

I am proud of our accomplishment in finally passing the Superfund Recycling Equity Act with broad bi-partisan support. This could not have happened without the hard work and cooperation of Senator LOTT. And the significance of this accomplishment is by no means compromised by the absence of agreement on any legislative history. As usual, it will be for the courts to resolve questions of interpretation on a case-by-case basis, applying the bill to a wide range of potential factual situations.

I again thank the distinguished majority leader for his work on this bill.

HEALTH ACCOMPLISHMENTS FOR THE FIRST SESSION OF THE 106TH CONGRESS

Mr. HATCH. Mr. President, I will take just a few minutes at the beginning of the second session of the 106th Congress to comment on several legislative initiatives I authored in the first session, and which I am pleased to say either passed or were substantially incorporated into other bills that were approved and signed into law by the President last year.

One of the most important issues for my state of Utah is the Radiation Exposure Compensation Act (RECA) Amendments of 1999, S. 1515, which I introduced last year. I am delighted that the Senate passed this important legislation in November.

This bill will guarantee that our government provides fair compensation to the thousands of individuals adversely affected by the mining of uranium and from fallout during the testing of nuclear weapons in the early post-war years.

Senator BEN NIGHTHORSE CAMPBELL; the distinguished Senate Minority Leader, Senator TOM DASCHLE; Senator JEFF BINGAMAN; and Senator PETER DOMENICI all joined me in introducing this legislation.

In 1990, the Radiation Exposure Compensation Act (42 U.S.C. 2210) was enacted in law. RECA, which I was proud to sponsor, required the federal government to compensate those who were harmed by the radioactive fallout from atomic testing. Administered through the Department of Justice, RECA has been responsible for compensating approximately 6,000 individuals for their injuries. Since the passage of the 1990 law, I have been continuously monitoring the implementation of the RECA program.

Quite candidly, I have been disturbed over numerous reports from my Utah constituents about the difficulty they have encountered when they have attempted to file claims with the Department of Justice. I introduced S. 1515 in response to their concerns.

This bill honors our nation's commitment to the thousands of individuals who were victims of radiation exposure while supporting our country's national defense. I believe we have an obligation to care for those who were injured, especially since, at the time, they were not adequately warned about the potential health hazards involved with their work.

Another issue which many of my constituents contacted me about over the past year was the Medicare provisions contained in the 1997 Balanced Budget Act (BBA) and the impact of these provisions on health care providers and Medicare beneficiaries.

I am extremely pleased that the House and Senate approved the Medicare, Medicaid, and CHIP Adjustment Act of 1999 and that President Clinton signed the measure into law.

This important bill will help to ensure that Medicare beneficiaries can continue to receive high-quality, accessible health care.

Overall, the bill increases payments for nursing homes, hospitals, home health agencies, managed care plans, and other Medicare providers. It will also increase payments for rehabilitative therapy services, and longer coverage of immunosuppressive drugs.

Over \$17 billion in legislative restorations are contained in this package for the next 10 years.

Clearly we now know that there were unintended consequences as a result of the reimbursement provisions contained in the BBA. Many of the changes provided for in the BBA resulted in far more severe reductions in spending than we projected in 1997.

As a result, skilled nursing facilities, home health agencies and hospitals have been particularly hard hit from these changes in the Medicare law.

In 1997, Medicare was in a serious financial condition and was projected to go bankrupt in the year 2001. The changes we made in 1997 saved Medicare from financial insolvency and have resulted in extending the program's solvency until 2015.

Nevertheless, the reductions we enacted in 1997 created a serious situation for many health care providers who simply are not being adequately reimbursed for the level and quality of care they were providing.

This situation is particularly evident in the nursing home industry.

Many skilled nursing facilities, or SNFs, are now facing bankruptcy because the current prospective payment system, which was enacted as part of the BBA, does not adequately compensate for the costs of care to medically complex patients.

As a result, I introduced the Medicare Beneficiary Access to Quality Nursing Home Care Act of 1999, S. 1500, which was designed to provide immediate financial relief to nursing homes who care for medically complex patients.

The Chairman of the Budget Committee, Senator DOMENICI, was the principal cosponsor of this important legislation. And I would like to take this opportunity now to thank him for the extraordinary effort he made in helping to have major provisions of our bill incorporated into the final conference agreement on the BBA refinement bill.

Moreover, I want to thank the other 44 Senators who cosponsored S. 1500 and who lent their support in helping to move this issue to conference.

This is an important victory for Medicare beneficiaries who depend on nursing home care.

As we have seen over the past several years, those beneficiaries with medically complex conditions were having difficulty in gaining access to nursing home facilities, or SNFs, because many SNFs simply did not want to accept these patients due to the low reimbursement levels paid by Medicare.

The current prospective payment system is flawed. It does not accurately account for the costs of these patients with complex conditions.

The Health Care Financing Administration (HCFA) has acknowledged that the system needs to be corrected.

Under the provisions of the BBA Restoration bill we are passing today, reimbursement rates are increased by 20% for 15 payment categories, or the Resource Utilization Groups—RUGs—beginning in April 2000. These increases are temporary until HCFA has fine-tuned the PPS and made adjustments to reflect a more accurate cost for these payment categories.

Moreover, after the temporary increases have expired, all payment categories will be increased by 4% in fiscal year 2001 and 2002.

These provisions will provide immediate increases of \$1.4 billion to nursing home facilities to care for these high-cost patients.

In addition, the bill also gives nursing homes the option to elect to be paid at the full federal rate for SNF PPS which will provide an additional \$700 million to the nursing community.

I would also add that I am pleased the conference report includes a provision to provide a two-year moratorium on the physical/speech therapy and occupational therapy caps that were enacted as part of the BBA.

As we all well know, these arbitrary caps have resulted in considerable pain and difficulty for thousands of Medicare beneficiaries who have met and exceeded the therapy caps.

I joined my colleague and good friend, Senator GRASSLEY, as a cosponsor of this important legislation and I want to commend him for his leadership in getting this bill incorporated into the final BBA refinement conference report.

There are many other important features of this bill that are included in the conference report agreement and, clearly, these provisions will do a great deal to help restore needed Medicare funding to providers.

The bottomline is all of this is ensuring that Medicare beneficiaries have access to quality health care. We need to keep that promise and I believe we have done that through the passage of this legislation.

Overall, \$2.7 billion is restored to SNFs under this legislation.

With respect to other providers, I would briefly add that the bill contains funding for home health agencies as well. The bill will ease the administrative requirements on home health agencies as well as delay the 15 percent reduction in reimbursement rate for one year. This reduction was to have taken effect on October 2000 but will now be delayed for one year until October 1, 2001.

I have worked very closely with my home health agencies in my state who were extremely concerned over the impact of the 15% reduction next year. I am pleased to tell them that we have addressed their concerns by delaying this reduction for another year. I think this time will give us an opportunity to focus on this provision to determine what other adjustments, if any, may be required in the future.

Overall, the bill adds \$1.3 billion back into the home health care component of Medicare.

So I believe we have taken some significant steps to ensure that home health care agencies will be able to operate without the threat of increased Medicare reductions on their bottomline.

We have also taken steps to help hospitals and teaching hospitals with over \$7 billion in Medicare restorations. These increases will help to smooth the transition to the PPS for outpatient services—an issue that was brought to my attention by practically every hospital administrator in my state.

On the separate, but equally important issue of children's graduate medical education funding, I am especially pleased that the House passed legislation that will authorize, for the first time, a new program to provide children's hospitals with direct and indirect graduate medical education funding.

Indepednet children's hospitals, including Primary Children's Hospital in Salt Lake City, receive very little Medicare graduate medical education funding (GME). This is because they treat very few Medicare patients, only children with end stage renal disease, and thus do not benefit from federal GME support through Medicare.

I cosponsored legislation to provide greater GME funding for children's hospitals. The bill passed the Senate and House, and was signed into law by the President.

Moreover, \$40 million is contained in the omnibus FY 2000 appropriation's bill that will serve as an excellent foundation on which to provide assistance to children's hospitals.

I am also pleased that provisions from S. 1626, the Medicare Patient Access to Technology Act, were included in the BBA refinement bill.

These important provisions guarantee senior citizens access to the best medical technology and pharmaceuticals. Currently, Medicare beneficiaries do not always have access to the most innovative treatments because Medicare reimbursement rates are inadequate. And I just don't think that it's fair to older Americans. My provisions contained in the conference report change this by allowing more reasonable Medicare reimbursements for these therapies.

Take John Rapp, my constituent from Salt Lake City.

Mr. Rapp, who is 71 years old, was diagnosed with prostate cancer last May. He was presented with a series of treat-

ment options and decided to have BRACHY therapy because it was minimally invasive, he could receive it as an outpatient and it had fewer complications than radical surgery.

This new innovative therapy implants radioactive seeds in the prostate gland in order to kill cancer cells. The success rate of this therapy has been overwhelming.

So, what's the problem? Without my legislation, services such as BRACHY therapy would not be available in the hospital outpatient setting to future Medicare patients due to the way the outpatient prospective payment system is being designed.

Life saving services such as BRACHY therapy would be reimbursed at significantly lower-reimbursement rates, from approximately \$10,000 to \$1,500, and, therefore, it would not be cost-effective for hospitals to offer this service. Fortunately, the provisions included in the conference report change all of that—innovative treatments, such as BRACHY therapy, will now be available to future prostate cancer patients.

We must get the newest technology, to seniors as quickly as possible. Government bureaucracy should not stand in the way of seniors receiving the best care available.

We must put Medicare patients first, not government bureaucracy. That is why my legislation is necessary and I am so pleased that it was included in the Medicare package of the conference report.

Mr. President, there are numerous other provisions in this BBA refinement package that I will not take the time to comment on now, but they are equally important and I want to commend the leadership in the Senate and House for working to put together this important measure that will clearly help millions of Medicare beneficiaries throughout the country.

TARGETED GUN DEALER ENFORCEMENT ACT

Mr. LEVIN. Mr. President, the Brady law has been very successful. The federal law that requires background checks on deals conducted by federally licensed firearms dealers has prevented more than 470,000 prohibited persons from purchasing firearms. Unfortunately, the Brady law is not the only law enforcement tool needed to prevent felons from purchasing firearms.

Straw purchases are probably the best-known way around the Brady law. Straw purchases occur when a buyer with a clean record is hired to purchase a gun for someone who is prohibited by law from buying the gun or does not want to be traced. Often times, this is how gun trafficking is facilitated. Firearms are bought in the legal marketplace, and then transferred directly to the secondary market, where there are virtually no restrictions.

A new report issued by Senator SCHUMER shows that most guns used in

crimes are purchased in this secondary market. According to the report, which analyzed data compiled by the Bureau of Alcohol, Tobacco, and Firearms, in 13 percent of crimes, the crime gun could be traced to the original buyer and in 87 percent of the crimes, the gun had transferred hands.

Many of the time, these crime guns can be traced back to a small percentage of high volume dealers, who are willing to sell a single person a large quantity of firearms. Guns bought in these large quantities are often characterized by a short "time to crime," or a short period between the sale and time they are used in criminal acts. In another report issued by Senator SCHUMER, a small percentage of licensed dealers are responsible for a disproportionate number of crime guns. Specifically, in 1998, 137 dealers, or 1.1 percent of all gun dealers, were responsible for selling 13,000 crime guns.

Mr. President, I am the cosponsor of a bill that would give ATF the authority it needs to put an end to these practices. The Targeted Gun Dealer Enforcement Act of 1999 focuses in on a specific group of businesses, who have an abysmal record of having their products used for illegal activities. It would outlaw all straw purchasing and give ATF additional law enforcement tools to suspend the licenses of high-volume crime gun dealers. I urge my colleagues to support this bill and help put an end to these unscrupulous practices, which keep violent persons armed.

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mr. Thomas, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, which were referred as indicated:

EC-6926. A communication from the Administrator, Energy Information Administration, Department of Energy, transmitting, pursuant to law, a report relative to the Administration's "Performance Profiles of Major Energy Producers 1998"; to the Committee on Energy and Natural Resources.

EC-6927. A communication from the Chief, Regulations Unit, Internal Revenue Service, Department of the Treasury transmitting, pursuant to law, the report of a rule entitled