

who they were. This is not the American way. We must draw the line. Without delay, we must pass the Hate Crimes Prevention Act and the Employment Non-Discrimination Act. And we should reauthorize the Violence Against Women Act.

No American should be subjected to discrimination in finding a home, getting a job, going to school, or securing a loan. Tonight, I propose the largest ever investment to enforce America's civil rights laws. Protections in law must be protections in fact.

Last February, I created the White House Office of One America to promote racial reconciliation. That's what Hank Aaron, has done all his life. From his days as baseball's all-time homerun king to his recent acts of healing, he has always brought Americans together. We're pleased he's with us tonight.

This fall, at the White House, one of America's leading scientists said something we should all remember. He said all human beings, genetically, are 99.9 percent the same. So modern science affirms what ancient faith has always taught: the most important fact of life is our common humanity.

Therefore, we must do more than tolerate diversity—we must honor it and celebrate it.

My fellow Americans, each time I prepare for the State of the Union, I approach it with great hope and expectations for our nation. But tonight is special—because we stand on the mountaintop of a new millennium. Behind us we see the great expanse of American achievement; before us, even grander frontiers of possibility.

We should be filled with gratitude and humility for our prosperity and progress; with awe and joy at what lies ahead; and with absolute determination to make the most of it.

When the framers finished crafting our Constitution, Benjamin Franklin stood in Independence Hall and reflected on a painting of the sun, low on the horizon. He said, "I have often wondered whether that sun was rising or setting." Today, Franklin said, "I have the happiness to know it is a rising sun." Well, today, because each generation of Americans has kept the fire of freedom burning brightly, lighting those frontiers of possibility, we still bask in the warmth of Mr. Franklin's rising sun.

After 224 years, the American Revolution continues. We remain a new nation. As long as our dreams outweigh our memories, America will be forever young. That is our destiny. And this is our moment.

Thank you, God bless you, and God bless America.

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MESSAGES FROM THE HOUSE

At 8:35 p.m., a message from the House of Representatives, delivered by one of its reading clerks, announced that the House has agreed to the following concurrent resolution, in which

it requests the concurrence of the Senate:

H. Con. Res. 241. Concurrent resolution providing for a joint resolution of Congress to receive a message from the President on the state of the Union.

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MEASURE PLACED ON THE CALENDAR

The following bill was read the second time and placed on the Calendar:

S. 2006. A bill for the relief of Yongyi Song.

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INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first time and second time by unanimous consent, and referred as indicated:

By Mr. BROWBACK (for himself, Mr. NICKLES, Mr. ASHCROFT, Mr. CRAIG, Mr. SHELBY, Mr. SANTORUM, Mr. LOTT, Mr. ENZI, and Mr. SMITH of New Hampshire):

S. 2010. A bill to require the Federal Communications Commission to follow normal rulemaking procedures in establishing additional requirements for noncommercial educational television broadcasters; to the Committee on Commerce, Science, and Transportation.

By Mr. ASHCROFT:

S. 2011. A bill to amend title 18, United States Code, to expand the prohibition on stalking, and for other purposes; to the Committee on the Judiciary.

By Mr. KYL:

S. 2012. A bill to amend the Internal Revenue Code of 1986 to allow a credit against income tax to elementary and secondary school teachers who provide classroom materials; to the Committee on Finance.

By Mr. LOTT (for Mr. MCCAIN):

S. 2013. A bill to restore health care equity for medicare-eligible uniformed services retirees, and for other purposes; to the Committee on Armed Services.

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STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. KYL:

S. 2012. A bill to amend the Internal Revenue Code of 1986 to allow a credit against income tax to elementary and secondary school teachers who provide classroom materials; to the Committee on Finance.

TEACHER TAX CREDIT RELIEF ACT, 2000

• Mr. KYL. Mr. President, I rise to introduce the Teacher Tax Credit Relief Act of 2000. The act would provide an annual tax credit of up to \$100 for teachers' un-reimbursed classroom expenditures that are qualified under the Internal Revenue Code.

Thomas Jefferson once said that "an educated citizenry is essential for the preservation of democracy." It falls to our teachers—through their hard work and lifetime of commitment to young people—to inculcate the academic values and analytical skills that make good citizenship possible.

In my discussions with teachers—public and private—I have been amazed to learn that many use their own money to cover the cost of classroom

materials that are not supplied by their schools or school districts. These expenditures enhance our childrens' education but are paid for out-of-pocket.

In fact, in 1996, according to a study by the National Education Association, the average K-12 teacher spent \$408 annually on classroom materials needed for education but not supplied by the schools. These materials include everything from books, workbooks, erasers, paper, pens, equipment related to classroom instruction, and professional enrichment programs.

Under current law, a tax deduction is allowed for such expenses, but only if the teacher itemizes, and only if the expenses exceed two percent of the teacher's AGI. Of course, a deduction just reduces taxable income. A credit would give teachers relief dollar-for-dollar spent, up to the \$100 annual limit.

On a modest income, teachers provide an incalculable service to our country. Surely, we should not expect them to pay for school supplies out of their salary, when they have already committed their lives to the education of our young.

A similar provision enacted by the Arizona legislature in 1995 has been extremely well-received by teachers. The provision was recently upheld as constitutional by the Arizona Supreme Court.

Please join me in supporting this bill. Our teachers deserve to be at least partially reimbursed for financial sacrifices they make to educate our nation's children.●

By Mr. LOTT (for Mr. MCCAIN):

S. 2013. A bill to restore health care equity for Medicare-eligible uniformed services retirees, and for other purposes; to the Committee on Armed Services.

HONORING HEALTH CARE COMMITMENTS TO SERVICEMEMBERS PAST AND PRESENT ACT OF 2000

• Mr. MCCAIN. Mr. President, last November, I spoke on the floor of the Senate about the severe deficiencies in our nation's military health care delivery system. We, as a nation, face a very critical challenge in determining how best to reconfigure the military health care delivery system so that it can continue to meet its military readiness and peace-time obligations during this period of ongoing change in our base and force structure.

This is a challenge that has concerned me for some time. As I have been working on this matter and deciding how best to proceed, I have met with, and heard from, many military family members, veterans, and military retirees from around the country. And, in that process, I have been inundated with suggestions for reform. During every meeting and in every letter, I have heard from retired service men and women about so many problems with all aspects of the military medical care system—including long waiting periods, access to the right kind of

care, access to needed pharmaceutical drugs, and especially the "broken promise" of free lifetime health care for military retirees and their spouses. I have also personally heard such concerns repeatedly expressed as I have traveled extensively throughout the United States over the past several months.

I have found that a primary concern among military retirees and their families is the "broken promise" of lifetime medical care. In this vein, retiree health care is a readiness issue. Today's service members are acutely aware of retirees' disenfranchisement from military health care coverage, and exit surveys cite this issue with increasing frequency as one of the factors in members' decisions to leave the service. In fact, a recent General Accounting Office study found that poor "access to medical and dental care in retirement" was among the top five elements of dissatisfaction among active duty officers in retention-critical specialties.

Failure to keep health care commitments is hurting service recruiting efforts, as well. Traditionally, retirees have been the services' most effective recruiters, and their children and those of family friends have been more likely to serve. Unfortunately, increasing numbers of retirees who have seen the government renege on its "lifetime health care" promises have become more reluctant to recommend service careers to their family members and friends. Restoring retirees' confidence in their health care coverage could go a long way in restoring this invaluable recruiting resource.

Certainly, the high cost of providing quality health care has contributed to Congress' failure to implement meaningful reform in the past. Yet, even though Congress has increased the President's defense budget requests in recent years to attempt to meet the military's future needs, it simultaneously has squandered billions each year on projects the military did not request and does not need. Last year alone, Congress appropriated over \$6 billion for wasteful, unrequested, and low-priority projects that would have no positive effect on preparing our military for future challenges, and would address this military health care quandary.

Congress also continues to refuse to close military bases that are not essential to our security, permitting politics to outweigh military readiness, at a cost to the taxpayer of nearly \$7 billion each year. If Congress would allow the Pentagon to privatize or consolidate depot and base maintenance activities, savings of \$2 billion each year could be achieved. In addition, Congress refuses to eliminate anti-competitive "Buy American" restrictions, which could save almost \$5.5 billion annually on defense contracts. These common sense reforms together would free up nearly \$20 billion per year, which could be used to begin correcting our readiness

shortfalls and, significantly, provide a quality health care delivery system for our older military retirees, once and for all.

I must add that there are other wasteful funding efforts that are particularly disgraceful. While Congress wastes taxpayer money on obsolete infrastructure, unneeded weapon systems, and projects that have no meaningful value to our Armed Forces, it simultaneously refuses to adequately pay the nearly 12,000 enlisted military personnel who are forced to subsist on food stamps. We must work to improve our treatment of all the honored military personnel serving our nation.

#### INITIAL STEPS ON THE ROAD TO REFORM

Last October, the Chairman of the Joint Chiefs of Staff and the other Joint Chiefs testified before the Senate Armed Services Committee on the state of the military. During that hearing, they universally declared the year 2000 to be the year of military health care reform.

The rush to implement military health care reform, as evidenced by a plethora of well-intentioned legislation introduced by Congress and to be proposed by the Administration, and the evaluation of current health care delivery pilot projects must be balanced with the need to provide uninterrupted critical health care to the over-65 military retirees and their families, as well as, recognize the need to provide free health care to those Medicare eligible retirees who entered military service before June 7, 1956. Their concern about losing even the minimal health care they received from the time of retirement until age 65 increases dramatically as they turn 65. If this is to be the year of military health care, a key part of this effort must entail reassuring these older retirees that the Department of Defense will no longer deny or ignore their legitimate health care needs. By doing so, Congress also will be taking an essential step in reassuring today's servicemembers that the government does, in fact, keep its recruiting and retention promises concerning health care and other career service benefits.

The legislation that I am proposing is the next step in my effort to lead Congress down the road to meaningful reform of our nation's military health care delivery system. This measure adopts positive ideas already based in other legislation, but offers an essential element that other plans do not—that is, choice. My legislation would offer the military retiree and his family a choice of several health care delivery plans. Having the choice to decide which health care plan works well is important for two reasons: to ensure control of overall health care reform costs and to reflect the reality that each retiree's needs can be very different.

Some military retirees live near military installations and could use military health care if they had access to it. Others who live far from installa-

tions might be satisfied, for example, with the addition of a relatively low-cost prescription drug benefit. Still others, however, might desperately need full-coverage insurance such as the Federal Employees Health Benefits Program (FEHBP). The plan would accommodate these different requirements. This health care reform plan also would be portable and less dependent on any specific military hospital system, particularly if further rounds of base closures occur.

#### SPECIFIC ELEMENTS OF THE PLAN

For Medicare-eligible military retirees, this legislation authorizes the following options:

Option 1: Establishes a nationwide mail-order pharmacy service and community-based pharmacy network to serve the prescription drug needs of over-age 65 military retired members, their spouses and survivors of the military community; this provision would expand the Base Realignment and Closure (mail-order and TRICARE retail) pharmacy benefit nationwide to all Medicare-eligible uniformed services beneficiaries beginning October 1, 2000.

Option 2: Allows Medicare-eligible retirees to enroll in the Medicare subvention benefit and expands TRICARE Senior Prime nationwide beginning October 1, 2000.

Option 3: Allows Medicare-eligible retirees to enroll in the Federal Employees Health Benefits Program (FEHBP) and would expand FEHBP benefits worldwide effective with the fall 2000 open enrollment period and coverage beginning January 1, 2001.

This legislation includes a critical "Sense of the Senate" instruction: That urgent priority should be given to the enactment of legislation (such as S. 2003/H.R. 2966) that provides health care coverage at no cost for Medicare-eligible military retirees who first entered the service before June 7, 1956, and their dependents. Such legislation also should have priority consideration by the Senate committee with jurisdiction over the bill and the measure should receive expedited consideration by the full Senate, immediately after it has been reported out of committee to the Senate.

This legislation proposes to make essential improvements to the military health delivery system for active duty servicemembers and their families, including:

Elimination of copayments and deductibles for all active duty family members enrolled in TRICARE Prime; this is a great quality of life improvement for our military personnel and their families, especially our enlisted families; and

Extension of TRICARE Prime Remote coverage free of charge to the families of 80,000 active duty members living more than 50 miles from a military medical treatment facility (i.e., recruiters, ROTC instructors, reserve center and National Guard active duty personnel, and others similarly situated), who are unable to participate in TRICARE Prime.

This measure proposes other significant administrative improvements to the military medical delivery system, including:

Promotes efficiency in the military health care system by combining the various uniformed services health care delivery systems for Medicare-eligibles under a common delivery program, TRICARE Senior Prime, just as the same systems for younger beneficiaries have been combined under TRICARE Prime;

Establishes an account within the Treasury called the Uniformed Services Retirees Health Care Account that helps fund the added cost of this new benefit for age-65 uniformed services retirees; under this concept, savings from efficiencies (such as moving to electronic vs. paper claims processing) could be devoted to fulfilling health care obligations to older retirees;

Authorizes the Secretary of Defense to enter into contracts with private industry for the purpose of recovering overpayments to civilian health care providers under TRICARE program; these services may include audits and other services deemed necessary by the Secretary of Defense;

Directs the Secretary of Defense to enhance and simplify the TRICARE health program through administrative efficiencies and the use of the Internet relating to marketing, beneficiary enrollment, beneficiary and provider education, claims processing, scheduling of appointments and other services, as deemed appropriate by the Secretary, to enhance the military health delivery system; and

Directs the Secretary of Defense to design and issue a national enrollment card for the TRICARE health program that shall serve as an enrollment card for participation in the TRICARE program nationwide; the enrollment card is designed to facilitate the ready portability of benefits under TRICARE nationwide.

#### CONCLUSION

The federal government must not fail our nation's military retirees, their families, and survivors in ensuring the continuation of adequate health care coverage in their late years. I believe the steps I have outlined today, which have earned the overwhelming endorsement of The Military Coalition and The Military And Veterans' Alliance, representing 9 million members, start us down the road to comprehensive reform of the military health care system. Such an effort has not been seen in decades, and would fulfill our obligation to our military retirees and bolster retention and readiness among today's servicemembers.

Mr. President, I concur with the Joint Chiefs that this truly is the year of military health care reform. The success of the legislation that I am introducing today will depend significantly on Congress' ability to produce real military health care reform and provide the necessary resources in a timely manner. In addition, it will be important that the Pentagon, private industry, and the military retirees and

active duty servicemembers who utilize the system can work together and galvanize support for a solid military health care system for the long term.

Mr. President, I ask that letters from The Military Coalition, The Military And Veterans Alliance, the Air Force Association (AFA), the National Association For Uniformed Services (NAUS), and Colonel George "Bud" Day, USAF, Ret. (a Medal of Honor recipient and who is very active in military and veterans' issues) in support of this comprehensive military health care reform plan be placed in the RECORD, immediately following my remarks. In addition, I ask that the bill be printed in the RECORD as well as the letters from the military and veterans' associations.●

The material follows:

S. 2013

*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 "Honoring Health Care Commitments to Servicemembers Past and Present Act of 2000".

#### SEC. 2. SENSE OF SENATE ON HEALTH CARE FOR MEMBERS OF THE UNIFORMED SERVICES WHO FIRST BECAME MEMBERS BEFORE JUNE 7, 1956, AND THEIR DEPENDENTS.

It is the sense of the Senate that—

(1) urgent priority should be given to the enactment of legislation that provides health care coverage for Medicare-eligible members and former members of the uniformed services who first became members of the uniformed services before June 7, 1956, and for their dependents, at no cost to such members, former members, and dependents; and

(2) the bill proposing to provide the health care coverage described in paragraph (1), which has been introduced in the Senate, should—

(A) receive priority of consideration by the committee of the Senate having jurisdiction over the bill; and

(B) become the pending business of the Senate immediately after its reporting to the Senate by the committee of the Senate described in paragraph (1).

#### SEC. 3. PARTICIPATION OF MEDICARE-ELIGIBLE BENEFICIARIES IN CERTAIN DEPARTMENT OF DEFENSE PHARMACY PROGRAMS.

(a) IN GENERAL.—Not later than October 1, 2000, the Secretary of Defense shall—

(1) expand and make permanent the demonstration project for pharmaceuticals by mail established under subsection (a) of section 702 of the National Defense Authorization Act for Fiscal Year 1993 (10 U.S.C. 1079 note) in order to permit individuals described in subsection (b) worldwide to obtain pharmaceuticals through the project; and

(2) modify each managed health care program which includes a managed care network of community retail pharmacies under subsection (b) of such section 702 to supply prescription pharmaceuticals to the individuals described in subsection (b) of this section through such network in the area covered by such program.

(b) ELIGIBLE INDIVIDUALS.—(1) Except as provided in paragraph (2), an individual eligible to obtain pharmaceuticals under this section is a member or former member of the uniformed services described in section 1074(b) of title 10, United States Code, a dependent of a member described in subsection (a)(2)(B) or (b) of section 1076 of that title, or a dependent of a member who died while on

active duty for a period of more than 30 days, who is entitled to hospital insurance benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(2) An individual described in paragraph (1) is not eligible to obtain pharmaceuticals under this section if the individual is covered by a health benefits plan offered through the Federal Employee Health Benefits program, whether as an employee under chapter 89 of title 5, United States Code, or pursuant to section 1108 of title 10, United States Code.

(c) FEES AND CHARGES.—(1) Subject to paragraph (2), the amount of the deductible, copayment, annual fee, or other fee, if any, paid by an eligible individual described in subsection (b) who obtains a pharmaceutical under this section through the project referred to in subsection (a)(1) or a retail pharmacy network referred to in subsection (a)(2) shall not exceed the amount of the deductible copayment, annual fee, or other fee paid by other persons for such pharmaceutical through the project or the pharmacy network, as the case may be.

(2) An eligible individual described in subsection (b) shall not be charged an enrollment fee for participation in the project or a retail pharmacy network under this section.

(3) The Secretary of Defense may not establish or collect any new fee or charge under the project referred to in subsection (a)(1), or any retail pharmacy network referred to in subsection (a)(2), by reason of the participation of eligible individuals described in subsection (b) in the project or network under this section.

#### SEC. 4. NATIONWIDE EXPANSION OF MEDICARE SUBVENTION.

(a) PARTICIPANTS.—Effective October 1, 2000, subsection (a)(4) of section 1896 of the Social Security Act (42 U.S.C. 1395ggg) is amended by adding after subparagraph (D) the following new flush matter:

"Notwithstanding the first sentence of this subparagraph, the term does not include any individual who is covered by a health benefits plan offered through the Federal Employee Health Benefits program, whether as an employee under chapter 89 of title 5, United States Code, or pursuant to section 1108 of title 10, United States Code."

(b) REPEAL OF LIMITATION ON NUMBER OF SITES.—Effective October 1, 2000, paragraph (2) of section 1896(b) of such Act is amended to read as follows:

"(2) LOCATION OF SITES.—

"(A) IN GENERAL.—The program shall be conducted in any site designated jointly by the administering Secretaries.

"(B) FEE-FOR-SERVICE.—If feasible, at least 1 of the sites designated under subparagraph (A) shall be conducted using the fee-for-service reimbursement method described in subsection (l)(1).

"(C) UNIFORMED SERVICES TREATMENT FACILITIES.—If feasible, designated providers covered by section 722 of the National Defense Authorization Act for 1997 (Public Law 104-201; 10 U.S.C. 1073 note) shall be included among the sites designated by the administering Secretaries."

(c) MAKING PROJECT PERMANENT; CHANGES IN PROJECT REFERENCES.—

(1) ELIMINATION OF TIME LIMITATION.—Paragraph (4) of section 1896(b) of such Act is repealed.

(2) CONFORMING CHANGES OF REFERENCES TO DEMONSTRATION PROJECT.—Section 1896 of such Act is further amended—

(A) in the heading, by striking "DEMONSTRATION PROJECT" and inserting "PROGRAM";

(B) by amending subsection (a)(2) to read as follows:

“(2) PROGRAM.—The term ‘program’ means the program carried out under this section.”;

(C) in the heading to subsection (b), by striking “DEMONSTRATION PROJECT” and inserting “PROGRAM”;

(D) by striking “demonstration project” or “project” each place either appears and inserting “program”; and

(E) in subsection (k)(2)—

(i) in the heading, by striking “EXTENSION AND EXPANSION OF DEMONSTRATION PROJECT” and inserting “PROGRAM”; and

(ii) by striking subparagraphs (A) through (C) and inserting the following:

“(A) whether there is a cost to the health care program under this title in conducting the program under this section; and

“(B) whether the terms and conditions of the program should be modified.”.

(3) REPEAL OF OBSOLETE REPORTING REQUIREMENT.—Paragraph (5) of section 1896(b) of such Act is repealed.

(d) CORRECTION OF REFERENCE TO MEDICARE-ELIGIBLE RETIREES.—Section 1896 of such Act is further amended—

(1) in the heading, by striking “MILITARY RETIREES” and inserting “UNIFORMED SERVICES RETIREES”;

(2) in paragraph (4) of subsection (a)—

(A) in the caption, by striking “MILITARY RETIREE” and inserting “UNIFORMED SERVICES RETIREE”; and

(B) by striking “military retiree” and inserting “uniformed services retiree”; and

(3) by striking “military retirees” each place it appears and inserting “uniformed services retirees”.

(e) PERMITTING PAYMENT ON A FEE-FOR-SERVICE BASIS.—

(1) IN GENERAL.—Section 1896 of the Social Security Act is further amended by adding at the end the following new subsection:

“(1) REIMBURSEMENT ON FEE-FOR-SERVICE BASIS.—

“(1) REIMBURSEMENT AT DESIGNATED SITES.—In the case of a medicare health care service provided at a site, if any, designated for operation under the fee-for-service model under subsection (b)(2)(B), the Secretary shall reimburse the Secretary of Defense at a rate equal to 95 percent of the amount that otherwise would be payable under this title on a noncapitated basis for the service if the site were not part of the program under this section.

“(2) REIMBURSEMENT FOR UNENROLLED INDIVIDUALS.—Notwithstanding subsection (i), in the case of medicare-eligible uniformed services retirees or dependents who are not enrolled in the program under this section, the Secretary may reimburse the Secretary of Defense for medicare health care services provided to such retirees or dependents at a military treatment facility under the program at a rate that does not exceed the rate of payment that would otherwise be made under this title for such services.

“(3) INAPPLICABILITY OF LIMITATIONS ON FEDERAL PAYMENTS.—Sections 1814(c) and 1835(d), and paragraphs (2) and (3) of section 1862(a), do not apply to the making of payments under this subsection.”.

(2) CONFORMING AMENDMENTS.—Such section is further amended—

(A) in subsections (b)(1)(B)(v) and (b)(1)(B)(viii)(I), by inserting “or subsection (1)” after “subsection (i)”;

(B) in subsection (d)(1)(A), by inserting “(insofar as it provides for the enrollment of individuals and payment on the basis described in subsection (i))” before “shall meet”;

(C) in subsection (d)(1)(A), by inserting “and the program (insofar as it provides for payment for medicare health care services provided at a military treatment facility on the basis described in subsection (1)) shall meet all requirements that are applicable to

facilities that provide such services under this title” after “medicare payments”;

(D) in subsection (d)(2), by inserting “, insofar as it provides for the enrollment of individuals and payment on the basis described in subsection (i),” before “shall comply”;

(E) in subsection (g)(1), by inserting “insofar as it provides for the enrollment of individuals and payment on the basis described in subsection (i),” before “the Secretary of Defense”;

(F) in subsection (i)(1), by inserting “and subsection (1)” after “of this subsection”;

(G) in subsection (i)(4), by inserting “and subsection (1)” after “under this subsection”; and

(H) in subsection (j)(2)(B)(ii), by inserting “or subsection (1)” after “subsection (i)(1)”.

(3) EFFECTIVE DATE.—The amendments made by this subsection take effect on October 1, 2000, and apply to services furnished on or after such date.

(f) ELIMINATION OF RESTRICTION ON ELIGIBILITY.—Section 1896(b)(1) of such Act is amended by adding at the end the following new subparagraph:

“(C) ELIMINATION OF RESTRICTIVE POLICY.—If the enrollment capacity in the program has been reached at a particular site designated under paragraph (2) and the Secretary therefore limits enrollment at the site to medicare-eligible uniformed services retirees and dependents who are enrolled in TRICARE Prime (as defined for purposes of chapter 55 of title 10, United States Code) at the site immediately before attaining 65 years of age, participation in the program by a retiree or dependent at such site shall not be restricted based on whether the retiree or dependent has a civilian primary care manager instead of a military primary care manager.”.

(g) MEDIGAP PROTECTION FOR ENROLLEES.—Section 1896 of such Act is further amended by adding at the end the following new subsection:

“(m) MEDIGAP PROTECTION FOR ENROLLEES.—

“(1) IN GENERAL.—Subject to paragraph (2), the provisions of section 1882(s)(3) (other than clauses (i) through (iv) of subparagraph (B)) and section 1882(s)(4) shall apply to any enrollment (and termination of enrollment) in the program (for which payment is made on the basis described in subsection (i)) in the same manner as they apply to enrollment (and termination of enrollment) with a Medicare+Choice organization in a Medicare+Choice plan.

“(2) RULE OF CONSTRUCTION.—In applying paragraph (1)—

“(A) in the case of enrollments occurring before October 1, 2000, any reference in clause (v) or (vi) of section 1882(s)(3)(B) to 12 months is deemed a reference to the period ending on September 30, 2001; and

“(B) the notification required under section 1882(s)(3)(D) shall be provided in a manner specified by the Secretary of Defense in consultation with the Secretary.”.

**SEC. 5. INCLUSION OF MEDICARE-ELIGIBLE UNIFORMED SERVICES BENEFICIARIES IN FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM.**

(a) FEHBP OPTION.—(1) Section 1108 of title 10, United States Code, is amended to read as follows:

**“§ 1108. Health care coverage through Federal Employees Health Benefits program**

“(a) FEHBP OPTION.—(1) The Secretary of Defense, after consulting with the other administering Secretaries, shall enter into an agreement with the Office of Personnel Management under which a medicare-eligible covered beneficiary described in subsection (b) will be offered an opportunity to enroll in a health benefits plan offered through the

Federal Employee Health Benefits program under chapter 89 of title 5.

“(2) The agreement may provide for limitations on enrollment of medicare-eligible covered beneficiaries in the Federal Employee Health Benefits program if the Office of Personnel Management determines the limitations are necessary to allow for adequate planning for access for services under the Federal Employee Health Benefits program.

“(b) MEDICARE-ELIGIBLE COVERED BENEFICIARY DESCRIBED.—A medicare-eligible covered beneficiary referred to in subsection (a) is a covered beneficiary under this chapter who for any reason is or becomes entitled to hospital insurance benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.). The covered beneficiary shall not be required to satisfy any eligibility criteria specified in chapter 89 of title 5 as a condition for enrollment in a health benefits plan offered through the Federal Employee Health Benefits program pursuant to subsection (a).

“(c) LIMITATIONS ON ENROLLMENT.—The number of medicare-eligible covered beneficiaries enrolled in the Federal Employees Health Benefits program under this section shall not exceed 275,000.

“(d) CONTINUED PARTICIPATION IN UNIFORMED SERVICES HEALTH SYSTEM.—(1) A medicare-eligible covered beneficiary who enrolls in the Federal Employees Health Benefits program under this section shall not be eligible to receive health care under section 1086 or 1097 of this title.

“(2)(A) Subject to such limitations as the Secretary of Defense, after consultation with the other administering Secretaries, a medicare-eligible covered beneficiary described in paragraph (1) may continue to receive health care in a military medical treatment facility on a space available basis.

“(B) A treatment facility providing care under subparagraph (A) shall be reimbursed by the Federal Employees Health Benefits program for the cost of such care at rates not to exceed the rates of reimbursement for such care under the program if such care had been provided by a health care provider other than the treatment facility.

“(e) LIMITATIONS ON OTHER HEALTH CARE COVERAGE.—(1) A medicare-eligible covered beneficiary who is covered by a health benefits plan through the Federal Employees Health Benefits program under subsection (a) may not, during a period of coverage under such plan under this section—

“(A) be enrolled in a health benefits plan under the Federal Employees Health Benefits program as an employee under chapter 89 of title 5;

“(B) be enrolled in the medicare subvention program for military retirees under section 1896 of the Social Security Act (42 U.S.C. 1395ggg);

“(C) otherwise obtain pharmaceuticals by mail under section 702(a) of Public Law 102-484 (10 U.S.C. 1079 note) pursuant to section 3(a)(1) of the Honoring Health Care Commitments to Servicemembers Past and Present Act of 2000; or

“(D) otherwise obtain pharmaceuticals through a network of retail pharmacies under section 702(b) of Public Law 102-484 pursuant to section 3(a)(2) of the Honoring Health Care Commitments to Servicemembers Past and Present Act of 2000.

“(2) A medicare-eligible covered beneficiary who is also eligible for participation in the Federal Employees Health Benefits program as an employee under chapter 89 of title 5 shall participate in the program, if at all, under that chapter.

“(f) CONTRIBUTIONS.—(1) In the case of a medicare-eligible covered beneficiary who enrolls in a health benefits plan offered

through the Federal Employee Health Benefits program pursuant to subsection (a), the administering Secretary concerned shall be responsible for Government contributions that the Office of Personnel Management determines are necessary to cover all costs in excess of beneficiary contributions under paragraph (2).

"(2) The contribution required from the enrolled medicare-eligible covered beneficiary shall be equal to the amount that would be withheld from the pay of a similarly situated Federal employee who enrolls in a health benefits plan under chapter 89 of title 5.

"(g) MANAGEMENT OF PARTICIPATION.—(1) If an enrolled medicare-eligible covered beneficiary is a member or former member of the uniformed services described in section 1074(b) of this title, the authority responsible for approving retired or retainer pay or equivalent pay for the member or former member shall manage the participation of the enrolled member or former member in a health benefits plan offered through the Federal Employee Health Benefits program pursuant to subsection (a).

"(2) If an enrolled medicare-eligible covered beneficiary is a dependent of a member or former member, the authority that is, or would be, responsible for approving retired or retainer pay or equivalent pay for the member or former member shall manage the participation of the dependent in a health benefits plan offered through the Federal Employee Health Benefits program under subsection (a).

"(3) The Office of Personnel Management shall maintain separate risk pools for enrolled medicare-eligible covered beneficiaries until such time as the Director of the Office of Personnel Management determines that complete inclusion of enrolled medicare-eligible covered beneficiaries under chapter 89 of title 5 will not adversely affect Federal employees and annuitants enrolled in health benefits plans under such chapter.

"(h) EFFECT OF CANCELLATION.—The cancellation by a medicare-eligible covered beneficiary of coverage under the Federal Employee Health Benefits program under this section shall be irrevocable for purposes of this section.

"(i) REPORTING REQUIREMENTS.—Not later than November 1 of each year, the administering Secretaries and the Director of the Office of Personnel Management shall jointly submit to Congress a report describing the provision of health care services to medicare-eligible covered beneficiaries under this section during the preceding fiscal year. The report shall address or contain the following:

"(1) The number of medicare-eligible covered beneficiaries enrolled in health benefits plans offered through the Federal Employee Health Benefits program pursuant to subsection (a), both in terms of total number and as a percentage of all medicare-eligible covered beneficiaries receiving health care through the health care system of the uniformed services.

"(2) The out-of-pocket cost to enrolled medicare-eligible covered beneficiaries under such health benefits plans.

"(3) The cost to the Government (including the Department of Defense, the Department of Transportation, and the Department of Health and Human Services) of providing care under such health benefits plans as a result of this section.

"(4) A comparison of the costs determined under paragraphs (2) and (3) and the costs that would have otherwise been incurred by the Government and enrolled medicare-eligible covered beneficiaries under alternative health care options available to the administering Secretaries.

"(5) The effect of this section on the cost, access, and utilization rates of other health

care options under the health care system of the uniformed services.

"(j) TIME FOR OPTION.—The Secretary of Defense shall begin to offer the health benefits option under subsection (a) on January 1, 2001, with an initial open enrollment period conducted in the fall of 2000."

(2) The item relating to section 1108 in the table of sections at the beginning of such chapter is amended to read as follows:

"1108. Health care coverage through Federal Employees Health Benefits program."

(b) CONFORMING AMENDMENTS.—Chapter 89 of title 5, United States Code, is amended—

(1) in section 8905—

(A) by redesignating subsections (d) through (f) as subsections (e) through (g), respectively; and

(B) by inserting after subsection (c) the following:

"(d) Subject to subsection (e) of section 1108 of title 10, an individual whom an administering Secretary (as defined in section 1073 of such title) determines is a medicare-eligible covered beneficiary under subsection (b) of such section 1108 may enroll in a health benefits plan under this chapter in accordance with the agreement entered into under subsection (a) of such section 1108 between the Secretary of Defense and the Office and in accordance with applicable regulations under this chapter;"

(2) in section 8906(b), by striking paragraph (4) and inserting the following new paragraph (4):

"(4) In the case of individuals who enroll in a health plan in accordance with section 8905(d) of this title, the Government contribution shall be determined under section 1108(f) of title 10;" and

(3) in section 8906(g), by striking paragraph (3) and inserting the following new paragraph (3):

"(3) The Government contribution described in subsection (b)(4) for beneficiaries who enroll in accordance with section 8905(d) of this title shall be paid as provided in section 1108(f) of title 10."

**SEC. 6. ELIMINATION OF COPAYMENTS, DEDUCTIBLES, AND OTHER FEES FOR CARE FOR DEPENDENTS UNDER TRICARE PRIME.**

(a) ELIMINATION.—Section 1097a of title 10, United States Code, is amended—

(1) by redesignating subsections (d) and (e) as subsections (e) and (f), respectively; and

(2) by inserting after subsection (c) the following new subsection (d):

"(d) PROHIBITION ON COPAYMENTS AND OTHER FEES FOR CARE FOR DEPENDENTS.—No copayment, deductible, annual fee, or other fee may be collected for or with respect to any medical care provided a dependent (as described in subparagraph (A), (D), or (I) of section 1072(2) of this title) of a member of the uniformed services who is enrolled in TRICARE Prime."

(b) CONFORMING AND CLERICAL AMENDMENTS.—(1) The section heading of such section is amended by adding at the end the following: "; prohibition on fees for certain beneficiaries".

(2) The item relating to such section at the beginning of chapter 55 of such title is amended by inserting before the period the following: "; prohibition on fees for certain beneficiaries".

**SEC. 7. HEALTH CARE COVERAGE OF IMMEDIATE FAMILY MEMBERS UNDER PROGRAM FOR MEMBERS ASSIGNED TO CERTAIN DUTY LOCATIONS FAR FROM CARE.**

Section 1079 of title 10, United States Code, is amended by adding at the end the following:

"(p)(1)(A) Subject to such exceptions as the Secretary of Defense considers necessary,

coverage for medical care under this section for the dependents referred to in subsection (a) of a member of the armed forces covered by section 1074(c) of this title who are residing with the member, and standards with respect to timely access to such care, shall be comparable to coverage for medical care and standards for timely access to such care under the managed care option of the TRICARE program known as TRICARE Prime.

"(B) No copayment, deductible, or annual fee may be collected for or with respect to any medical care provided a dependent under subparagraph (A).

"(2) The Secretary of Defense shall enter into arrangements with contractors under the TRICARE program or with other appropriate contractors for the timely and efficient processing of claims under this subsection.

"(3) The Secretary of Defense may not require dependents referred to in subsection (a) of a member of the armed forces described in section 1074(c)(3)(B) of this title to receive routine primary medical care at a military medical treatment facility."

**SEC. 8. UNIFORMED SERVICES RETIREE HEALTH CARE ACCOUNT.**

(a) ESTABLISHMENT.—Chapter 55 of title 10, United States Code, is amended by adding at the end the following new section:

**"§ 1110. Uniformed Services Retiree Health Care Account**

"(a) ESTABLISHMENT.—There is established in the Treasury an account to be known as 'Uniformed Services Retiree Health Care Account' (in this section referred to as the 'Account').

"(b) TRANSFERS TO ACCOUNT.—There shall be transferred to the Account any unexpired funds (as determined by the Secretary of Defense, after consultation with the other administering Secretaries) in the Defense Health Program account that, as a result of economies, efficiencies, and other savings achieved in the medical care and health care programs of the Department of Defense, are excess to the requirements of such programs.

"(c) USE OF FUNDS.—(1) Amounts in the Account may be used for purposes of covering the costs incurred by the Secretary of Defense and the other administering Secretaries in administering section 1108 of this title and the provisions of the Honoring Health Care Commitments to Servicemembers Past and Present Act of 2000 (including the amendments made by that Act).

"(2) Notwithstanding any other provision of law, amounts in the Account shall remain available until expended.

"(d) UNEXPIRED FUNDS DEFINED.—In this section, the term 'unexpired funds' means funds appropriated for a definite period of time that remain available for obligation."

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

"1110. Uniformed Services Retiree Health Care Account."

**SEC. 9. CONTRACT AUTHORITY FOR RECOVERY OF OVERPAYMENTS UNDER THE TRICARE PROGRAM.**

Section 1097b of title 10, United States Code, is amended by adding at the end the following new subsection:

"(d) CONTRACT AUTHORITY FOR RECOVERY OF OVERPAYMENTS.—The Secretary of Defense may enter into contracts with appropriate private entities for purposes of recovering amounts of overpayments to health care providers under the TRICARE program. Services under contracts under this subsection may include audit services and such other services as the Secretary of Defense considers appropriate."

**SEC. 10. ENHANCEMENT OF EFFICIENCY OF ADMINISTRATION OF MILITARY HEALTH CARE SYSTEM.**

(a) IN GENERAL.—The Secretary of Defense, after consultation with the other administering Secretaries, shall take appropriate actions—

(1) to enhance the efficiency of administration of the provision of health care services under chapter 55 of title 10, United States Code, including the TRICARE program, in matters relating to marketing, beneficiary enrollment, beneficiary and provider education, claims processing, and the scheduling of appointments; and

(2) otherwise to improve the quality of service provided under that chapter.

(b) PARTICULAR ACTIONS.—The actions taken by the Secretary of Defense under subsection (a) shall include the following:

(1) Simplification of administrative processes.

(2) Use of the Internet for critical administrative processes.

(c) DEFINITIONS.—In this section the terms “administering Secretaries” and “TRICARE program” shall have the meanings given such terms in section 1072 of title 10, United States Code.

**SEC. 11. NATIONWIDE ENROLLMENT CARD UNDER THE TRICARE PROGRAM.**

(a) REQUIREMENT.—The Secretary of Defense, after consultation with the other administering Secretaries, shall issue to covered beneficiaries under the TRICARE program an enrollment card which shall serve as an enrollment card for participation in the TRICARE program nationwide. The purpose of the enrollment card is to facilitate the ready portability of benefits under the TRICARE program.

(b) DEFINITIONS.—In this section the terms “administering Secretaries” and “TRICARE program” shall have the meanings given such terms in section 1072 of title 10, United States Code.

—  
THE MILITARY COALITION,  
*Alexandria, VA, January 21, 2000.*

Hon. JOHN MCCAIN,  
*U.S. Senate, Washington, DC.*

DEAR SENATOR MCCAIN: The Military Coalition (TMC), a consortium of nationally prominent uniformed services and veterans associations representing more than five million current and former members of the uniformed services, plus their families and survivors, applauds your leadership in introducing comprehensive legislation aimed at correcting serious inequities in the military health care benefit.

The Coalition believes enactment of such comprehensive health care equity legislation is essential, not only to keep commitments to long-serving members who sacrificed so much, but also to rebuild the readiness of the current force. In this regard, broken health care promises have undermined one of the services' most potent recruiting resources—the enthusiasm of retired members to recommend service careers for their children and grandchildren and those of their friends and neighbors. The broken promises also hurt current force retention, as survey responses indicate that reenlistment-eligible members are increasingly aware of how poorly their predecessors are being treated.

We are grateful to you for introducing legislation that would keep promises to those who have already served and improve health care delivery to those currently in uniform. You legislation would accomplish TMC's longstanding health care equity goals by authorizing Medicare-eligibles an option to choose between coverage under TRICARE Senior Prime or TRICARE Senior Prime Remote, FEHBP-65, or DoD mail-order and retail pharmacy programs. Members who first

entered service before June 7, 1956 would be authorized to enroll themselves and their family members in DoD managed health care programs without any fees or copays. Active duty family members would be fully covered by Tricare Prime, without any copays, regardless of their duty location.

What you have proposed is the honorable thing to do, both to ensure retired members receive long-promised and badly needed health coverage in their senior years and to improve quality of life and retention among current and future active duty personnel. The Military Coalition looks forward to working with you and your staff in seeking to bring these important health care improvements to legislative reality.

Sincerely,

THE MILITARY COALITION.

Air Force Association.  
Air Force Sergeants Association.  
Army Aviation Assn. of America.  
Assn. of Military Surgeons of the United States.  
Assn. of the US Army.  
Commissioned Officers Assn. of the US Public Health Service, Inc.  
CWO & WO Assn. US Coast Guard.  
Enlisted Association of the National Guard of the United States.  
Fleet Reserve Assn.  
Gold Star Wives of America, Inc.  
Jewish War Veterans of the USA.  
Marine Corps League.  
Marine Corps Reserve Officers Assn.  
Military Order of the Purple Heart.  
National Guard Assn. of the United States.  
National Military Family Assn.  
National Order of Battlefield Commissions.  
Naval Reserve Assn.  
Navy League of the United States.  
Reserve Officers Assn.  
Society of Medical Consultants to the Armed Forces.  
The Military Chaplains Assn. of the USA.  
The Retired Enlisted Assn.  
The Retired Officers Assn.  
United Armed Forces Assn.  
USCG Chief Petty Officers Assn.  
US Army Warrant Officers Assn.  
Veterans of Foreign Wars of the United States.  
Veterans' Widows International Network, Inc.

—  
NATIONAL MILITARY AND  
VETERANS ALLIANCE,  
*January 25, 2000.*

Hon. JOHN MCCAIN,  
*U.S. Senate, Washington, DC.*

DEAR SENATOR MCCAIN: The National Military and Veterans Alliance representing over 3.5 million military retirees and other veterans strongly supports your legislation, “Honoring Health Care Commitments to Service Members Past and Present Act of 2000.”

The bill reflects your longstanding interest in improving military health care and it offers superb options for the entire military family, retirees, active duty, their families and survivors. With the closure and realignment of over 100 domestic military bases since 1988, hundreds of thousands of military beneficiaries have been left with no Department of Defense sponsored health care. This bill will repair the broken health care promise to the nation's warriors and will reassure those considering a military career that the nation will honor its promises made to those who have served to keep our country free.

We applaud your leadership in introducing this comprehensive legislation, which would include Medicare eligible retirees who desperately need medical care and are the only Federal employees who lose their DoD sponsored health care at age 65. The options offered are critical to military beneficiaries

and include priority access to military treatment facilities and TRICARE Senior Prime networks, expansion of the Base Realignment and Closure pharmacy benefit, allows enrollment in the Federal Employees Health Benefits Program and establishes an accrual account for military health care as is done for other Federal retirees.

With additional base closings being recommended, each option in this legislation is essential. One size will not fit all beneficiaries and they need the maximum number of options to meet the varying needs of active duty, retirees, their families and survivors whatever their location or medical condition.

The nation does not have a surplus until all obligations are met. This bill will meet a major obligation of the Government and we thank you for introducing it.

Sincerely,

Air Force Sergeants Association; American Military Retirees Association; American Military Society; American Retirees Association; Catholic War Veterans; Class Act Group; Gold Star Wives of America; Korean War Veterans Association; Military Order of the Purple Heart; Legion of Valor; National Assn. for Uniformed Services; Naval Enlisted Reserve Association; Naval Reserve Association; Non Commissioned Officers Assn; Society of Medical Consultants; The Retired Enlisted Association; TREA Senior Citizen League; Tragedy Assistance Program for Survivors; Veterans of Foreign Wars; Women in Search of Equity.

—  
AIR FORCE ASSOCIATION,  
*Arlington, Virginia, January 25, 2000.*

Hon. JOHN MCCAIN,  
*Senate Russell Building, Washington, DC.*

DEAR SENATOR MCCAIN:  
On behalf of the 150,000 members of the Air Force Association, I want to thank you for taking the lead in the Senate to enact legislation to restore affordable, portable and accessible health care for our nation's military members, their families and our retirees. I am confident your legislative actions on this bill will have a long-term, positive affect on the morale, welfare and retention of those who now serve on active duty and will keep faith with those now retired.

While I know other Members of the Senate are planning to introduce similar legislation, your very comprehensive bill has set a high standard for others to follow. I also am pleased to see that the Joint Chiefs of Staff (JCS) will make military health care reform their number one personnel-related issue this year. The majority of the concerns raised by the JCS are pointedly addressed in your legislation.

We want to work with you to get this bill enacted into law. Please let us know how we can be of assistance.

Sincerely,

—  
THOMAS J. MCKEE.

—  
NATIONAL ASSOCIATION FOR  
UNIFORMED SERVICES,  
*Springfield, VA, January 25, 2000.*

Hon. JOHN MCCAIN,  
*U.S. Senate, Washington, DC.*

DEAR SENATOR MCCAIN: The National Association for Uniformed Services and The Society of Military Widows with membership encompassing all grades, ranks, family members and survivors of all seven uniformed services strongly support your legislation, “Honoring Health Care Commitments to Service Members Past and Present Act of 2000.”

We applaud your leadership in introducing this most comprehensive legislation which will improve access to health care for every

category of military member, active duty, retired, family member and survivor.

This bill will repair the broken health care promise to the nation's warriors and will reassure those considering a military career that the nation will honor its promises made to those who have served to keep our country free. This legislation includes Medicare eligible retirees who desperately need medical care and are the only Federal employees who lose their DoD sponsored health care at age 65. The options offered are critical to military beneficiaries and include priority access to military treatment facilities and TRICARE Senior Prime networks, expansion of the Base Realignment and Closure pharmacy benefit, allows enrollment in the Federal Employees Health Benefits Program and establishes an accrual account for military health care as is done for other Federal retirees.

Each option in this legislation is essential. Beneficiaries need the maximum number of choices to meet the varying needs of active duty, retirees, their families and survivors whatever their location or medical condition.

This bill reflects your longstanding commitment to a strong national defense and the men and women who make that defense possible. It also will meet a major obligation of the Government and we thank you for introducing it.

Sincerely,

RICHARD D. MURRAY,  
Major General, USAF (Ret),  
President, NAUS and Administrator, SMW.

MONDAY, JANUARY 24, 2000.

CHRIS PAUL,  
c/o JOHN S. MCCAIN III.

I am delighted that Senator John McCain has signed on to H.R. 2966. This is a giant step toward repairing the breach of contract by this Administration.

Furthermore, the McCain bill goes further to improve the health care delivery system for active duty servicemembers and their families and also repairs the "broken promise" for military retirees and their families.

COL. GEORGE "BUD" DAY,  
Attorney for WWII-Korean Vets.

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ADDITIONAL COSPONSORS

S. 74

At the request of Mr. DASCHLE, the name of the Senator from Georgia (Mr. CLELAND) was added as a cosponsor of S. 74, a bill to amend the Fair Labor Standards Act of 1938 to provide more effective remedies to victims of discrimination in the payment of wages

on the basis of sex, and for other purposes.

S. 92

At the request of Mr. DOMENICI, the name of the Senator from Virginia (Mr. ROBB) was added as a cosponsor of S. 92, a bill to provide for biennial budget process and a biennial appropriations process and to enhance oversight and the performance of the Federal Government.

S. 242

At the request of Mr. JOHNSON, the name of the Senator from Illinois (Mr. DURBIN) 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. 820

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

S. 851

At the request of Mr. L. CHAFEE, his name was added as a cosponsor of S. 851, a bill to allow Federal employees to take advantage of the transportation fringe benefit provisions of the Internal Revenue Code that are available to private sector employees.

S. 1055

At the request of Mr. INOUE, his name was added as a cosponsor of S. 1055, a bill to amend title 36, United States Code, to designate the day before Thanksgiving as "National Day of Reconciliation."

S. 1708

At the request of Mr. MOYNIHAN, the name of the Senator from Michigan (Mr. ABRAHAM) was added as a cosponsor of S. 1708, a bill to amend the Employee Retirement Income Security Act of 1974 and the Internal Revenue Code of 1986 to require plans which adopt amendments that significantly reduce future benefit accruals to provide participants with adequate notice of the changes made by such amendments.

S. 1999

At the request of Mr. MACK, the name of the Senator from Kentucky (Mr. BUNNING) was added as a cosponsor of S. 1999, a bill for the relief of Elian Gonzalez-Brotons.

S. 2003

At the request of Mr. JOHNSON, the name of the Senator from Virginia (Mr. ROBB) was added as a cosponsor of S. 2003, a bill to restore health care coverage to retired members of the uniformed services.

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JOINT SESSION OF THE TWO HOUSES—ADDRESS BY THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 106-160)

The PRESIDENT pro tempore. The Senate will proceed to the Hall of the House of Representatives to hear the address by the President of the United States.

Thereupon, the Senate, preceded by the Assistant Sergeant at Arms, Loretta Symms, the Secretary of the Senate, Gary Sisco, and the Vice President of the United States, ALBERT GORE, Jr., proceeded to the Hall of the House of Representatives to hear the address by the President of the United States, William J. Clinton.

(The address delivered by the President of the United States to the joint session of the two Houses of Congress appears in the proceedings of the House of Representatives in today's RECORD).

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ADJOURNMENT UNTIL MONDAY, JANUARY 31, 2000

At the conclusion of the joint session of the two Houses, and in accordance with the order previously entered, at 10:52 p.m., the Senate adjourned until Monday, January 31, 2000, at 12 noon.

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NOMINATION

Executive nomination received by the Senate January 27, 2000:

DEPARTMENT OF THE TREASURY

NANCY KILLEFER, OF THE DISTRICT OF COLUMBIA, TO BE A MEMBER OF THE INTERNAL REVENUE SERVICE OVERSIGHT BOARD FOR A TERM OF FIVE YEARS. (NEW POSITION)