Mr. Speaker, I yield such time as he may consume to the gentleman from Utah (Mr. CANNON).

Mr. CANNON. Mr. Speaker, first of all, I would like to thank the subcommittee chairman, the gentleman from Alabama (Mr. BACHUS), for his efforts to bring this bill to the floor, and also my colleague from Utah (Mr. COOK), for his hard work in moving this issue forward. As many of the Members know, it takes 290 cosponsors on a bill to move a commemorative coin bill forward, and that takes a lot of effort.

So I would also like to thank all of my colleagues who have worked with us to cosponsor this bill and bring it to this stage.

We are going to have the Winter Olympics in Salt Lake City in February of 2002, and while in Utah we like to think of these as our Olympics. In fact they are America's Olympics, and it has been wonderful to work with our colleagues to help support that idea that this is the American Olympics.

I am personally proud of the Olympics because about 80 percent of the venues are going to be in my district, and frankly I know there are a lot of Congressmen who believe they have beautiful districts, but none are nearly so beautiful as mine. And so we invite everyone to come to the Olympics and to see another one of these areas in my district like Moab, where we have the Great Red Rock country where people go down and bike.

This commemorative coin is really about athletes; and now that we have the Summer Olympics going on in Sydney, it is good to consider just for a moment the benefits that they will get. We expect that this commemorative coin will raise about $6 million, which will be split evenly between the U.S. Olympic Committee and the Salt Lake Olympic Committee, and the proceeds of that money will all go to training athletes. So this is a great way to perpetuate the American tradition of winning the Olympics, as we are currently doing.

Mr. BACHUS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this is a good commemorative coin program. I commend it to the Members. It honors a great tradition, the Olympics. It honors and supports our great U.S. Olympic team, those athletes.

Mr. Speaker, I simply join the gentleman from Utah (Mr. CANNON) and the gentleman from Utah (Mr. COOK) in urging all Members to support it.

Mr. Speaker, I have no other requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Alabama (Mr. BACHUS) that the House suspend the rules and pass the bill, H.R. 3679, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

FEDERAL PRISONER HEALTH CARE COPAYMENT ACT OF 2000

Mr. PEASE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1349) to amend title 18, United States Code, to combat the overutilization of prison health care services and control rising prisoner health care costs, as amended.

The Clerk read as follows:

H.R. 1349

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 ''Federal Prisoner Health Care Copayment Act of 2000''.

SEC. 2. HEALTH CARE FEES FOR PRISONERS IN FEDERAL INSTITUTIONS.

(a) IN GENERAL.—Chapter 303 of title 18, United States Code, is amended by adding at the end the following:

''§ 4048. Fees for health care services for prisoners

''(a) DEFINITIONS.—In this section—

''(1) the term 'account' means the trust fund account (or institutional equivalent) of a prisoner;

''(2) the term 'Director' means the Director of the Bureau of Prisons;

''(3) the term 'health care provider' means any person who is—

''(A) authorized by the Director to provide health care services; and

''(B) operating within the scope of such authorization;

''(4) the term 'health care visit'—

''(A) means a visit, as determined by the Director, by a prisoner to an institutional or noninstitutional health care provider; and

''(B) does not include a visit initiated by a prisoner—

''(i) pursuant to a staff referral; or

''(ii) to obtain staff-approved follow-up treatment for a chronic condition; and

''(5) the term 'prisoner' means—

''(A) any individual who is incarcerated in an institution under the jurisdiction of the Bureau of Prisons; or

''(B) any other individual, as designated by the Director, who has been charged with or convicted of an offense against the United States.

''(b) FEES FOR HEALTH CARE SERVICES.—

''(1) IN GENERAL.—The Director, in accordance with this section and with such regulations as the Director shall promulgate to carry out this section, may assess and collect a fee for health care services provided in connection with each health care visit requested by a prisoner.

''(2) EXCLUSION.—The Director may not assess or collect a fee under this section for preventative health care services, emergency services, prenatal care, diagnosis or treatment of chronic infectious diseases, mental health care, or substance abuse treatment, as determined by the Director.

''(c) PERSONS SUBJECT TO FEE.—Each fee assessed under this section shall be collected by the Director from the account of—

''(1) the prisoner receiving health care services in connection with a health care visit described in subsection (b)(1); or

''(2) in the case of health care services provided in connection with a health care visit described in subsection (b)(1) that results from an injury inflicted on a prisoner by another prisoner, the prisoner who inflicted the injury, as determined by the Director.

''(d) AMOUNT OF FEE.—Any fee assessed and collected under this section shall be in an amount of not less than $1.

''(e) NO CONSENT REQUIRED.—Notwithstanding any other provision of law, the consent of a prisoner shall not be required for the collection of a fee from the account of the prisoner under this section. However, each such prisoner shall be given a reasonable opportunity to dispute the amount of the fee or whether the prisoner qualifies under an exclusion under this section.

''(f) NO REFUSAL OF TREATMENT FOR FINANCIAL REASONS.—Nothing in this section may be construed to permit any refusal of treatment to a prisoner on the basis that—

''(1) the account of the prisoner is insolvent; or

''(2) the prisoner is otherwise unable to pay a fee assessed under this section.

''(g) USE OF AMOUNTS.—

''(1) RESTITUTION OF SPECIFIC VICTIMS.—Amounts collected by the Director under this section from a prisoner subject to an order of restitution issued pursuant to section 3663 or 3663A shall be paid to victims in accordance with the order of restitution.

''(2) ALLOCATION OF OTHER AMOUNTS.—Of amounts collected by the Director under this section from prisoners not subject to an order of restitution issued pursuant to section 3663 or 3663A—

''(A) 75 percent shall be deposited in the Crime Victims Fund established under section 1402 of the Victims of Crime Act of 1984 (42 U.S.C. 10601); and

''(B) 25 percent shall be available to the Attorney General for administrative expenses incurred in carrying out this section.

''(h) NOTICE TO PRISONERS OF LAW.—Each person who is or becomes a prisoner shall be provided with written and oral notices of the provisions of this section and the applicability of this section to the prisoner. Notwithstanding any other provision of this section, a fee under this section may not be assessed against, or collected from, such person—

''(1) until the expiration of the 30-day period beginning on the date on which each prisoner in the prison system is provided with such notices; and

''(2) for services provided before the expiration of such period.

''(i) NOTICE TO PRISONERS OF REGULATIONS.—The regulations promulgated by the Director under subsection (b)(1), and any amendments to those regulations, shall not take effect until the expiration of the 30-day period beginning on the date on which each prisoner in the prison system is provided with written and oral notices of the provisions of those regulations (or amendments, as the case may be). A fee under this section may not be assessed against, or collected from, a prisoner pursuant to such regulations (or amendments, as the case may be) for services provided before the expiration of such period.

''(j) NOTICE BEFORE PUBLIC COMMENT PERIOD.—Before the beginning of any period a proposed regulation under this section is open to public comment, the Director shall provide written and oral notice of the provisions of that proposed regulation to groups that advocate on behalf of Federal prisoners and to each prisoner subject to such proposed regulation.

''(k) REPORTS TO CONGRESS.—Not later than 1 year after the date of the enactment of the Federal Prisoner Health Care Copayment Act of 2000, and annually thereafter, the Director shall transmit to Congress a report, which shall include—

''(1) a description of the amounts collected under this section during the preceding 12-month period;

''(2) an analysis of the effects of the implementation of this section, if any, on the nature and extent of heath care visits by prisoners;

''(3) an itemization of the cost of implementing and administering the program;

''(4) a description of current inmate health status indicators as compared to the year prior to enactment; and

''(5) a description of the quality of health care services provided to inmates during the preceding 12-month period, as compared with the quality of those services provided during the 12-month period ending on the date of the enactment of such Act.

''(l) COMPREHENSIVE HIV/AIDS SERVICES REQUIRED.—The Bureau of Prisons shall provide comprehensive coverage for services relating to human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) to each Federal prisoner in the custody of the Bureau of Prisons when medically appropriate. The Bureau of Prisons may not assess or collect a fee under this section for providing such coverage.''.

(b) CLERICAL AMENDMENT.—The analysis for chapter 303 of title 18, United States Code, is amended by adding at the end the following:

''4048. Fees for health care services for prisoners.''.

SEC. 3. HEALTH CARE FEES FOR FEDERAL PRISONERS IN NON-FEDERAL INSTITUTIONS.

Section 4013 of title 18, United States Code, is amended by adding at the end the following:

''(c) HEALTH CARE FEES FOR FEDERAL PRISONERS IN NON-FEDERAL INSTITUTIONS.—

''(1) IN GENERAL.—Notwithstanding amounts paid under subsection (a)(3), a State or local government may assess and collect a reasonable fee from the trust fund account (or institutional equivalent) of a Federal prisoner for health care services, if—

''(A) the prisoner is confined in a non-Federal institution pursuant to an agreement between the Federal Government and the State or local government;

''(B) the fee—

''(i) is authorized under State law; and

''(ii) does not exceed the amount collected from State or local prisoners for the same services; and

''(C) the services—

''(i) are provided within or outside of the institution by a person who is licensed or certified under State law to provide health care services and who is operating within the scope of such license;

''(ii) constitute a health care visit within the meaning of section 4048(a)(4) of this title; and

''(iii) are not preventative health care services, emergency services, prenatal care, diagnosis or treatment of chronic infectious diseases, mental health care, or substance abuse treatment.

''(2) NO REFUSAL OF TREATMENT FOR FINANCIAL REASONS.—Nothing in this subsection may be construed to permit any refusal of treatment to a prisoner on the basis that—

''(A) the account of the prisoner is insolvent; or

''(B) the prisoner is otherwise unable to pay a fee assessed under this subsection.

''(3) NOTICE TO PRISONERS OF LAW.—Each person who is or becomes a prisoner shall be provided with written and oral notices of the provisions of this subsection and the applicability of this subsection to the prisoner. Notwithstanding any other provision of this subsection, a fee under this section may not be assessed against, or collected from, such person—

''(A) until the expiration of the 30-day period beginning on the date on which each prisoner in the prison system is provided with such notices; and

''(B) for services provided before the expiration of such period.

''(4) NOTICE TO PRISONERS OF STATE OR LOCAL IMPLEMENTATION.—The implementation of this subsection by the State or local government, and any amendment to that implementation, shall not take effect until the expiration of the 30-day period beginning on the date on which each prisoner in the prison system is provided with written and oral notices of the provisions of that implementation (or amendment, as the case may be). A fee under this subsection may not be assessed against, or collected from, a prisoner pursuant to such implementation (or amendments, as the case may be) for services provided before the expiration of such period.

''(5) NOTICE BEFORE PUBLIC COMMENT PERIOD.—Before the beginning of any period a proposed implementation under this subsection is open to public comment, written and oral notice of the provisions of that proposed implementation shall be provided to groups that advocate on behalf of Federal prisoners and to each prisoner subject to such proposed implementation.

''(6) COMPREHENSIVE HIV/AIDS SERVICES REQUIRED.—Any State or local government assessing or collecting a fee under this subsection shall provide comprehensive coverage for services relating to human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) to each Federal prisoner in the custody of such State or local government when medically appropriate. The State or local government may not assess or collect a fee under this subsection for providing such coverage.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Indiana (Mr. PEASE) and the gentleman from Virginia (Mr. SCOTT) each will control 20 minutes.

The Chair recognizes the gentleman from Indiana (Mr. PEASE).

□ 1600

GENERAL LEAVE

Mr. PEASE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the bill now under consideration.

The SPEAKER pro tempore (Mr. SHIMKUS). Is there objection to the request of the gentleman from Indiana?

There was no objection.

Mr. PEASE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the gentleman from Florida (Mr. MCCOLLUM), the chairman of the Subcommittee on Crime of the Committee on the Judiciary, was unavoidably detained and has worked a great deal with the gentleman from Arizona (Mr. SALMON) on this bill, and the gentleman from Florida has asked that I include for the RECORD his remarks on this bill, which I now do.

Mr. Speaker, H.R. 1349, the Federal Prisoner Health Care Copayment Act of 1999, was introduced by the gentleman from Arizona (Mr. SALMON). It adds a new provision to title 18 to require the Bureau of Prisons to assess and collect a fee from inmates for health care services provided to the inmate. The Subcommittee on Crime and the full Committee on the Judiciary reported this bill favorably by voice vote. It is similar to S. 704, a bill that passed the other body by unanimous consent.

Currently, inmates in the Federal Prison System receive free medical care from BOP employees, Public Health Services personnel, and private health care providers working under contract with the BOP. The purpose of the bill is to impose a type of copayment fee of a nominal amount on inmates, similar to the copayment fee paid by most Americans when they visit a health care provider under a managed health care plan.

Under this bill, the fee would be collected from all inmates who request to see a health care provider. Under the bill as introduced, the director of the BOP would establish a sliding scale for the fee, dependent on an inmate's ability to pay, but in no event would the fee be less than $1 per visit.

The fees to be collected under this bill will help insure that inmates do not abuse the free health care they receive while in prison. Economists tell us that any time someone is given something for nothing, they will use too much of it. Health care copayment fees are a way to ensure that people use an efficient amount of health care, whether they be ordinary citizens or inmates. Also, the Bureau of Prisons has testified before the subcommittee that it believes some inmates often sign up for sick call as a way of getting out of other responsibilities. This fee will also help deter inmates from abusing the system in that manner.

The fee to be collected under the bill is limited in appropriate ways. For example, the fee will not be assessed for health care services that the BOP requires all inmates receive, nor would it be charged for return visits required by BOP doctors after the inmate's first voluntary visit. Inmates will also not pay the fee for diagnosis or treatment of chronic infectious diseases, mental health care, or substance abuse treatment. The bill also provides that if one inmate is injured by another inmate, the other inmate would be assessed the fee for the injured inmate's treatment. And, the bill states that inmates may not be refused treatment because they are insolvent or otherwise unable to pay the fee to be assessed under the bill.

The fees collected from inmates who have been ordered to pay restitution on their victims are to be used for that purpose. Three-quarters of the remaining fees are to be paid into the Federal Crime Victims Fund, and one-quarter is to be used by the Attorney General for administrative expenses in carrying out the requirements of the bill.

The bill also allows State and local governments which are housing Federal inmates under a contract with the Federal Government to also assess such a fee, provided that the fee is authorized under the law of the State where the Federal inmate is housed and that State prisoners are charged no greater a fee.

Mr. Speaker, I support this bill, the administration supports this bill, and I urge all of my colleagues to support this bill.

Mr. Speaker, this ends the statement of the gentleman from Florida (Mr. MCCOLLUM).

Mr. Speaker, I reserve the balance of my time.

Mr. SCOTT. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in opposition to H.R. 1349, the Federal Prisoner Health Care Copayment Act. The bill authorizes the director of the Federal Bureau of Prisons to collect a fee of at least $1 from an account of a prisoner for each health care visit made by that prisoner. While we were successful through the amendment process to get certain health care services excepted from that fee, such as emergency visits and prenatal care, a prisoner must still pay a fee in most instances and for conditions as serious as infectious diseases.

The gentleman from Indiana suggested that chronic infectious diseases would not be assessed a fee, but other prisoners with other infectious diseases will be discouraged from seeking care with the fee. Discouraging prisoners from getting necessary health care services by charging a copay violates the government's constitutional obligation to provide such services. It will not reduce prisoner abuse of the health care system, and it will end up costing the taxpayers money.

Mr. Speaker, the Supreme Court has recognized the government's obligation to provide health care to prisoners. In 1976, in Estelle v. Gamble, the Supreme Court enunciated the principle that the government has an obligation to provide medical care to prisoners and this has been upheld in subsequent cases. For example, in 1989 in the DeShaney v. Winnebago County Department of Social Services the court stated, ''When the States, by affirmative exercise of its power, so restrains an individual's liberty that it renders him unable to care for himself and, at the same time, fails to provide for his basic human needs; e.g., food, shelter, clothing, medical care and reasonable safety, it transgresses the substantive limits on State actions set by the eighth amendment and the due process clause.''

Given the limited amounts of money on hand in Federal prisoner accounts at any given time, a health care copayment requirement will impede their access to needed health care, particularly at the early treatment and intervention stage. The Bureau of Prisons reports that the majority of inmates make less than 17 cents per hour, and more than half of all inmates have no more than $60 in their account at any time, including the day immediately after their monthly pay period. Thus, even a minor copay would constitute a significant burden.

Establishing such a prerequisite to health care treatment not only undermines the government's constitutional obligation to provide medical care to inmates, but it also constitutes bad public policy. An inmate's failure to get timely treatment could result in a minor problem becoming a major problem, such as complications due to delayed detection of cancer or danger to others, resulting from untreated infectious diseases.

Further, the proponents' argument that the copay will deter inmate abuse of health care services simply lacks merit. Obviously, inmates with substantial amounts of money will not be deterred by a dollar or so copay from seeking unnecessary health care, and further, those inmates who are actually seeking appropriate care will still have to pay the copay, and so it discourages those who are seeking appropriate health care as well as those seeking inappropriate health care.

Therefore, a more likely effect of H.R. 1349 is their ability to pay will be the determining factor of whether an inmate seeks care and not whether the prisoner truly needs medical attention. Thus, it is not surprising when the Bureau of Prisons witnesses acknowledged at a hearing on H.R. 1349 that there is no way to know how many truly sick inmates will be deterred by the copay as opposed to those abusing the system.

Further, since even those who are determined to be truly sick must pay, it appears that the real purpose of the bill is simply to deter inmates from seeking health care whether they need it or not. Consistent with that purpose, the majority opposed amendments in committee which would have required a copay only if the inmate is found to have no reasonable basis for seeking health care services.

Finally, Mr. Speaker, there is a significant question as to whether the cost of administering the program will actually be greater than any savings projected. Proponents of the legislation point to States which have instituted inmate health care copayments to suggest that copays really work to discourage unnecessary health care and save the State money without jeopardizing the health care of inmates.

However, the only study on this issue has been a study by the California State auditor which found that the California Department of Corrections' annual copay program, the annual cost of that program of $3.2 million amounted to almost five times the annual collections, wasting $2.5 million. Certainly, it is not surprising that these audit results prompted the California State auditor to recommend that the program be terminated.

In conclusion, Mr. Speaker, this bill violates the government's obligation to provide health care services. It constitutes bad public policy by discouraging the truly sick from seeking health care, and it will end up costing the taxpayers money. Accordingly, I urge my colleagues to vote no on H.R. 1349.

Mr. Speaker, I reserve the balance of my time.

Mr. PEASE. Mr. Speaker, it is my pleasure to yield such time as he may consume to the gentleman from Arizona (Mr. SALMON), the author of the legislation.

(Mr. Salmon asked and was given permission to revise and extend his remarks.)

Mr. SALMON. Mr. Speaker, I would like to, first of all, thank the committee chairman, the gentleman from Illinois (Mr. HYDE) for working so tirelessly on getting this piece of legislation to the floor. I would also like to thank the subcommittee chairman, the gentleman from Florida (Mr. MCCOLLUM) for all of his hard work and his commitment.

As we can see from the poster board here, grandma pays a copayment when she seeks health care, but the criminals pictured here, John Gotti, Timothy McVeigh, Ramzi Yousef, and Aldrich Ames do not. Most law-abiding citizens like grandma pay a small fee every time they seek elective care. But the most despicable criminal element, terrorists, murderers and drug dealers face no such burden.

Why should Federal prisoners be any different? The free health care currently enjoyed by Federal prisoners is an offense to every law-abiding, hard-working American taxpayer who struggles to make ends meet. It is time to end the free ride for Federal prisoners by requiring them to contribute to the costs of their own care.

The Federal prisoner health care copayment act puts an end to the unfair policy that permits convicts totally free access to unlimited health care. Also, under the act, every time a convict pays to heal himself, he will pay to heal a victim. Most of the copayments collected will be deposited in the Crime Victims Fund.

The support for this bill is bipartisan and bicameral. The Senate version passed earlier last year with the support of everyone from JESSE HELMS to TOM DASCHLE. The Federal Bureau of Prisons and the Department of Justice have endorsed the bill. At least 38 States have enacted prisoner health care copayment plans. The bill reflects many of the features of the successful State copayment laws.

The Federal Prisoner Health Copayment Act simply requires the Federal Bureau of Prisons to collect a copayment of at least $1 for elected health care visits covered by the bill. The legislation applies to both inmates in the Federal Bureau of Prisons and those in the Federal system housed in non-Federal facilities such as county jails. It is expected that the Bureau of Prisons will adopt a sliding scale of fees to reflect the financial status of the inmates. Indigent prisoners would not be denied care. The fee would not be assessed for preventive health care services or emergency services, prenatal care, diagnosis or treatment for chronic infectious diseases, mental health care, or substance abuse treatment.

The fee does not take effect until inmates are given prior notice. As mentioned above, every time a prisoner pays to heal himself, he will help to pay a victim.

Mr. Speaker, 75 percent of the funds collected go to the Crime Victims Fund, and the remainder covers administrative costs. If the experience of 38 States that have copayment programs up and running is any indicator, the Federal measure will accomplish several important objectives. Most importantly, frivolous visits will be reduced, perhaps dramatically. The Federal prisoner health care system is being overutilized, if not abused. The legislation will ensure that every prisoner receives the care they need without forcing the taxpayers to pay for red carpet treatment not available to most law-abiding Americans.

Consider some of the examples of how well this program has worked on the Statewide level. This is a list of all of the States in our country, 38, that have passed a copayment piece of legislation like I am introducing here today. Arizona estimates a 40 to 60 percent reduction in medical utilization. Florida experienced a 16 to 29 percent reduction in health care visits. New Jersey inmates visits declined 60 percent. Kansas saw a 30 to 50 percent reduction. Nevada, a 50 percent reduction, and Maryland, a 40 percent drop.

Mr. Speaker, CBO estimates that enactment of the Federal Health Prisoner Copayment Care Act would result in a reduction of medical visits that could be as low as 16 percent and as high as 50 percent. That is 50 percent, and that is significant.

These reductions translate into a real cost savings. The bill would generate annual revenues of $500,000 through collection of a copayment fee, most of which would benefit crime victims. Additionally, $1 million to $2 million in cost savings in reduced health care visits would be realized and could be upwards of $5 million in subsequent years.

According to CBO, the costs of administering this program would only cost about $170,000 annually. There is absolutely no doubt that enactment of the Federal Prisoner Health Care Copayment Act will save taxpayers money and provide victims of crime with a modest boost in funding.

The bill will also improve prison safety and discipline, promote responsibility, and increase the resources available to truly sick inmates.

□ 1615

In addition to reducing unnecessary visits to these facilities operated by the Bureau of Prisons, the bill would accomplish the same result for Federal inmates under the supervision of the U.S. Marshals Service. The U.S. Marshals Service supports the bill for three other reasons:

Number one, equity. If those in a State criminal justice system must pay a copayment, so should the Federal inmates housed in the institution. Two, liability. With no Federal law on this matter governing, some Federal inmates have sued local facilities that have perhaps improperly charged them a copayment. Number three, friction. The exempt status of Federal inmates foster resentment amongst State inmates. As I mentioned, 38 States have passed this. Will it take 50 States before we finally get on board and follow the leaders?

As a bonus that will interest local facilities that house Federal inmates, the bill will generate hundreds of thousands of dollars. The attacks on this bill have one element in common: They are all misplaced. Any constitutional concerns do not even pass the most liberal laugh test. Thirty-eight States have enacted the copayment laws. These States have survived court challenges in at least seven States, one being the State of Virginia. The bill does not deprive inmates of health care, rather it requires them, when they have sufficient funds in their accounts, to pay a modest copayment when seeking elective care.

While it may be true that a majority of Federal inmates do not have an exorbitant amount of money in their prison accounts, what expenses do they use their discretionary funds for? Their meals are taken care of, their exercise is taken care of, their studies are taken care of. Prisoners are not paying for room and board. They are not paying for television or recreational services. So where do they spend their money? In the commissary on such items as cigarettes. The average cost of a pack of smokes is double that of the minimum in the Prisoner Copayment Act. If prisoners are left with less money to purchase products such as cigarettes, I think we could argue they might be better off.

Those concerned that the copayment would hit poorer inmates harder than the richer ones, should be happy to know that the bill permits the director of the Bureau of Prisons to assess higher fees for more affluent inmates. We have been hearing so much about how terrible the rich are in this country, so we can stick it to the rich inmates. This is a good provision in this bill.

As for cost effectiveness, a few members of the minority cite a California report on its copayment program. This report indicates that copayment fees collected may be less than the amount spent administering the program. Even if this is the case, the final figure as to the cost effectiveness of the California program, which I have read the report, it is dubious at best, because they have no kind of tracking mechanism to establish exactly where the money has gone or the money is collected or any of the cost-benefit analysis, but they are leaving out one critical factor: The dollar value of the frivolous visits eliminated by the copayment program. With this added to the equation, the California program would be a cost saver. But they have not had any tracking mechanism instituted to determine any real data on that. In any event, CBO has reviewed the legislation before us today and concluded that it could save up to $5 million a year in health care costs.

Some argue this will endanger prisoner guards. That obviously is not the case, given the strong support of the Federal Bureau of Prisons. In fact, just the opposite is the case. Guards may be exposed to additional danger when they accompany prisoners en route to a health care visit.

The final argument is the bill would lead to a decline in health care services for inmates. Wrong again. What the bill would do is to eliminate a significant percentage of frivolous visits. This should leave additional funds and resources for the generally infirm inmates.

The vote today on the Federal Prison Health Care Copayment Act will place each Member on one of two sides: The side of convicts or the side of victims. I encourage my colleagues to side with the victims.

Mr. SCOTT. Mr. Speaker, can you advise how much time remains on both sides?

The SPEAKER pro tempore (Mr. SHIMKUS). The gentleman from Virginia (Mr. SCOTT) has 14 minutes remaining, and the gentleman from Indiana (Mr. PEASE) has 7½ minutes remaining.

The Chair recognizes the gentleman from Virginia (Mr. SCOTT).

Mr. SCOTT. Mr. Speaker, I yield myself 2 minutes just to say that, first, I could not quite tell on the pictures that were presented whether or not Members of Congress were over there pictured with the convicts, because we do not pay a copay.

I would also want to point out that according to the California State auditor, when they did their study on their program they made projections, and when they looked at what they collected, they only collected about one-third of what they had anticipated. So all of these projections ought to be taken in that light.

But it seems to me when we have a program that the State auditor of California calculated that they wasted $2.5 million trying to implement because the cost of implementation was more than the collections, that seems a strange reaction to a situation where we have a grandmother that someone is trying to give relief to. It seems to me we could take some of that $2.5 million and buy a whole lot of health insurance.

We talk about reduction in costs. We also have to add back the cost of the fact that the infectious diseases may not be caught and other people may be infected. Other situations like cancer may not be detected earlier when it is easier to treat. These kinds of expenses will go up because of this copay.

Mr. Speaker, I reserve the balance of my time.

Mr. PEASE. Mr. Speaker, I yield 2 minutes to the gentlewoman from North Carolina (Mrs. MYRICK).

Mrs. MYRICK. Mr. Speaker, I rise today in strong support of this bill because it is another step toward just plain old common sense in our Federal Government.

Thirty-eight States, as has been mentioned, including my own State of North Carolina, have successfully implemented this copayment program to help cover the cost of prisoners health care. And there is good reason for that. In North Carolina, the average total cost per inmate per day is $63. Of that, food costs about $5, but health care costs over $8.50.

With those numbers in mind, 3 years ago my State decided to implement a $3 copayment for medical services. This bill would bring that same common sense idea to our Federal prisons. If private citizens must pay every time they go to a doctor, then certainly those who have broken the law should have to pay when they choose to go to a doctor.

Yes, this bill will save Federal taxpayers money. CBO says about $5 million a year. However, it is the crime victims who will reap the most benefit from H.R. 1349. Seventy-five percent of the copayments will be directed to the Federal crime victims fund. And these copayments mean that with each elective visit to the infirmary, prisoners will take another small step to paying for their crimes.

It cannot be stated enough that under no circumstances will emergency services, prenatal care, treatment for infectious diseases, mental health care or substance abuse treatment be prevented under this bill. That will not happen. All of those services will be provided regardless of the prisoner's ability to pay. But by requiring nominal copayments of our prisoners for elective medical treatments, this Congress will enact another common sense reform and, at the same time, give some help to the victims of these criminals.

Mr. SCOTT. Mr. Speaker, I yield myself such time as I may consume just to point out that the crime victims who may get money, if we look at the cost in administering this program, a $1 copay would cost 33 cents just to mail the $1 to the victim. Before we have accounted for it in collecting, in accounting, and all that kind of stuff, the idea that the crime victims may get a benefit, it would be a lot easier and cheaper just to appropriate more money directly to crime victims, to the crime victims fund.

This is a total waste of the taxpayers' money. Anybody that knows anything about accounting knows that trying to account for these $1 copays will be much more than any benefit that could be derived.

Again, Mr. Speaker, in conclusion, I would say the bill violates the government's obligation under the Constitution to provide health services. It constitutes bad public policy by discouraging the truly sick from seeking health care; it hits those who are sick from accessing appropriate services, as well as those that are not; and I think it is unconscionable to suggest we want to discourage people from accessing appropriate health care.

In the end, this program will cost the taxpayers money, more money than they can ever collect from this program. Accordingly, I urge my colleagues to vote ''no'' on this bill.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. PEASE. Mr. Speaker, I yield myself such time as I may consume, and rather than reiterate the statement of the gentleman from Florida (Mr. MCCOLLUM), which has now been entered in the record, let me just mention one point that was made during the debate, and that is the assertion that Members of Congress do not copay for their health care.

While there are a variety of options available, and I am not familiar with all of the plans, I know that this Member, and others that I have spoken to sitting right here, do copay on our health care plans.

Mr. Speaker, I would ask for support of the House on the bill.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Indiana (Mr. PEASE) that the House suspend the rules and pass the bill, H.R. 1349, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

Mr. PEASE. Mr. Speaker, I ask unanimous consent that the Committee on the Judiciary be discharged from the further consideration of the Senate bill (S. 704) to amend title 18, United States Code, to combat the overutilization of prison health care services and control rising prisoner health care costs, and ask for its immediate consideration.

The Clerk read the title of the Senate bill.

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

There was no objection.

The Clerk read the Senate bill, as follows:

S. 704

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 ''Federal Prisoner Health Care Copayment Act of 1999''.

SEC. 2. HEALTH CARE FEES FOR PRISONERS IN FEDERAL INSTITUTIONS.

(a) IN GENERAL.—Chapter 303 of title 18, United States Code, is amended by adding at the end the following:

''§ 4048. Fees for health care services for prisoners

''(a) DEFINITIONS.—In this section—

''(1) the term 'account' means the trust fund account (or institutional equivalent) of a prisoner;

''(2) the term 'Director' means the Director of the Bureau of Prisons;

''(3) the term 'health care provider' means any person who is—

''(A) authorized by the Director to provide health care services; and

''(B) operating within the scope of such authorization;

''(4) the term 'health care visit'—

''(A) means a visit, as determined by the Director, initiated by a prisoner to an institutional or noninstitutional health care provider; and

''(B) does not include a visit initiated by a prisoner—

''(i) pursuant to a staff referral; or

''(ii) to obtain staff-approved follow-up treatment for a chronic condition; and

''(5) the term 'prisoner' means—

''(A) any individual who is incarcerated in an institution under the jurisdiction of the Bureau of Prisons; or

''(B) any other individual, as designated by the Director, who has been charged with or convicted of an offense against the United States.

''(b) FEES FOR HEALTH CARE SERVICES.—

''(1) IN GENERAL.—The Director, in accordance with this section and with such regulations as the Director shall promulgate to carry out this section, may assess and collect a fee for health care services provided in connection with each health care visit requested by a prisoner.

''(2) EXCLUSION.—The Director may not assess or collect a fee under this section for preventative health care services, emergency services, prenatal care, diagnosis or treatment of contagious diseases, mental health care, or substance abuse treatment, as determined by the Director.

''(c) PERSONS SUBJECT TO FEE.—Each fee assessed under this section shall be collected by the Director from the account of—

''(1) the prisoner receiving health care services in connection with a health care visit described in subsection (b)(1); or

''(2) in the case of health care services provided in connection with a health care visit described in subsection (b)(1) that results from an injury inflicted on a prisoner by another prisoner, the prisoner who inflicted the injury, as determined by the Director.

''(d) AMOUNT OF FEE.—Any fee assessed and collected under this section shall be in an amount of not less than $2.

''(e) NO CONSENT REQUIRED.—Notwithstanding any other provision of law, the consent of a prisoner shall not be required for the collection of a fee from the account of the prisoner under this section.

''(f) NO REFUSAL OF TREATMENT FOR FINANCIAL REASONS.—Nothing in this section may be construed to permit any refusal of treatment to a prisoner on the basis that—

''(1) the account of the prisoner is insolvent; or

''(2) the prisoner is otherwise unable to pay a fee assessed under this section.

''(g) USE OF AMOUNTS.—

''(1) RESTITUTION TO SPECIFIC VICTIMS.—Amounts collected by the Director under this section from a prisoner subject to an order of restitution issued pursuant to section 3663 or 3663A shall be paid to victims in accordance with the order of restitution.

''(2) ALLOCATION OF OTHER AMOUNTS.—Of amounts collected by the Director under this section from prisoners not subject to an order of restitution issued pursuant to section 3663 or 3663A—

''(A) 75 percent shall be deposited in the Crime Victims Fund established under section 1402 of the Victims of Crime Act of 1984 (42 U.S.C. 10601); and

''(B) 25 percent shall be available to the Attorney General for administrative expenses incurred in carrying out this section.

''(h) REPORTS TO CONGRESS.—Not later than 1 year after the date of enactment of the Federal Prisoner Copayment Act of 1999, and annually thereafter, the Director shall submit to Congress a report, which shall include—

''(1) a description of the amounts collected under this section during the preceding 12-month period; and

''(2) an analysis of the effects of the implementation of this section, if any, on the nature and extent of heath care visits by prisoners.''.

(b) CLERICAL AMENDMENT.—The analysis for chapter 303 of title 18, United States Code, is amended by adding at the end the following:

''4048. Fees for health care services for prisoners.''.

SEC. 3. HEALTH CARE FEES FOR FEDERAL PRISONERS IN NON-FEDERAL INSTITUTIONS.

Section 4013 of title 18, United States Code, is amended by adding at the end the following:

''(c) HEALTH CARE FEES FOR FEDERAL PRISONERS IN NON-FEDERAL INSTITUTIONS.—

''(1) IN GENERAL.—Notwithstanding amounts paid under subsection (a)(3), a State or local government may assess and collect a reasonable fee from the trust fund account (or institutional equivalent) of a Federal prisoner for health care services, if—

''(A) the prisoner is confined in a non-Federal institution pursuant to an agreement between the Federal Government and the State or local government;

''(B) the fee—

''(i) is authorized under State law; and

''(ii) does not exceed the amount collected from State or local prisoners for the same services; and

''(C) the services—

''(i) are provided within or outside of the institution by a person who is licensed or certified under State law to provide health care services and who is operating within the scope of such license;

''(ii) constitute a health care visit within the meaning of section 4048(a)(4) of this title; and

''(iii) are not preventative health care services, emergency services, prenatal care, diagnosis or treatment of contagious diseases, mental health care, or substance abuse treatment.

''(2) NO REFUSAL OF TREATMENT FOR FINANCIAL REASONS.—Nothing in this subsection may be construed to permit any refusal of treatment to a prisoner on the basis that—

''(A) the account of the prisoner is insolvent; or

''(B) the prisoner is otherwise unable to pay a fee assessed under this subsection.''.

MOTION OFFERED BY MR. PEASE

Mr. PEASE. Mr. Speaker, I offer a motion.

The Clerk read as follows:

Mr. PEASE moves to strike out all after the enacting clause of the Senate bill, S. 704, and insert in lieu thereof the text of H.R. 1349, as passed the House.

The motion was agreed to.

The Senate bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

A similar House bill (H.R. 1349) was laid on the table.

OMNIBUS CRIME CONTROL AND SAFE STREETS ACT AMENDMENTS

Mr. HUTCHINSON. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1638) to amend the Omnibus Crime Control and Safe Streets Act of 1968 to extend the retroactive eligibility dates for financial assistance for higher education for spouses and dependent children of Federal, State, and local law enforcement officers who are killed in the line of duty.

The Clerk read as follows:

S. 1638

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

SECTION 1. EXTENSION OF RETROACTIVE ELIGIBILITY DATES FOR FINANCIAL ASSISTANCE FOR HIGHER EDUCATION FOR SPOUSES AND CHILDREN OF LAW ENFORCEMENT OFFICERS KILLED IN THE LINE OF DUTY.

(a) IN GENERAL.—Section 1216(a) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796d–5(a)) is amended—

(1) by striking ''May 1, 1992'', and inserting ''January 1, 1978,''; and

(2) by striking ''October 1, 1997,'' and inserting ''January 1, 1978,''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect October 1, 1999.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arkansas (Mr. HUTCHINSON) and the gentleman from Virginia (Mr. SCOTT) each will control 20 minutes.

The Chair recognizes the gentleman from Arkansas (Mr. HUTCHINSON).

GENERAL LEAVE

Mr. HUTCHINSON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on S.1638, the bill under consideration.

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

There was no objection.

Mr. HUTCHINSON. Mr. Speaker, I yield myself such time as I may consume, and I rise in support of Senate bill 1638, a bill which will amend the Federal Law Enforcement Dependents Act of 1996. That act provides educational assistance to the dependents of Federal law enforcement officers and State and local public safety officers killed in the line of duty.

The Senate bill passed the Senate in May by unanimous consent. The identical House version of the bill, H.R. 2059, was introduced by the gentleman from New York (Mr. KING) on June 8 of 1999, and it was reported by voice vote from the Committee on the Judiciary on July 11 of this year. The bill has wide bipartisan support. And in the interest of ensuring that this important legislation is enacted into law at this late hour in the legislative session, we have taken up the Senate bill.

The Senate bill would amend the Federal Law Enforcement Dependents Assistance Act to extend the retroactive eligibility dates for financial assistance for higher education to the spouses and dependent children of Federal law enforcement officers and State and local public safety officers that were killed in the line of duty.

Current law provides that the dependents of Federal law enforcement officers killed in the line of duty on or after May 1, 1992, are eligible for this assistance. Dependents of State and local public safety officers killed in the line of duty on or after October 1, 1997 are also eligible. Unfortunately, the somewhat arbitrary choice for these dates has excluded some deserving dependents from participating in the program. This legislation will move the eligibility dates farther back in time in order to make them eligible. For Federal law enforcement officers and for State and local public safety officers, the new date will be January 1, 1978.

This important legislation is endorsed by the Department of Justice, the Fraternal Order of Police, and the Federal Law Enforcement Officers Association. Considering the sacrifices these brave officers make to protect us all, I think that the least we can do is to help their families get the kind of education that they might not otherwise be able to afford.

Mr. Speaker, I urge all my colleagues to support this very important piece of legislation.

Mr. Speaker, I reserve the balance of my time.

□ 1630

Mr. SCOTT. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of S. 1638. The bill is identical to the Judiciary-passed version of H.R. 2059. The bill amends the Federal Law Enforcement Dependents Assistance Act of 1996 to extend eligibility for financial assistance for higher education to spouses and dependent children to Federal, State, and local law enforcement officers killed in the line of duty.

Current law provides that the dependents of Federal law enforcement officers killed in the line of duty after May 1, 1992, are eligible for this assistance. Dependents of State and local police officers killed in the line of duty after October 1, 1997, are also eligible.

This legislation would change the date to January 1, 1978, for Federal law enforcement officers and State and local public safety officers. This is an appropriate and cost-effective change in the law, given the modest cost projections of the program.

For example, less than $50,000 was spent under the program last year; and projections even under the longer eligibility periods remain modest, totaling about 24 million over the next 10 years.

Mr. Speaker, I am aware of no opposition to the bill and consider it to be a reasonable and worthy way to honor the memory and contributions of slain law enforcement officials and other public safety officers and to assist their families. I, therefore, urge my colleagues to support the bill.

Mr. Speaker, I reserve the balance of my time.