except that vouchers shall not be required (1) for the disbursement of salaries of employees paid at an annual rate, or (2) for the payment of telecommunications provided by the Office of the Sergeant at Arms and Doorkeeper, United States Senate, or (3) for the payment of stationery supplies purchased through the Keeper of the Stationery, United States Senate, or (4) for payments to the Postmaster, United States Senate, or (5) for the payment of metered charges on copying equipment provided by the Office of the Sergeant at Arms and Doorkeeper, United States Senate, or (6) for the payment of Senate Recording and Photographic Services, or (7) for payment of franked and mass mail costs by the Sergeant at Arms and Doorkeeper, United States Senate.

SEC. 5. There are authorized such sums as may be necessary for agency contributions related to the compensation of employees of the committee from October 1, 1999, through September 30, 2000, and October 1, 2000, through February 28, 2001, to be paid from the Appropriations account for ''Expenses of Inquiries and Investigations.''

INVESTIGATIONS

SEC. 6. (1) IN GENERAL.—The committee, or any duly authorized subcommittee of the committee, is authorized to study or investigate

(a) the efficiency and economy of operations of all branches of the Government, including the possible existence of fraud, misfeasance, malfeasance, collusion, mismanagement, incompetence, corruption, or unethical practices, waste, extravagance, conflicts of interest, and the improper expenditure of Government funds in transactions, contracts, and activities of the Government or of Government officials and employees and any and all such improper practices between Government personnel and corporations, individuals, companies, or persons affiliated therewith, doing business with the Government; and the compliance or noncompliance of such corporations, companies, or individuals or other entities with the rules, regulations, and laws governing the various governmental agencies and its relationships with the public;

(b) the extent to which criminal or other improper practices or activities are, or have been, engaged in the field of labor-management relations or in groups or organizations of employees or employers, to the detriment of interests of the public, employers, or employees, and to determine whether any changes are required in the laws of the United States in order to protect such interests against the occurrence of such practices or activities;

(c) organized criminal activity which may operate in or otherwise utilize the facilities of interstate or international commerce in furtherance of any transactions and the manner and extent to which, and the identity of the persons, firms, or corporations, or other entities by whom such utilization is being made, and further, to study and investigate the manner in which and the extent to which persons engaged in organized criminal activity have infiltrated lawful business enterprise, and to study the adequacy of Federal laws to prevent the operations of organized crime in interstate or international commerce; and to determine whether any changes are required in the laws of the United States in order to protect the public against such practices or activities;

(d) all other aspects of crime and lawlessness within the United States which have an impact upon or affect the national health, welfare, and safety; including but not limited to investment fraud schemes, commodity and security fraud, computer fraud, and the use of offshore banking and corporate facilities to carry out criminal objectives;

(e) the efficiency and economy of operations of all branches and functions of the Government with particular reference to

(i) the effectiveness of present national security methods, staffing, and processes as tested against the requirements imposed by the rapidly mounting complexity of national security problems;

(ii) the capacity of present national security staffing, methods, and processes to make full use of the Nation's resources of knowledge and talents;

(iii) the adequacy of present intergovernmental relations between the United States and international organizations principally concerned with national security of which the United States is a memeber; and

(iv) legislative and other proposals to improve these methods, processes, and relationships;

(f) the efficiency, economy, and effectiveness of all agencies and departments of the Government involved in the control and management of energy shortages including, but not limited to, their performance with respect to

(i) the collection and dissemination of accurate statistics on fuel demand and supply;

(ii) the implementation of effective energy conservation measures;

(iii) the pricing of energy in all forms;

(iv) coordination of energy programs with State and local government;

(v) control of exports of scarce fuels;

(vi) the management of tax, import, pricing, and other policies affecting energy supplies;

(vii) maintenance of the independent sector of the petroleum industry as a strong competitive force;

(viii) the allocation of fuels in short supply by public and private entities;

(ix) the management of energy supplies owned or controlled by the Government;

(x) relations with other oil producing and consuming countries;

(xi) the monitoring of compliance by governments, corporations, or individuals with the laws and regulations governing the allocation, conservation, or pricing of energy supplies; and

(xii) research into the discovery and development of alternative energy supplies; and

(g) the efficiency and economy of all branches and functions of Government with particular references to the operations and management of Federal regulatory policies and programs.

(2) EXTENT OF INQUIRIES.—In carrying out the duties provided in paragraph (1), the inquiries of this committee or any subcommittee of the committee shall not be construed to be limited to the records, functions, and operations of any particular branch of the Government and may extend to the records and activities of any persons, corporation, or other entity.

(3) SPECIAL COMMITTEE AUTHORITY.—For the purposes of this subsection, the committee, or any duly authorized subcommittee of the committee, or its chairman, or any other member of the committee or subcommittee designated by the chairman, from October 1, 1999, through September 30, 2000, and October 1, 2000, through February 28, 2001, is authorized, in its, his, or their discretion.

(a) to require by subpoena or otherwise the attendance of witnesses and production of correspondence, books, papers, and documents;

(b) to hold hearings;

(c) to sit and act at any time or place during the sessions, recess, and adjournment periods of the Senate;

(d) to administer oaths; and

(e) to take testimony, either orally or by sworn statement, or, in the case of staff members of the Committee and the Permanent Subcommittee on Investigations, by deposition in accordance with the Committee Rules of Procedure.

(4) AUTHORITY OF OTHER COMMITTEES.—Nothing in this subsection shall affect or impair the exercise of any other standing committee of the Senate of any power, or the discharge by such committee of any duty, conferred or imposed upon it by the Standing Rules of the Senate or by the Legislative Reorganization Act of 1946.

(5) SUBPOENA AUTHORITY.—All subpoenas and related legal processes of the committee and its subcommittees authorized under S. Res. 49, agreed to February 24, 1999 (106th Congress) are authorized to continue.

SENATE RESOLUTION 155—AUTHORIZING EXPENDITURES BY THE SPECIAL COMMITTEE ON AGING

Mr. GRASSLEY, from the Special Committee on Aging, reported the following original resolution; which was referred to the Committee on Rules and Administration:

S. RES. 155

Resolved, That, in carrying out its powers, duties, and functions under the Standing Rules of the Senate, in accordance with its jurisdiction under rule XXV of such rules, including holding hearings, reporting such hearings, and making investigations as authorized by paragraphs 1 and 8 of rule XXVI of the Standing Rules of the Senate, the Special Committee on Aging is authorized from October 1, 1999, through September 30, 2000, and October 1, 2000, through February 28, 2001, in its discretion—

(1) to make expenditures from the contingent fund of the Senate,

(2) to employ personnel, and

(3) with the prior consent of the Government department or agency concerned and the Committee on Rules and Administration, to use on a reimbursable or nonreimbursable basis the services of personnel of any such department or agency.

SEC. 2. (a) The expenses of the committee for the period October 1, 1999, through September 30, 2000, under this resolution shall not exceed $1,459,827, of which amount not to exceed $50,000 may be expended for the procurement of the services of individual consultants or organizations thereof (as authorized by section 202(i) of the Legislative Reorganization Act of 1946, as amended).

(b) For the period October 1, 2000, through February 28, 2001, expenses of the committee under this resolution shall not exceed $622,709, of which amount not to exceed $50,000 may be expended for the procurement of the services of individual consultants or organizations thereof (as authorized by section 202(i) of the Legislative Reorganization Act of 1946, as amended).

SEC. 3. The committee shall report its findings, together with such recommendations for legislation as it deems advisable, to the Senate at the earliest practicable date, but not later than February 29, 2000, and February 28, 2001, respectively.

SEC. 4. Expenses of the committee under this resolution shall be paid from the contingent fund of the Senate upon vouchers approved by the chairman of the committee, except that vouchers shall not be required—

(1) for the disbursement of salaries of employees paid at an annual rate,

(2) for the payment of telecommunications provided by the Office of the Sergeant at Arms and Doorkeeper, United States Senate,

(3) for the payment of stationery supplies purchased through the Keeper of the Stationery, United States Senate,

(4) for payments to the Postmaster, United States Senate,

(5) for the payment of metered charges on copying equipment provided by the Office of the Sergeant at Arms and Doorkeeper, United States Senate,

(6) for the payment of Senate Recording and Photographic Services, or

(7) for the payment of franked and mass mail costs by the Office of the Sergeant at Arms and Doorkeeper, United States Senate.

SEC. 5. There are authorized such sums as may be necessary for agency contributions related to the compensation of employees of the committee from October 1, 1999, through September 30, 2000, and October 1, 2000, through February 28, 2001, to be paid from the Appropriations account for ''Expenses of Inquiries and Investigations.''.

AMENDMENTS SUBMITTED

PATIENTS' BILL OF RIGHTS ACT OF 1999

GREGG AMENDMENT NO. 1250

Mr. GREGG proposed an amendment to amendment No. 1243 proposed by Ms. COLLINS to the bill (S. 1344) to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage; as follows:

At the end of the amendment add the following:

SEC. . PROTECTING PATIENTS AND ACCELERATING THEIR TREATMENT AND CARE.

(a) FINDINGS.—The Senate makes the following findings with respect to the expansion of medical malpractice liability lawsuits in Senate bill 6 (106th Congress):

(1) The expansion of liability in S. 6 (106th Congress) would not benefit patients and will not improve health care quality.

(2) Expanding the scope of medical malpractice liability to health plans and employers will force higher costs on American families and their employers as a result of increased litigation, attorneys' fees, administrative costs, the costs of defensive coverage determinations, liability insurance premium increases, and unlimited jury verdicts.

(3) Legal liability for health plans and employers is the largest expansion of medical malpractice in history and the most expensive provision of S. 6 (106th Congress), and would increase costs ''on average, about 1.4 percent of the premiums of all employer-sponsored plans,'' according to the Congressional Budget Office.

(4) The expansion of medical malpractice lawsuits would force employers to drop health coverage altogether, rather than take the risk of jeopardizing the solvency of their companies over lawsuits involving health claims.

(5) Seven out of 10 employers in the United States have less than 10 employees, and only 26 percent of employees in these small businesses have health insurance. Such businesses already struggle to provide this coverage, and would be devastated by one lawsuit, and thus, would be discouraged from offering health insurance altogether.

(6) According to a Chamber of Commerce survey in July of 1998, 57 percent of small employers would be likely to drop coverage if exposed to increased lawsuits. Other studies have indicated that for every 1 percent real increase in premiums, small business sponsorship of health insurance drops by 2.6 percent.

(7) There are currently 43,000,000 Americans who are uninsured, and the expansion of medical malpractice lawsuits for health plans and employers would result in millions of additional Americans losing their health insurance coverage and being unable to provide health insurance for their families.

(8) Exposing health plans and employers to greater liability would increase defensive medicine and the delivery of unnecessary services that do not benefit patients, and result in decisions being based not on best practice protocols but on the latest jury verdicts and court decisions.

(9) In order to minimize their liability risk and the liability risk for the actions of providers, health plans and employers would constrict their provider networks, and micro manage hospitals and doctors. This result is the opposite of the very goal sought by S. 6 (106th Congress).

(10) The expansion of medical malpractice liability also would reduce consumer choice because it would drive from the marketplace many of the innovative and hybrid care delivery systems that are popular today with American families.

(11) The provisions of S. 6 (106th Congress) that greatly increase medical malpractice lawsuits against private health programs and employers are an ineffective means of compensating for injury or loss given that patients ultimately receive less than one-half of the total award and the rest goes to trial lawyers and court costs.

(12) Medical malpractice claims will not help patients get timely access to the care that they need because such claims take years to resolve and the payout is usually made over multiple years. Trial lawyers usually receive their fees up front and which can be between one-third and one-half of any total award.

(13) Expanding liability lawsuits is inconsistent with the recommendations of President Clinton's Advisory Commission on Consumer Protection and Quality in the Health Care Industry, which specifically rejected expanded lawsuits for health plans and employers because they believed it would have serious consequences on the entire health industry.

(14) At the State level, legislatures in 24 States have rejected the expansion of medical malpractice lawsuits against health plans and employers, and instead 26 States have adopted external grievance and appeals laws to protect patients.

(15) At a time when the tort system of the United States has been criticized as inefficient, expensive and of little benefit to the injured, S. 6 (106th Congress) would be bad medicine for American families, workers and employers, driving up premiums and rewarding more lawyers than patients.

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

(1) Americans families want and deserve quality health care;

(2) patients need health care before they are harmed rather than compensation provided long after an injury has occurred;

(3) the expansion of medical malpractice liability lawsuits would divert precious resources away from patient care and into the pockets of trial lawyers;

(4) health care reform should not result in higher costs for health insurance and fewer insured Americans; and

(5) providing a fast, fair, efficient, and independent grievances and appeals process will improve quality of care, patient access to care, and is the key to an efficient and innovative health care system in the 21st Century.

(c) NULLIFICATION OF PROVISION.—Notwithstanding any other provision of this Act, Section 302 of this Act shall be null, void, and have no effect.

WYDEN (AND OTHERS) AMENDMENT NO. 1251

Mr. WYDEN (for himself, Mr. REED, Mr. HARKIN, Mr. WELLSTONE, and Mr. BINGAMAN) proposed an amendment to amendment No. 1232 proposed by Mr. DASCHLE to the bill, S. 1344, supra; as follows:

At the appropriate place, insert the following:

SEC. . PROTECTING THE RELATIONSHIP BETWEEN HEALTH CARE PROFESSIONALS AND THEIR PATIENTS.

(a) ERISA.—Subpart C of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974, as added by section 101(a)(2) of this Act, is amended by adding at the end the following:

''SEC. 730A. PROHIBITION OF INTERFERENCE WITH CERTAIN MEDICAL COMMUNICATIONS.

''(a) PROHIBITION.—

''(1) GENERAL RULE.—The provisions of any contract or agreement, or the operation of any contract or agreement, between a group health plan, or a health insurance issuer in connection with group health insurance coverage, (including any partnership, association, or other organization that enters into or administers such a contract or agreement) and a health care provider (or group of health care providers) shall not prohibit or restrict the provider from engaging in medical communications with the provider's patient.

''(2) NULLIFICATION.—Any contract provision or agreement that restricts or prohibits medical communications in violation of paragraph (1) shall be null and void.

''(b) RULES OF CONSTRUCTION.—Nothing in this section shall be construed—

''(1) to prohibit the enforcement, as part of a contract or agreement to which a health care provider is a party, of any mutually agreed upon terms and conditions, including terms and conditions requiring a health care provider to participate in, and cooperate with, all programs, policies, and procedures developed or operated by a group health plan, or a health insurance issuer in connection with group health insurance coverage, to assure, review, or improve the quality and effective utilization of health care services (if such utilization is according to guidelines or protocols that are based on clinical or scientific evidence and the professional judgment of the provider) but only if the guidelines or protocols under such utilization do not prohibit or restrict medical communications between providers and their patients; or

''(2) to permit a health care provider to misrepresent the scope of benefits covered under the group health plan or health insurance coverage or to otherwise require a group health plan or health insurance issuer to reimburse providers for benefits not covered under the plan or coverage.

''(c) MEDICAL COMMUNICATION DEFINED.—In this section:

''(1) IN GENERAL.—The term 'medical communication' means any communication made by a health care provider with a patient of the health care provider (or the guardian or legal representative of such patient) with respect to—

''(A) the patient's health status, medical care, or treatment options;