

H.R. 1042: A bill to prevent the elimination of certain reports. (Rept. No. 107-90).

By Mr. BYRD, from the Committee on Appropriations:

Special Report entitled “Further Revised Allocation to Subcommittees of Budget Totals for Fiscal Year 2002.” (Rept. No. 107-91).

By Mr. LEAHY, from the Committee on the Judiciary, without amendment:

S. 1140: A bill to amend chapter 1 of title 9, United States Code, to provide for greater fairness, in the arbitration process relating to motor vehicle franchise contracts.

S.J. Res. 12: A joint resolution granting the consent of Congress to the International Emergency Management Assistance Memorandum of Understanding.

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. FEINGOLD (for himself and Mr. KOHL):

S. 1595. A bill to authorize the Secretary of Agriculture to establish a program to control bovine Johne’s disease; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. REID:

S. 1596. A bill to authorize the Secretary of the Interior to acquire certain land located in Nye County, Nevada; to the Committee on Energy and Natural Resources.

By Mr. KERRY (for himself, Mr. JEFFORDS, Mr. DASCHLE, Mrs. HUTCHISON, Mr. KENNEDY, Mr. HARKIN, Mr. REED, Mrs. MURRAY, Mr. WELLSTONE, Mrs. CLINTON, and Ms. MIKULSKI):

S. 1597. A bill to amend the Public Health Service Act to establish programs to alleviate the nursing profession shortage, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Mr. ROCKEFELLER:

S. 1598. To amend section 1706 of title 38, United States Code, to enhance the management of the provision by the Department of Veterans Affairs of specialized treatment and rehabilitation for disabled veterans, and for other purposes; to the Committee on Veterans’ Affairs.

By Mr. VOINOVICH:

S. 1599. A bill to amend the Internal Revenue Code of 1986 to repeal the inclusion in gross income of unemployment compensation; to the Committee on Finance.

By Mr. DAYTON:

S. 1600. A bill to amend the Internal Revenue Code of 1986 to allow medicare beneficiaries a refundable credit against income tax for the purchase of outpatient prescription drugs; to the Committee on Finance.

By Mr. REID:

S. 1601. A bill to provide for the conveyance of certain public land in Clark County, Nevada, for use as a shooting range; read the first time.

By Mr. CORZINE (for himself, Mr. JEFFORDS, Mrs. BOXER, and Mrs. CLINTON):

S. 1602. A bill to help protect the public against the threat of chemical attack; to the Committee on Environment and Public Works.

By Mr. VOINOVICH (for himself and Mr. THOMPSON):

S. 1603. A bill to provide for reform relating to Federal employment, and for other purposes; to the Committee on Governmental Affairs.

By Mr. JEFFORDS:

S. 1604. A bill to establish a national historic barn preservation program; to the Com-

mittee on Agriculture, Nutrition, and Forestry.

By Mr. CONRAD (for himself and Mr. FRIST):

S. 1605. A bill to amend title XVIII of the Social Security Act to provide for payment under the Medicare Program for four hemodialysis treatments per week for certain patients, to provide for an increased update in the composite payment rate for dialysis treatments, and for other purposes; to the Committee on Finance.

By Mr. NELSON of Florida (for himself, Mr. DURBIN, and Mr. EDWARDS):

S. 1606. A bill to amend title XI of the Social Security Act to prohibit Federal funds from being used to provide payments under a Federal health care program to any health care provider who charges a membership of any other extraneous or incidental fee to a patient as a prerequisite for the provision of an item or service to the patient; to the Committee on Finance.

By Mr. ROCKEFELLER (for himself and Ms. SNOWE):

S. 1607. A bill to amend title XVIII of the Social Security Act to provide coverage of remote monitoring services under the Medicare program; to the Committee on Finance.

By Mr. SMITH of New Hampshire (for himself, Mr. JEFFORDS, Mr. GRAHAM, and Mr. CRAPO):

S. 1608. A bill to establish a program to provide grants to drinking water and wastewater facilities to meet immediate security needs; to the Committee on Environment and Public Works.

By Mr. HELMS (for himself, Mr. DEWINE, and Mr. GRAHAM):

S.J. Res. 27. A joint resolution relating to the political, economic, and military relations of the United States with Nicaragua; to the Committee on Foreign Relations.

ADDITIONAL COSPONSORS

S. 207

At the request of Mr. SMITH of New Hampshire, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 207, a bill to amend the Internal Revenue Code of 1986 to provide incentives to introduce new technologies to reduce energy consumption in buildings.

S. 540

At the request of Mr. DEWINE, the name of the Senator from Wisconsin (Mr. KOHL) was added as a cosponsor of S. 540, a bill to amend the Internal Revenue Code of 1986 to allow as a deduction in determining adjusted gross income the deduction for expenses in connection with services as a member of a reserve component of the Armed Forces of the United States, to allow employers a credit against income tax with respect to employees who participate in the military reserve components, and to allow a comparable credit for participating reserve component self-employed individuals, and for other purposes.

S. 556

At the request of Mr. JEFFORDS, the name of the Senator from Delaware (Mr. BIDEN) was added as a cosponsor of S. 556, a bill to amend the Clean Air Act to reduce emissions from electric powerplants, and for other purposes.

S. 721

At the request of Mr. HUTCHISON, the name of the Senator from Con-

nnecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 721, a bill to amend the Public Health Service Act to establish a Nurse Corps and recruitment and retention strategies to address the nursing shortage, and for other purposes.

S. 724

At the request of Mr. BOND, the name of the Senator from Mississippi (Mr. LOTT) was added as a cosponsor of S. 724, a bill to amend title XXI of the Social Security Act to provide for coverage of pregnancy-related assistance for targeted low-income pregnant women.

S. 952

At the request of Mr. KENNEDY, the name of the Senator from Iowa (Mr. HARKIN) was added as a cosponsor of S. 952, a bill to provide collective bargaining rights for public safety officers employed by States or their political subdivisions.

S. 1140

At the request of Mr. HATCH, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. 1140, a bill to amend chapter 1 of title 9, United States Code, to provide for greater fairness in the arbitration process relating to motor vehicle franchise contracts.

S. 1303

At the request of Mr. KERRY, the name of the Senator from Washington (Mrs. MURRAY) was added as a cosponsor of S. 1303, a bill to amend title XVIII of the Social Security Act to provide for payment under the medicare program for more frequent hemodialysis treatments.

S. 1499

At the request of Mr. KERRY, the names of the Senator from Florida (Mr. GRAHAM) and the Senator from Nevada (Mr. ENSIGN) were added as cosponsors of S. 1499, a bill to provide assistance to small business concerns adversely impacted by the terrorist attacks perpetrated against the United States on September 11, 2001, and for other purposes.

S. 1571

At the request of Mr. LUGAR, the name of the Senator from New Mexico (Mr. DOMENICI) was added as a cosponsor of S. 1571, a bill to provide for the continuation of agricultural programs through fiscal year 2006.

S. 1578

At the request of Mr. DORGAN, the name of the Senator from Florida (Mr. GRAHAM) was added as a cosponsor of S. 1578, a bill to preserve the continued viability of the United States travel industry.

AMENDMENT NO. 2026

At the request of Ms. COLLINS, the names of the Senator from Maryland (Mr. SARBANES) and the Senator from Maine (Ms. SNOWE) were added as cosponsors of amendment No. 2026 intended to be proposed to H.R. 3061, 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, 2002, and for other purposes.

AMENDMENT NO. 2039

At the request of Mrs. CLINTON, the name of the Senator from New Jersey (Mr. CORZINE) was added as a cosponsor of amendment No. 2039 intended to be proposed to H.R. 3061, 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, 2002, and for other purposes.

STATEMENTS ON SUBMITTED RESOLUTIONS

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

S. 1595. A bill to authorize the Secretary of Agriculture to establish a program to control bovine Johne's disease; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. FEINGOLD. Madam President, I rise today to introduce the Johne's Disease Elimination Act, which would provide incentives to encourage dairy producers to voluntarily begin testing for Johne's disease and to remove infected and exposed animals from their dairy herds.

Johne's disease is a devastating infection that has adversely impacted dairy herds across the country for many years.

Johne's disease was identified more than a century ago, yet remains a common and costly infectious disease of dairy cattle.

Johne's disease starts as an infection in calves, though indications do not appear until 2 to 5 years later. Over 20 percent of all dairy herds may be infected with an animal pathogen that causes Johne's disease, which causes losses in milk production and an eventual wasting away of the animal. And if not detected and eliminated, the disease can spread throughout the herd.

This animal disease, for which there is no cure, is projected to cost U.S. dairy producers in excess of \$200 million annually.

Let me repeat, \$200 million. The average cost to producers is about \$245 per cow. In other words, the cost for a 100 cow dairy with an infected herd would be about \$24,000.

One of the biggest challenge to eradicate Johne's disease is the lack of a consistent national or industry-wide education or control program. One of the more prominent recent efforts involves the Johne's Committee of the U.S. Animal Health Association, which formed the National Johne's Working Group to begin more cohesive education, research, and control efforts to deal with the disease.

The legislation I am introducing today is based on the work of the National Johne's Working Group. My legislation would authorize the creation of a program to encourage dairy herd owners to be practically free of Johne's disease in 7 years.

This program would be absolutely voluntary and confidential, as the working group recommended.

This program would provide incentives to encourage dairy producers to voluntarily begin testing for Johne's disease and to remove infected and exposed animals from their dairy herds.

The incentives provided will also help farmers to perform herd risk assessments and utilize best management practices to develop appropriate Johne's Herd Management Plans to prevent further introduction and spread of the disease.

We need to listen to America's dairy industry and follow their common sense suggestions to eradicate a disease that hurts dairy farmers across the United States. I urge my colleagues to join me in cosponsoring this legislation.

By Mr. ROCKEFELLER:

S. 1598. To amend section 1706 of title 38, United States Code, to enhance the management of the provision by the Department of Veterans Affairs of specialized treatment and rehabilitation for disabled veterans, and for other purposes; to the Committee on Veterans' Affairs.

Mr. ROCKEFELLER. Madam President, I am proud today to introduce legislation that would improve upon the current requirement that the Department of Veterans Affairs maintain specialized health care services. It is my hope that the "Veterans Specialized Treatment Act" will finally settle the issue and that high quality, specialized health care services will be readily available to our veterans at each and every VA hospital.

From its inception, the Department of Veterans' Affairs' health care system has been challenged to meet the special needs of its veteran patients, such as spinal cord injuries, amputations, blindness, post-traumatic stress disorder, substance abuse, and homelessness. Over the years, VA has developed widely recognized expertise in providing specialized services to meet these needs. We have all been proud of VA's expertise, some of which is unparalleled in the larger health care community.

Unfortunately, in recent years, VA's specialized programs have come under stress due to budget constraints, re-organizational changes, and the introduction of a new resource allocation system. Budgetary pressures, in particular, raised concerns back in 1996 that VA's costly specialized programs may be particularly vulnerable and disproportionately subject to reductions. As a result, Congress recognized the need to include protections for the specialized services programs. Public Law 104-262 specifically required the Secretary of Veterans Affairs to maintain capacity to provide for the specialized treatment needs of disabled veterans at the level in existence at the time the bill was passed, October 9, 1996 and to report annually to Congress on the status of its efforts.

While each of the VA's required reports have proclaimed success in maintaining capacity, some remain skeptical. The General Accounting Office found that "much more information and analyses are needed to support VA's, 1998, conclusion, that capacity was up to par." The VA Federal Advisory Committee on Prosthetics and Special Disability Programs has in the past called VA's data "flawed" and has not endorsed all of VA's report. In 1999, my own staff on the Committee on Veterans' Affairs also examined VA's implementation of the law and found that certain key programs, such as Post-Traumatic Stress Disorder and substance abuse disorder programs, were not meeting the mandated capacity levels.

The most recent report shows, again, that there is concern about whether VA is adhering to the law. The VA Federal Committee on Care of Severely Chronically Mentally Ill Veterans stated in an official response that the 2000 report on capacity "once again, documents the Department's decline in maintaining specialized services for . . . high priority patients, without explicitly acknowledging it." Committee members also emphasized that based on the results of the report, it did not appear that high-quality, system-wide access to specialized services is being provided by VA.

I am disappointed that VA has still been unable to properly demonstrate that adequate levels of care for those veterans with specialized health care needs are being maintained. The legislation I introduce today seeks to remedy this problem by closing loopholes in the original law to ensure VA's compliance. Congress has spoken quite clearly in the past: VA does not have the discretion about whether or not to maintain capacity for specialized services.

My proposed legislation would modify the existing report and require that VA submit information on the number of full-time staff providing treatment and the number of dedicated staffed beds; the number of veterans served by each such distinct program and facility; the number of units of service provided to veterans by such program, including the number of inpatient and residential days of care as well as the number of outpatient visits; and the amount of money spent for the care of veterans using these specialized services. Having this information for each of the distinct specialized services will allow Congress to fully understand how the specialized services are faring. While I applaud VA's use of outcome measures, I believe it is imperative that the report contain hard data on the number of staffed beds and other information.

VA would also be required to maintain capacity of the Department at each and every medical center. Current law only requires that "overall" capacity be maintained.

Another key element of the legislation is that the Inspector General of