

(C) PROGRESS AT THE ORGANIZATION OF AMERICAN STATES ON A MONITORING PROCESS.—An assessment of progress in the Organization of American States (OAS) toward creation of an effective, transparent, and viable Convention compliance monitoring process which includes input from the private sector and non-governmental organizations.

(D) FUTURE NEGOTIATIONS.—A description of the anticipated future work of the Parties to the Convention to expand its scope and assess other areas where the Convention could be amended to decrease corrupt activities.

(2) MUTUAL LEGAL ASSISTANCE.—When the United States receives a request for assistance under Article XIV of the Convention from a country with which it has in force a bilateral treaty for mutual legal assistance in criminal matters, the bilateral treaty will provide the legal basis for responding to that request. In any case of assistance sought from the United States under Article XIV of the Convention, the United States shall, consistent with U.S. laws, relevant treaties and arrangements, deny assistance where granting the assistance sought would prejudice its essential public policy interest, including cases where the Central Authority, after consultation with all appropriate intelligence, anti-narcotic, and foreign policy agencies, has specific information that a senior government official who will have access to information to be provided under the Convention is engaged in a felony, including the facilitation of the production or distribution of illegal drugs.

(3) SUPREMACY OF THE CONSTITUTION.—Nothing in the Convention requires or authorizes legislation or other action by the United States of America that is prohibited by the Constitution of the United States as interpreted by the United States.

#### INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

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

By Mr. KYL:

S. 2834. A bill to authorize the Secretary of the Interior, acting through the Bureau of Reclamation, to convey property to the Greater Yuma Port Authority of Yuma County, Arizona, for use as an international port of entry; to the Committee on Energy and Natural Resources.

By Mr. GRASSLEY (for himself and Mr. FEINGOLD):

S. 2835. A bill to provide an appropriate transition from the interim payment system for home health services to the prospective payment system for such services under the medicare program; to the Committee on Finance.

By Mr. HAGEL (for himself, Mr. ABRAHAM, Mr. HUTCHINSON, Mr. BURNS, Mr. COVERDELL, Mr. MCCAIN, Mr. ASHCROFT, and Mr. KYL):

S. 2836. A bill to amend title XVIII of the Social Security Act to provide medicare beneficiaries with access to affordable outpatient prescription drugs; to the Committee on Finance.

By Mr. CRAIG:

S. 2837. A bill to amend the Fair Debt Collection Practices Act to reduce the cost of credit, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. HUTCHINSON:

S. 2838. A bill to amend the Food, Agriculture, Conservation, and Trade Act of 1990 to provide for a program to provide informa-

tion to the public on the use of biotechnology to produce food for human consumption, to support additional research regarding the potential economic and environmental risks and benefits of using biotechnology to produce food, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

#### SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. KENNEDY (for himself, Mr. DODD, Mr. LEAHY, and Mr. MACK):

S. Res. 332. A resolution expressing the sense of the Senate with respect to the peace process in Northern Ireland; to the Committee on Foreign Relations.

By Mr. HELMS:

S. Con. Res. 126. An original concurrent resolution expressing the sense of Congress that the President should support free and fair elections and respect for democracy in Haiti; placed on the calendar.

By Mr. FITZGERALD:

S. Con. Res. 127. A concurrent resolution expressing the sense of the Congress that the Parthenon Marbles should be returned to Greece; to the Committee on Foreign Relations.

By Mr. SANTORUM:

S. Con. Res. 128. A concurrent resolution to urge the Nobel Commission to award the Nobel Prize for Peace to His Holiness, Pope John Paul II, for his dedication to fostering peace throughout the world; to the Committee on Foreign Relations.

By Mr. LIEBERMAN (for himself, Mr. GORTON, Mr. SMITH of Oregon, Mr. CLELAND, Mr. BYRD, Mr. CONRAD, Mr. BENNETT, and Mr. GRAMS):

S. Con. Res. 129. A concurrent resolution expressing the sense of Congress regarding the importance and value of education in United States history; considered and agreed to.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. KYL:

S. 2834. A bill to authorize the Secretary of the Interior, acting through the Bureau of Reclamation, to convey property to the Greater Yuma Port Authority of Yuma County, Arizona, for use as an international port of entry; to the Committee on Energy and Natural Resources.

LEGISLATION TO CONVEY LAND TO THE GREATER YUMA PORT AUTHORITY FOR CONSTRUCTION OF A SECOND COMMERCIAL PORT OF ENTRY FOR THE YUMA AREA

Mr. KYL. Mr. President, I introduce a bill today to facilitate the construction of a secondary port of entry in Yuma County. I introduce this measure in collaboration with Representative ED PASTOR, who has taken the lead on this issue in the House of Representatives and has seen his bill H.R. 3023, through to passage just this week by a vote of 404 to 1.

The identical bill I introduce today will convey to the Greater Yuma Port Authority an area of land currently controlled by the Bureau of Reclamation for the purpose of constructing a commercial port of entry on approxi-

mately 330 acres of land just east of the city of San Luis.

Anyone who has ever been to the U.S. port of entry in San Luis, Arizona, knows that traffic congestion there causes such bad delays that oftentimes individuals attempting to conduct cross-border trade there, bring goods across the border, or simply visit relatives and friends, are discouraged from crossing the border or are faced with spending two to four hours to cross. The port of entry at San Luis has become one of the busiest ports-of-crossing in the nation.

After months of negotiation, all of the local principals involved in this effort, from the city of Yuma to Yuma County, the city of San Luis and Somerton and the Cocopah Indian Nation, and the Bureau of Reclamation, now fully support this effort. The bill will facilitate the construction of an additional commercial port of entry just east of San Luis, to be conveyed to the Greater Yuma Port Authority (YMPO) for fair market value.

Mr. President, this legislation will make a difference to the people of Arizona, particularly to the people of Yuma and surrounding areas. It will help increase cross-border trade in the area, and will help to spur economic development for an Arizona region in need. I urge expeditious consideration of this legislation.

By Mr. GRASSLEY (for himself and Mr. FEINGOLD):

S. 2835. A bill to provide an appropriate transition from the interim payment system for home health services to the prospective payment system for such services under the medicare program; to the Committee on Finance.

MEDICARE HOME HEALTH REFINEMENT ACT OF 2000

Mr. GRASSLEY. Mr. President, today I am joining Senator FEINGOLD of Wisconsin in introducing the Medicare Home Health Refinement Act of 2000. I want to thank my colleague for inviting me to join him in this effort to preserve our nation's home health providers.

In my work as Chairman of the Senate Special Committee on Aging, of which Senator FEINGOLD is a member, I have been monitoring our nation's critical home health care system closely. In 1997, we investigated distressing examples of fraud and abuse among a few home health agencies (HHAs). In 1998, I chaired a hearing on the devastating effects of the Interim Payment System (IPS) for home health. Unfortunately, my legislative efforts to improve the payment system that year were blocked. Last year, the Aging Committee held a hearing on the new OASIS information collection instrument, and on the burden it imposed on home care providers.

At this point in 2000, the main challenge facing our system of home care is the new Prospective Payment System (PPS), which will take effect on October 1 of this year. We've been working

toward this for many years, and I am gratified that it will finally happen. The Health Care Financing Administration (HCFA) published the final PPS rule on June 28, and I was pleased to hear that many home health providers consider it an improvement over the proposed rule. After the trauma of the Interim Payment System, I have high hopes that the PPS will be great news for our Medicare beneficiaries who need home care.

Even so, the new PPS will pose major transitional challenges for home health agencies, and this bill seeks to ease that transition so that the PPS will succeed. The bill does the following:

1. Emergency cash flow assistance. The bill provides one-time advance payments to home health agencies during transition from IPS to PPS. Eligible agencies either have low cash reserves, have negative cash flow under PPS as defined by the Secretary of HHS, or were eligible to receive funds from the Periodic Interim Payment (PIP) system on September 30, 2000. Payments equal the average total Medicare costs incurred by the agency in a three-month period as reported on the agency's most recently settled cost report. Payments would be available for six months and repaid within twelve months.

Agencies would also receive 80 percent of the 60-day episode payment rate after notifying HCFA of admission, with the remaining 20 percent coming after submission of final episode claim, instead of 60/40 under the rule published on June 28, 2000. HCFA would also be prohibited from imposing conditions on a claim based on the status of an earlier claim for the same beneficiary.

The rationale for this is that PIP, which largely serves nonprofit, community-based agencies with minimal cash reserve, will be discontinued as of October 1. If PPS delays a substantial portion of payment until after termination of patient episode, providers will have significant cash flow problems. Many agencies are unable to secure lines of credit or other loans because of the effect of IPS on cash reserves.

2. Reimbursement for unfunded PPS-related costs. The bill reimburses agencies for technology costs required for PPS compliance, up to \$10 per beneficiary. Payments would be authorized for Fiscal Years 2001 through 2003.

The rationale for this item: agencies have had to purchase new hardware, software, and other technology to comply with new rules. These costs are not reimbursed by Medicare.

3. Reimbursement for OASIS labor costs. It reimburses agencies for labor costs associated with OASIS assessments, up to \$30 per beneficiary annually. Payments are authorized for FY 2001–2003.

This is needed because the final rule provides for only a modest payment per episode, despite an estimated hour of

time needed for a skilled clinician to collect information at admission, plus time for data quality review and follow-up.

4. Creation of a fee schedule for non-routine medical supplies. The bill develops a separate fee schedule for medical supplies under prospective payment.

This is essential because PPS rates include the average medical supply cost, but some agencies' patient populations have greater or lesser medical supply needs. The original rates would underpay agencies that treat these vulnerable populations and overpay agencies that treat patients with low medical supply needs. This provision has no budget impact.

Mr. President, I recognize that there are other issues that pose a major threat to our home care system, including the 15 percent cut scheduled for October 2001. This bill does not address that issue, though it is obvious that Congress will have to do so. But this bill will help make the new PPS a success, so home care providers can use their resources to see patients, which is what they do best. I will seek the inclusion of this bill in any Finance Committee Medicare provider package we put together this year.

Mr. FEINGOLD. Mr. President, I am pleased to join Senator GRASSLEY in introducing the Medicare Home Health Refinement Act of 2000. This legislation will provide a measure of financial relief for cost efficient home health agencies that are making the transition from the Interim Payment System to the soon to be implemented Prospective Payment System.

Since the enactment of the Balanced Budget Act of 1997, many cost-effective home health agencies have experienced financial hardship, which has forced agencies to divert funds away from patient care.

We must ensure that home health care agencies can continue to provide their invaluable service to the elderly and the disabled.

As I travel to each of Wisconsin's 72 counties each year, I have heard countless stories from home health agencies that a number of burdensome new regulations imposed by the Health Care Financing Administration have hindered their ability to do what they do best—provide quality care.

Our legislation addresses many of these concerns. In fact, a number of the provisions come directly from the providers in Wisconsin.

Our bill offers a combination of emergency cash flow assistance, reimbursement for transition costs, and a system to separate medical supply costs from other home health expenses as home health agencies switch to a new payment system.

Home health care provides compassionate, at-home care to seniors and people with disabilities in cities and towns throughout Wisconsin. Without it, many patients have no choice but to go to a nursing home, or even an emer-

gency room, to get the care they need. For too many home health patients in Wisconsin, that day has arrived.

Home health agencies around my state have closed their doors due to massive changes in Medicare, and seniors and the disabled have been forced to go elsewhere for care.

#### THE BALANCED BUDGET ACT

As my colleagues know, the Balanced Budget Act of 1997 contained a number of measures that were intended to slow home health care spending. Congress targeted home health spending due to the fact that prior to the Balanced Budget Act, home health care had become the fastest growing component of Medicare spending.

Unfortunately, the cuts went deeper than anyone anticipated, and have left many Medicare beneficiaries without access to the services they need.

These unintended consequences of the Balanced Budget Act of 1997 have been severe indeed. Instead of the \$100 billion in five-year savings that we targeted, present projections indicate that actual Medicare reductions have been in the area of \$200 billion. Home health care spending, which the Congressional Budget Office expected to rise by \$2 billion in the last two years even after factoring in the Balanced Budget Act cuts, has instead fallen by nearly 8 billion, or 45 percent.

These painful cuts have forced more than 40 home health care agencies in 22 Wisconsin counties to close their doors, in just two years.

Mr. President, I stand by my vote in favor of the Balanced Budget Act. And, like many of my colleagues, I believe that it contained meaningful provisions to balance the budget. I want to emphasize that the goal was to balance the budget—it was not to punish home health agencies, and certainly not to deny Medicare beneficiaries access to the home health services they need.

The Balanced Budget Act also included a number of burdensome administration changes, and a new reimbursement system for home health care agencies. It required the creation of a Prospective Payment System, and, until that system was developed an interim payment system.

These new rules are forcing agencies to overhaul their computer systems, purchase new software, and fill out more and more forms. Many of these agencies already face major cash-flow problems, and are rightly concerned that any delays in payments could hurt their ability to properly care for beneficiaries.

With all of the changes, Congress must ensure that these home health agencies, which have already been hit hard by payment cuts, have the resources they need to provide quality home care to the American public in a cost-effective manner.

#### RDF'S HOME HEALTH CARE LEGISLATION

My legislation provides for some common sense provisions to ease the transition to the new PPS system.

Under the first provision, the Health Care Financing Administration would

be able to provide one-time advance payments to home health agencies which have been experiencing cash-flow problems. These payments are temporary: agencies would be required to repay them within twelve months.

It also provides some relief to agencies for their compliance with the new regulations and rules. Across the country, home health agencies have had to spend millions of dollars buying new computers and software which can handle the new PPS. This provision also targets those small agencies with a lesser cash flow and are relatively more affected by the burdensome regulations.

My bill also includes compensation for agencies who must perform patient outcome assessments under the new rules. We should recognize that physicians' time is precious, and that we cannot expect them to provide accurate, helpful data if every hour they spend filling out forms is an hour less treatment that the agency can afford to provide.

Finally, the bill carves out funding for non-routine medical supplies from the PPS, so that agencies who treat patients with complex medical needs are not punished with low payments. We must ensure that all beneficiaries have the choice to receive care at home, and not be turned down or shut out of the market because agencies are afraid that they'll be too costly to assist.

These are sensible changes which go a long way to alleviate the burden that the change to the Prospective Payment System has imposed on the agencies. These changes will allow agencies to focus their care on Medicare beneficiaries, and reduce their burden as they transition to PPS.

#### ACCESS TO CARE

In Wisconsin, over 46 Medicare home health providers have shut down since the implementation of Interim Payment System. Still more have shrunk their service areas, stopped accepting Medicare patients, or refused assignment for high cost patients because the payments are simply too low.

So, what do these changes mean for Medicare beneficiaries? Well, quite frankly, in many parts of Wisconsin, beneficiaries in certain areas or with certain diagnoses simply don't have access to home health care. The Interim Payment System has created disincentives to treat patients with expensive medical diagnoses. Few agencies, if any, can afford to care for patients with expensive medical diagnosis.

#### CONCLUSION

I believe that Congress must take a serious look at what refinements need to occur to ensure that our home bound elderly and disabled constituents—among the frailest and most vulnerable people we serve—can receive the services they need.

Without that fine-tuning, I am quite certain that more home health agencies in Wisconsin and across our country will close, leaving some of our frailest Medicare beneficiaries without

the choice to receive care at home. Again, I think Seniors need and deserve that choice, and I hope my colleagues will join us in supporting this legislation.

#### ADDITIONAL COSPONSORS

S. 740

At the request of Mr. CRAIG, the name of the Senator from South Carolina (Mr. HOLLINGS) was added as a cosponsor of S. 740, a bill to amend the Federal Power Act to improve the hydroelectric licensing process by granting the Federal Energy Regulatory Commission statutory authority to better coordinate participation by other agencies and entities, and for other purposes.

S. 1066

At the request of Mr. ROBERTS, the name of the Senator from Illinois (Mr. FITZGERALD) was added as a cosponsor of S. 1066, a bill to amend the National Agricultural Research, Extension, and Teaching Policy Act of 1977 to encourage the use of and research into agricultural best practices to improve the environment, and for other purposes.

S. 1074

At the request of Mr. TORRICELLI, the name of the Senator from Virginia (Mr. ROBB) was added as a cosponsor of S. 1074, a bill to amend the Social Security Act to waive the 24-month waiting period for medicare coverage of individuals with amyotrophic lateral sclerosis (ALS), and to provide medicare coverage of drugs and biologicals used for the treatment of ALS or for the alleviation of symptoms relating to ALS.

S. 1128

At the request of Mr. KYL, the name of the Senator from New Hampshire (Mr. SMITH) was added as a cosponsor of S. 1128, a bill to amend the Internal Revenue Code of 1986 to repeal the Federal estate and gift taxes and the tax on generation-skipping transfers, to provide for a carryover basis at death, and to establish a partial capital gains exclusion for inherited assets.

S. 1874

At the request of Mr. DEWINE, his name was added as a cosponsor of S. 1874, a bill to improve academic and social outcomes for youth and reduce both juvenile crime and the risk that youth will become victims of crime by providing productive activities conducted by law enforcement personnel during non-school hours.

S. 1941

At the request of Mr. DODD, the name of the Senator from New Mexico (Mr. BINGAMAN) was added as a cosponsor of S. 1941, a bill to amend the Federal Fire Prevention and Control Act of 1974 to authorize the Director of the Federal Emergency Management Agency to provide assistance to fire departments and fire prevention organizations for the purpose of protecting the public and firefighting personnel against fire and fire-related hazards.

S. 2018

At the request of Mrs. HUTCHISON, the name of the Senator from Missouri (Mr. ASHCROFT) was added as a cosponsor of S. 2018, a bill to amend title XVIII of the Social Security Act to revise the update factor used in making payments to PPS hospitals under the medicare program.

S. 2330

At the request of Mr. ROTH, the name of the Senator from New Hampshire (Mr. GREGG) was added as a cosponsor of S. 2330, a bill to amend the Internal Revenue Code of 1986 to repeal the excise tax on telephone and other communication services.

S. 2527

At the request of Mr. DEWINE, his name was added as a cosponsor of S. 2527, a bill to amend the Public Health Service Act to provide grant programs to reduce substance abuse, and for other purposes.

S. 2528

At the request of Ms. COLLINS, the name of the Senator from Iowa (Mr. GRASSLEY) was added as a cosponsor of S. 2528, a bill to provide funds for the purchase of automatic external defibrillators and the training of individuals in advanced cardiac life support.

S. 2612

At the request of Mr. DEWINE, his name was added as a cosponsor of S. 2612, a bill to combat Ecstasy trafficking, distribution, and abuse in the United States, and for other purposes.

S. 2644

At the request of Mr. GORTON, the name of the Senator from Maryland (Mr. SARBANES) was added as a cosponsor of S. 2644, a bill to amend title XVIII of the Social Security Act to expand medicare coverage of certain self-injected biologicals.

S. 2645

At the request of Mr. THOMPSON, the names of the Senator from Alabama (Mr. SESSIONS), the Senator from Iowa (Mr. GRASSLEY), and the Senator from Alabama (Mr. SHELBY) were added as cosponsors of S. 2645, a bill to provide for the application of certain measures to the People's Republic of China in response to the illegal sale, transfer, or misuse of certain controlled goods, services, or technology, and for other purposes.

S. 2739

At the request of Mr. LAUTENBERG, the names of the Senator from New Hampshire (Mr. SMITH) and the Senator from Nevada (Mr. REID) were added as cosponsors of S. 2739, a bill to amend title 39, United States Code, to provide for the issuance of a semipostal stamp in order to afford the public a convenient way to contribute to funding for the establishment of the World War II Memorial.

S. 2769

At the request of Mr. DEWINE, his name was added as a cosponsor of S. 2769, a bill to authorize funding for National Instant Criminal Background Check System improvements.