

CSRS ought to be covered by the system they should have been in, in most cases FERS.

Unlike the House retirement corrections bill, if the employee chooses to be placed in FERS, he or she will be responsible for the lost contributions to his or her thrift savings account. The House bill sought to achieve accountability by holding those agencies guilty of making enrollment errors responsible for the lost contributions to the employee's TSP account.

Mr. Speaker, though we would have preferred the House bill, we worked with the Senate to reach consensus on a bill that would result in some, if not optimal relief for employees placed in the wrong retirement system. H.R. 4040 is a lesson in how the legislative process through bipartisanship and compromise can work to better the lives of the American people. I enthusiastically support this legislation and urge my colleagues to do the same.

Mr. Speaker, I withdraw my reservation of objection.

The SPEAKER pro tempore (Mr. PEASE). Is there objection to the initial request of the gentleman from Florida?

Mrs. MORELLA. Mr. Speaker, reserving the right to object, I do not object, but I do want to celebrate this time when we in this House accept this bill, H.R. 4040, as amended, and send it back for the clarification from the Senate. This long-term care insurance bill has taken a lot of time. It has been long term, but it has been worth it.

I introduced legislation; my colleagues introduced legislation. We all worked together on it. The legislation I introduced was H.R. 1111, and it included not only Federal employees and annuitants, but it included also the military employees and retirees, which made the pool 20 million, which will allow OPM, the Office of Personnel Management, to be able to negotiate to get the very best plan that will have consumer protections and will also have choices within it.

Mr. Speaker, a lot of groups helped out with it, my colleagues; the gentleman from Florida (Mr. SCARBOROUGH), who chaired the committee; the gentleman from Maryland (Mr. CUMMINGS), the ranking member; others on the committee worked on it also, as well as organizations, like the National Association of Retired Federal Employees, the Postal Workers, Alzheimer's, retired military, and OPM was engaged also in the process, so all of us will be able to gain from this, the United States will be able to gain from it.

We hope that the premiums would be reduced 15 percent to 20 percent, and people will be able to plan for their futures through this bill. So I urge this bill's approval as amended, H.R. 4040.

Mr. SCARBOROUGH. Mr. Speaker, will the gentlewoman yield?

Mrs. MORELLA. I yield to the gentleman from Florida.

Mr. SCARBOROUGH. Mr. Speaker, I thank the gentlewoman from Maryland

(Mrs. MORELLA) and also certainly thank the gentleman from Maryland (Mr. CUMMINGS), the ranking member of the committee, he and the gentlewoman from Maryland have both worked diligently on their own versions of this bill, both believed very much that their versions were the best versions of the bill, as did I on mine. Both of them worked around the clock.

The great thing is, I think we have got the best of all worlds from every bill. And I know there are so many people in my district that have a better long-term health care insurance plan because of what the gentleman from Maryland (Mr. CUMMINGS) did, and obviously because of what the gentlewoman from Maryland (Mrs. MORELLA) did.

I have so many Federal retirees, military retirees, in my district that are grateful for the hard work they have done, work they did before I even became chairman of this committee, the work that the gentleman from Florida (Mr. MICA) did. The gentleman from Indiana (Chairman BURTON) certainly helped; the gentleman from California (Mr. WAXMAN), the ranking member, helped a great deal; the gentleman from Virginia (Mr. DAVIS); the gentleman from Texas (Chairman ARCHER).

I would also like to thank our staffs that worked for a very, very long time on this bill, on my staff in particular, Gary Ewing and Jennifer Hemingway, but it is going to help everybody.

Long-term care security is a consensus bill. It is reflective of the hard work of Members on both sides of the aisle, and it is going to provide really assurance to Federal employees and retirees and military retirees, and so many others that they are going to be taken care of, and they are going to be able to get long-term health care insurance. It is important for all us.

The Senate language on long-term care is identical to the language that the House passed just last May. The bill also contains provisions to correct a long-standing inequity for Federal employees who, through no fault of their own, were erroneously placed in the wrong retirement system.

The amendments make several technical changes to the retirement corrections portion of this bill. And, in addition, in consultation, with Senator THOMPSON, I am pleased to include employees of the Tennessee Valley Authority, among the list of those eligible to purchase long-term care insurance. It is not only good for them, it is not only good for Federal employees that work here and throughout Washington, the country, it is good for all of America.

Mr. Speaker, I am confident that this bill is going to be landmark legislation that the private sector will be able to follow and we will be able to provide long-term health care to all Americans.

Mr. Speaker, I urge Members to support H.R. 4040, as amended.

Mrs. MORELLA. Mr. Speaker, I withdraw my reservation of objection.

The SPEAKER pro tempore. Is there objection to the initial request of the gentleman from Florida?

There was no objection.

A motion to reconsider was laid on the table.

MESSAGE FROM THE SENATE

A message from the Senate by Mr. Lundregan, one of its clerks, announced that the Senate has passed a bill and a concurrent resolution of the following titles in which the concurrence of the House is requested:

S. 2869. An act to protect religious liberty, and for other purposes.

S. Con. Res. 132. Concurrent resolution providing for a conditional adjournment or recess of the Senate and conditional adjournment of the House of Representatives.

PERMISSION FOR COMMITTEE ON SCIENCE TO HAVE UNTIL MIDNIGHT AUGUST 31, 2000 TO FILE A REPORT ON H.R. 4271, NATIONAL SCIENCE EDUCATION ACT

Mr. SCARBOROUGH. Mr. Speaker, I ask unanimous consent that the Committee on Science may have until midnight on August 31, 2000 to file a report to accompany H.R. 4271.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

SENSE OF CONGRESS REGARDING ESTABLISHMENT OF NATIONAL HEALTH CENTER WEEK

Mr. SCARBOROUGH. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the concurrent resolution (H. Con. Res. 381) expressing the sense of the Congress that there should be established a National Health Center Week to raise awareness of health services provided by community, migrant, and homeless health centers, and ask for its immediate consideration in the House.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

Mr. DAVIS of Illinois. Mr. Speaker, reserving the right to object, actually, I stand not to object, but to end up praising those who have come forth. As the sponsor of this resolution, I want to, first of all commend and thank the gentleman from Illinois (Mr. SHIMKUS); the gentleman from Massachusetts (Mr. CAPUANO), cochair of the Health Center Caucus; the gentleman from Texas (Mr. BONILLA), cochair of the Health Center Caucus; the gentleman from Florida (Mr. BILIRAKIS), who is also a cochair of the Health Center Caucus; the gentleman from Texas (Mr. HALL); the gentleman from Alabama (Mr. CRAMER); the gentleman from Illinois (Mr. EVANS); the gentleman from

California (Mr. BERMAN); and the gentleman from Illinois (Mr. LAHOOD).

Mr. Speaker, this resolution draws attention to the tremendous service that has been provided by the community health centers for the last 35 years. As a matter of fact, these centers have stood in the gap between crisis and health care delivery for hundreds of thousands of individuals over that period of time, especially individuals from low-income, from inner city, from migrant, from rural, individuals who were homeless, individuals who otherwise would have had no health care services that they could have been recipients of.

I believe that we ought to establish a National Health Center Week so that we can point out how important these centers have truly been. I happen to know, Mr. Speaker, that there are several Members of this Congress who themselves have either worked as staff, for example, or board members of these centers, the gentlewoman from North Carolina (Mrs. CLAYTON) at Soul City; the gentleman from Mississippi (Mr. THOMPSON) at the Jackson Heinz Health Center in Jackson, Mississippi, and I have had the good fortune and pleasure to work as a training director at the Martin Luther King Center in Chicago and as a special assistant to the president of the Miles Square Center in Chicago.

So the history and legacy of these programs, they bring economic development to their communities. Right now, they have operating budgets of more than \$4 billion. They generate more than \$14 billion in economic development for the communities where they are. They are a real testament to what can happen, what has happened and what we look forward to them in the future.

Mr. Speaker, I withdraw my reservation of objection.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

Mr. SHIMKUS. Mr. Speaker, reserving the right to object, I also want to congratulate the gentleman from Illinois (Mr. DAVIS), my colleague, he is from the Chicago area, I am a downstater, for helping bring this important resolution to the floor.

Community migrant and homeless health care centers provide cost effective quality care to our country's poor and medically underserved. They act as a vital safety net for our health delivery systems, reduce health disparities that large portions of our population experience.

These centers are nonprofit, community-owned and operated and serve all 50 States. They provide health care to those who otherwise would not have access to health care, serving 1 in 12 rural citizens, 1 in 8 low-income Americans and 1 in 10 uninsured Americans. I represent a rural area and much of my district has limited access to health care.

The center operating in Springfield, Illinois has made vital health services

available to the community. By serving a specific area, the centers can tailor their services to specific needs of the community and work together with schools, businesses, churches, and community organizations to provide the best care possible.

The establishment of a national community health center week will help raise awareness of the wonderful services that these centers provide our Nation. And I urge my colleagues to vote for this legislation. Again, I commend the gentleman from Illinois (Mr. DAVIS), my colleague and friend.

Mr. Speaker, I withdraw my reservation of objection.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

The Clerk read the concurrent resolution, as follows:

H. CON. RES. 381

Whereas community, migrant, and homeless health centers are nonprofit, community owned and operated health providers and are vital to the Nation's communities;

Whereas there are more than 1,029 such health centers serving more than 11,000,000 people at 3,200 health delivery sites, spanning urban and rural communities in all 50 States, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands;

Whereas such health centers have provided cost-effective, quality health care to the Nation's poor and medically underserved (including the working poor, the uninsured, and many high-risk and vulnerable populations), acting as a vital safety net in the Nation's health delivery system, meeting escalating health needs, and reducing health disparities;

Whereas these health centers provide care to 1 of every 10 uninsured Americans, 1 of every 8 low-income Americans, and 1 of every 12 rural Americans, and these Americans would otherwise lack access to health care;

Whereas these health centers and other innovative programs in primary and preventive care reach out to more than 500,000 homeless persons and 600,000 farm workers;

Whereas these health centers make health care responsive and cost effective by integrating the delivery of primary care with aggressive outreach, patient education, translation, and enabling support services;

Whereas these health centers increase the use of preventive health services such as immunizations, Pap smears, mammograms, and glaucoma screenings;

Whereas in communities served by these health centers, infant mortality rates have been reduced between 10 and 40 percent;

Whereas these health centers are built by community initiative;

Whereas Federal grants provide seed money empowering communities to find partners and resources and to recruit doctors and needed health professionals;

Whereas Federal grants on average contribute 28 percent of such a health center's budget, with the remainder provided by State and local governments, medicare, medicaid, private contributions, private insurance, and patient fees;

Whereas these health centers are community oriented and patient focused;

Whereas these health centers tailor their services to fit the special needs and priorities of communities, working together with schools, businesses, churches, community organizations, foundations, and State and local governments;

Whereas these health centers contribute to the health and well-being of their communities by keeping children healthy and in school and helping adults remain productive and on the job;

Whereas these health centers, with a total operating budget of \$4,000,000,000, bolster and stabilize communities by stimulating development and investment, generating more than \$14,000,000,000 in community economic development each year;

Whereas these health centers engage citizen participation and provide jobs for 50,000 community residents; and

Whereas the establishment of a National Community Health Center Week for the week beginning on August 20, 2000, would raise awareness of the health services provided by these health centers: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That it is the sense of the Congress that—

(1) there should be established a National Community Health Center Week to raise awareness of health services provided by community, migrant, and homeless health centers; and

(2) the President should issue a proclamation calling on the people of the United States and interested organizations to observe such a week with appropriate programs and activities.

The concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

PROVIDING FOR CONDITIONAL ADJOURNMENT OR RECESS OF THE SENATE AND CONDITIONAL ADJOURNMENT OF THE HOUSE OF REPRESENTATIVES

The SPEAKER pro tempore. Without objection, the Chair lays before the House the following Senate concurrent resolution (S. Con. Res. 132), providing for a conditional adjournment or recess of the Senate and conditional adjournment of the House of Representatives.

The Clerk read the Senate concurrent resolution, as follows:

S. CON. RES. 132

Resolved by the Senate (the House of Representatives concurring), That, in consonance with section 132(a) of the Legislative Reorganization Act of 1946, when the Senate recesses or adjourns at the close of business on Thursday, July 27, 2000, Friday, July 28, 2000, or on Saturday, July 29, 2000, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand recessed or adjourned until noon on Tuesday, September 5, 2000, or until noon on Wednesday, September 6, 2000, or until such time on either day as may be specified by its Majority Leader or his designee in the motion to recess or adjourn, or until noon on the second day after Members are notified to reassemble pursuant to section 2 of this concurrent resolution, whichever occurs first; and that when the House adjourns on the legislative day of Thursday, July 27, 2000, or Friday, July 28, 2000, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand adjourned until 2:00 p.m. on Wednesday, September 6, 2000, or until noon on the second day after Members are notified to reassemble pursuant to section 2 of this concurrent resolution, whichever occurs first.

SEC. 2. The Majority Leader of the Senate and the Speaker of the House, acting jointly