of the Senator from Kansas (Mr. BROWNBACK) and the Senator from Tennessee (Mr. FRIST) were added as cosponsors of S. 761, a bill to regulate interstate commerce by electronic means by permitting and encouraging the continued expansion of electronic commerce through the operation of free market forces, and for other purposes.

S. 775

At the request of Mr. TORRICELLI, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 775, a bill to require the Administrator of the Environmental Protection Agency to conduct a feasibility study for applying airport bubbles as a method of identifying, assessing, and reducing the adverse environmental impacts of airport ground and flight operations and improving the overall quality of the environment, and for other purposes.

S. 796

At the request of Mr. WELLSTONE, the name of the Senator from Rhode Island (Mr. REED) was added as a cosponsor of S. 796, a bill to provide for full parity with respect to health insurance coverage for certain severe biologically-based mental illnesses and to prohibit limits on the number of mental illness-related hospital days and outpatient visits that are covered for all mental illnesses.