

bill making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2001, and for other purposes.

AMENDMENT NO. 3654

At the request of Mr. KERREY, his name was added as a cosponsor of amendment No. 3654 proposed to H.R. 4577, a bill making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2001, and for other purposes.

AMENDMENT NO. 3657

At the request of Ms. SNOWE, her name was added as a cosponsor of amendment No. 3657 intended to be proposed to H.R. 4577, a bill making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2001, and for other purposes.

AMENDMENT NO. 3681

At the request of Mr. TORRICELLI, the name of the Senator from Rhode Island (Mr. REED) was added as a cosponsor of amendment No. 3681 intended to be proposed to H.R. 4577, a bill making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2001, and for other purposes.

AMENDMENT NO. 3682

At the request of Mr. TORRICELLI, the name of the Senator from Rhode Island (Mr. REED) was added as a cosponsor of amendment No. 3682 intended to be proposed to H.R. 4577, a bill making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2001, and for other purposes.

SENATE RESOLUTION 330—DESIGNATING THE WEEK BEGINNING SEPTEMBER 24, 2000, AS "NATIONAL AMPUTEE AWARENESS WEEK"

Mr. INHOFE submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 330

Whereas current research indicates that more than 1.5 million Americans, of all ages and of both genders, have had amputations;

Whereas every year 156,000 individuals in the United States lose a limb;

Whereas each month 13,000 individuals lose a limb;

Whereas each week 2,996 individuals lose a limb;

Whereas each day 428 individuals lose a limb;

Whereas becoming an amputee is a lifetime condition, not just a temporary circumstance;

Whereas prosthetic care can range in cost from \$8,000 to more than \$70,000 depending on the level of care and function of the patient;

Whereas most insurance policies cover prosthetics with the stipulation of one prosthesis per patient for life;

Whereas the average prosthesis lasts between three and five years;

Whereas the general public is unaware of the plight of the amputee community;

Whereas an increased awareness to the issues faced by the amputee community will also bring about increased awareness for further research; and

Whereas establishing "National Amputee Awareness Week" will bring the cause of amputee awareness to the national front: Now, therefore, be it

Resolved, That the Senate—

(1) proclaims the week of September 24, through September 30, 2000, as "National Amputee Awareness Week"; and

(2) requests that the President issue a proclamation calling upon the people of the United States, interested groups, and affected persons to promote the awareness of the amputee community, and to observe the week with appropriate ceremonies and activities.

Mr. INHOFE. Mr. President, I am pleased to come to the Senate floor today to introduce a resolution to declare the week of September 24–30 "National Amputee Awareness Week." When passed, this resolution will designate a specific time around which the Nation's amputee community can rally. Too often, we lose sight of many of those who are right in front of our very eyes. By dedicating this week to their cause, we will make certain that we no longer forget both the accomplishments and problems of the large and diverse amputee community.

The loss of limb can strike anyone, at any time. Each year 156,000 people lose a limb. This equates to 13,000 amputations per month, 2,996 amputations per week, 428 amputations per day and 18 amputations per hour in the United States alone. People from all backgrounds have had to deal with the hardships associated with amputation. Over half of amputations in the United States occur among elderly citizens as a result of vascular deficiencies. From childhood to middle adulthood, the most common cause of limb loss is from traumatic injuries. Other major causes can include primary bone malignancies and congenital limb defects.

Although there have been great strides in prosthetic research, many people are still limited by the financial burdens associated with acquiring an artificial limb. A new prosthetic device can cost between \$8,000 and \$70,000. These limbs must often be replaced every few years, adding to the burden placed on an amputee. Even when insurance does cover the cost of these new prosthetic devices, it is often a one-time reimbursement. This leaves the amputee to deal with any further care or replacement devices that are necessary.

The prosthetic device is not the only cost incurred by the amputee. There are many secondary factors that must be considered. Over 25,000 people are readmitted to the hospital each year due to complications resulting from their amputation. Amputees must deal with both the physical and emotional consequences of limb loss. Physical therapy must be undertaken to learn how to perform the most basic tasks with a new, foreign limb. They must often

also look for alternate occupations once limb loss has made their current occupation infeasible. As a result, amputees must often undergo counseling to help them come to terms emotionally with their altered lifestyle.

According to the Amputee Coalition of America, amputees hope to one day see the elimination of barriers to their full participation in all aspects of life. In addition, they hope to see improvements in artificial limbs and prosthetic research. Finally they hope to see improved outcomes for amputees in the areas of chronic post-amputation pain and depression.

There are countless locally-based organizations in the United States who provide services to amputees with very little recognition. One of those such organizations is located in Oklahoma. The Limbs of Life Foundation is a nationwide non-profit organization established in 1995 in Oklahoma City to meet the needs of the amputee community. They do this in part by providing limbs at a free or discounted rate to individuals who would not normally be able to afford such devices. To date they have provided over 4,700 amputees with a prosthetic limb.

However, Limb for Life's efforts are not limited to limb provision. They also seek to raise awareness of the amputee cause. Each year this foundation holds a bike ride from Oklahoma City to Austin, Texas to raise funds for their efforts. This year's "Project 50-2000" will provide funds to purchase limbs for those in need and will bring national attention to the amputee community. This is the type of effort that National Amputee Awareness Week is designed to spotlight.

Mr. President, declaring the week of September 24–30 "National Amputee Awareness Week" would serve many purposes. At this point in time amputees have only a fragmented network through which to address their concerns. This week would provide them with a point of cohesion during which all amputees can come together in response to and in recognition of their common cause. Not only will amputees benefit from this week, the general population would also have the opportunity to be informed of the unique needs and problems faced by the amputee community. The amputee community and the general population would both gain from increased interaction that this week would bring.

In closing, I hope all of my colleagues will join me in creating this important awareness and outreach opportunity for the amputee community.

SENATE RESOLUTION 331—TO AUTHORIZE TESTIMONY, DOCUMENT PRODUCTION, AND LEGAL REPRESENTATION IN UNITED STATES V. ELLEN ROSE HART

Mr. LOTT (for himself and Mr. DASCHLE) submitted the following resolution; which was considered and agreed to:

S. RES. 331

Whereas, in the case of United States v. Ellen Rose Hart, CR-F 99-5275 AWI, pending in the United States District Court for the Eastern District of California, testimony has been requested from Eric Vizcaino, an employee in the office of Senator Boxer, and Monica Borvice, an employee in the office of Senator Feinstein;

Whereas, pursuant to sections 703(a) and 704(a)(2) of the Ethics in Government Act of 1978, 2 U.S.C. §§ 288b(a) and 288c(a)(2), the Senate may direct its counsel to represent employees of the Senate with respect to any subpoena, order, or request for testimony relating to their official responsibilities;

Whereas, by the privileges of the Senate of the United States and Rule XI of the Standing Rules of the Senate, no evidence under the control or in the possession of the Senate may, by the judicial or administrative process, be taken from such control or possession but by permission of the Senate;

Whereas, when it appears that evidence under the control or in the possession of the Senate may promote the administration of justice, the Senate will take such action as will promote the ends of justice consistently with the privileges of the Senate: Now, therefore, be it

Resolved, That Eric Vizcaino, Monica Borvice, and any other employee of the Senate from whom testimony or document production may be required are authorized to testify and produce documents in the case of United States v. Ellen Rose Hart, except concerning matters for which a privilege should be asserted.

SEC. 2. The Senate Legal Counsel is authorized to represent Eric Vizcaino, Monica Borvice, and any Member or employee of the Senate in connection with the testimony and document production authorized in section one of this resolution.

AMENDMENTS SUBMITTED

DEPARTMENT OF LABOR APPROPRIATIONS ACT, 2001

DASCHLE (AND OTHERS) AMENDMENT NO. 3688

Mr. HARKIN (for Mr. DASCHLE (for himself, Mr. KENNEDY, Mr. HARKIN, Mr. DODD, and Mr. ROBB)) proposed an amendment to the bill (H.R. 4577) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2001, and for other purposes; as follows:

On page 92, between lines 4 and 5, insert the following:

TITLE ___ GENETIC NONDISCRIMINATION IN HEALTH INSURANCE AND EMPLOY- MENT

SEC. ___01. SHORT TITLE.

This title may be cited as the "Genetic Nondiscrimination in Health Insurance and Employment Act of 2000".

Subtitle A—Prohibition of Health Insurance Discrimination on the Basis of Predictive Genetic Information

SEC. ___11. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

(a) AMENDMENTS RELATING TO THE GROUP MARKET.—

(1) PROHIBITION OF HEALTH INSURANCE DISCRIMINATION ON THE BASIS OF PREDICTIVE GENETIC INFORMATION OR GENETIC SERVICES.—

(A) NO ENROLLMENT RESTRICTION FOR GENETIC SERVICES.—Section 2702(a)(1)(F) of the

Public Health Service Act (42 U.S.C. 300gg-1(a)(1)(F)) is amended by inserting before the period the following: "(or information about a request for or the receipt of genetic services by an individual or a family member of such individual)".

(B) NO DISCRIMINATION IN GROUP RATE BASED ON PREDICTIVE GENETIC INFORMATION.—

(i) IN GENERAL.—Subpart 2 of part A of title XXVII of the Public Health Service (42 U.S.C. 300gg-4 et seq.) is amended by adding at the end the following:

"SEC. 2707. PROHIBITING DISCRIMINATION AGAINST GROUPS ON THE BASIS OF PREDICTIVE GENETIC INFOR- MATION.

"A group health plan, and a health insurance issuer offering group health insurance coverage in connection with a group health plan, shall not deny eligibility to a group or adjust premium or contribution rates for a group on the basis of predictive genetic information concerning an individual in the group (or information about a request for or the receipt of genetic services by such individual or family member of such individual)".

(ii) CONFORMING AMENDMENTS.—

(I) Section 2702(b)(2)(A) of the Public Health Service Act (42 U.S.C. 300gg-1(b)(2)(A)) is amended to read as follows:

"(A) to restrict the amount that an employer may be charged for coverage under a group health plan, except as provided in section 2707; or".

(II) Section 2721(a) of the Public Health Service Act (42 U.S.C. 300gg-21(a)) is amended by inserting "(other than subsections (a)(1)(F), (b) (with respect to cases relating to genetic information or information about a request or receipt of genetic services by an individual or family member of such individual), (c), (d), (e), (f), or (g) of section 2702 and section 2707)" after "subparts 1 and 3".

(2) LIMITATIONS ON GENETIC TESTING AND ON COLLECTION AND DISCLOSURE OF PREDICTIVE GENETIC INFORMATION.—Section 2702 of the Public Health Service Act (42 U.S.C. 300gg-1) is amended by adding at the end the following:

"(c) GENETIC TESTING.—

"(1) LIMITATION ON REQUESTING OR REQUIRING GENETIC TESTING.—A group health plan, or a health insurance issuer offering health insurance coverage in connection with a group health plan, shall not request or require an individual or a family member of such individual to undergo a genetic test.

"(2) RULE OF CONSTRUCTION.—Nothing in this title shall be construed to limit the authority of a health care professional, who is providing treatment with respect to an individual and who is employed by a group health plan or a health insurance issuer, to request that such individual or family member of such individual undergo a genetic test. Such a health care professional shall not require that such individual or family member undergo a genetic test.

"(d) COLLECTION OF PREDICTIVE GENETIC INFORMATION.—Except as provided in subsections (f) and (g), a group health plan, or a health insurance issuer offering health insurance coverage in connection with a group health plan, shall not request, require, collect, or purchase predictive genetic information concerning an individual (or information about a request for or the receipt of genetic services by such individual or family member of such individual).

"(e) DISCLOSURE OF PREDICTIVE GENETIC INFORMATION.—A group health plan, or a health insurance issuer offering health insurance coverage in connection with a group health plan, shall not disclose predictive genetic information about an individual (or information about a request for or the receipt of genetic services by such individual or family member of such individual) to—

"(1) any entity that is a member of the same controlled group as such issuer or plan sponsor of such group health plan;

"(2) any other group health plan or health insurance issuer or any insurance agent, third party administrator, or other person subject to regulation under State insurance laws;

"(3) the Medical Information Bureau or any other person that collects, compiles, publishes, or otherwise disseminates insurance information;

"(4) the individual's employer or any plan sponsor; or

"(5) any other person the Secretary may specify in regulations.

"(f) INFORMATION FOR PAYMENT FOR GENETIC SERVICES.—

"(1) IN GENERAL.—With respect to payment for genetic services conducted concerning an individual or the coordination of benefits, a group health plan, or a health insurance issuer offering group health insurance coverage in connection with a group health plan, may request that the individual provide the plan or issuer with evidence that such services were performed.

"(2) RULE OF CONSTRUCTION.—Nothing in paragraph (1) shall be construed to—

"(A) permit a group health plan or health insurance issuer to request (or require) the results of the services referred to in such paragraph; or

"(B) require that a group health plan or health insurance issuer make payment for services described in such paragraph where the individual involved has refused to provide evidence of the performance of such services pursuant to a request by the plan or issuer in accordance with such paragraph.

"(g) INFORMATION FOR PAYMENT OF OTHER CLAIMS.—With respect to the payment of claims for benefits other than genetic services, a group health plan, or a health insurance issuer offering group health insurance coverage in connection with a group health plan, may request that an individual provide predictive genetic information so long as such information—

"(1) is used solely for the payment of a claim;

"(2) is limited to information that is directly related to and necessary for the payment of such claim and the claim would otherwise be denied but for the predictive genetic information; and

"(3) is used only by an individual (or individuals) within such plan or issuer who needs access to such information for purposes of payment of a claim.

"(h) RULES OF CONSTRUCTION.—

"(1) COLLECTION OR DISCLOSURE AUTHORIZED BY INDIVIDUAL.—The provisions of subsections (d) (regarding collection) and (e) shall not apply to an individual if the individual (or legal representative of the individual) provides prior, knowing, voluntary, and written authorization for the collection or disclosure of predictive genetic information.

"(2) DISCLOSURE FOR HEALTH CARE TREATMENT.—Nothing in this section shall be construed to limit or restrict the disclosure of predictive genetic information from a health care provider to another health care provider for the purpose of providing health care treatment to the individual involved.

"(i) DEFINITIONS.—In this section:

"(1) CONTROLLED GROUP.—The term 'controlled group' means any group treated as a single employer under subsections (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986.

"(2) GROUP HEALTH PLAN, HEALTH INSURANCE ISSUER.—The terms 'group health plan' and 'health insurance issuer' include a third party administrator or other person acting for or on behalf of such plan or issuer."