

welcomes all veterans to enroll for care, and VA generally turns away no veteran who seeks hospital or clinical care. But lower priority patients are required to make copayments for the care and the medications they receive from VA.

As I have noted, poor veterans, technically, those who are classified as being "unable to defray the expenses of necessary care," have priority over veterans who have nonservice-connected illnesses or disabilities. In order to determine who is, in fact, "unable to defray," VA uses a single, national "means test." In effect, a veteran without dependents who has an annual income of less than \$23,688 has priority access to VA care at no charge; a veteran with a higher annual income who does not otherwise qualify for priority status is required to make a copayment to receive the same care. In addition, that patient is placed in the pool of "discretionary" patients who face the risk of disenrollment should VA budget shortfalls ever require limiting enrollment.

A single, national "means test" applies irrespective of cost-of-living variations among geographic localities. In many other Federal pay and benefits systems, by contrast, geographic cost-of-living variations are taken into consideration. For example, the housing allowance paid to active duty service members is based on the average housing costs in the area they are assigned; salary and wage payments to Federal employees, while utilizing national pay scales, also contain locality adjustments; and, benefits afforded to low income families by the Department of Housing and Urban Development, HUD, are based on median family income in the area in which the applicant resides. VA's "means test" should also take such local cost-of-living variations into account. Today, I introduce legislation which would require VA to do so.

My legislation would adjust VA's current "means test" to allow veterans who live in high-cost areas, such as Philadelphia, to qualify for priority status in VA hospitals even if their incomes are slightly higher than VA's single, national threshold amount. My bill would provide for an additional formula to measure a veteran's "unable to defray" status, the "Low Income Index" established by HUD under the U.S. Housing Act of 1937. That index defines "low income" by reference to the median family income in the Metropolitan Statistical Area in which the applicant lives. Clearly, a formula which takes into account local variations in income, and, thus, the local cost of living, more fairly measures a veteran's actual ability to assist in defraying the cost of his or her medical care. I note, however, that the current VA formula would also be retained lest veteran-patients who live in relatively low cost areas lose priority status they might currently have under that formula. It is not my intention to shrink the pool of priority patients; it is my

intention to expand it by allowing more low income persons, particularly the urban poor, to qualify.

I ask my colleagues to join with me in improving VA's medical care priority "means test" so that it more accurately accomplishes its true purpose of measuring whether a veteran can, or cannot, be expected to assist in defraying the cost of his or her necessary medical care. Such a test, clearly, must take into account variations in the cost-of-living in the locality in which the veteran resides.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1221

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. ADDITIONAL BASIS FOR ESTABLISHMENT OF INABILITY TO DEFRAY EXPENSES OF NECESSARY CARE.**

(a) ADDITIONAL BASIS.—Section 1722(a) of title 38, United States Code, is amended—

(1) in paragraph (2), by striking "or" at the end;

(2) in paragraph (3), by striking the period at the end and inserting ";; or"; and

(3) by adding at the end the following new paragraph:

"(4) the veteran (including any applicable part of the veteran's family) is eligible for treatment as a low-income family under section 3 of the United States Housing Act of 1937 (42 U.S.C. 1437a) for the area in which the veteran resides."

(b) APPLICABILITY.—The amendments made by subsection (a) shall take effect on January 1, 2002, and shall apply with respect to years beginning after December 31, 2001.

STATEMENTS ON SUBMITTED  
RESOLUTIONS

SENATE RESOLUTION 138—NATIONAL PROSTATE CANCER AWARENESS MONTH

Mr. BURNS (for himself, Mr. EDWARDS, Mr. FEINGOLD, Mr. JOHNSON, Mrs. LINCOLN, Mrs. CLINTON, Mr. KENNEDY, Mr. HOLLINGS, Mr. BAYH, Ms. MIKULSKI, Mrs. BOXER, Mr. TORRICELLI, Mr. DURBIN, Mr. CORZINE, Mr. SARBANES, Mr. REID, Ms. LANDRIEU, Mr. SCHUMER, Mr. DORGAN, Mrs. FEINSTEIN, Mr. CLELAND, Mr. KERRY, Mr. INOUE, Mr. MURKOWSKI, Mr. COCHRAN, Mr. SPECTER, Mr. CRAIG, Mr. THURMOND, Mr. CRAPO, Mr. HELMS, Mr. HATCH, Mr. WARNER, Mr. BROWNBACK, Mr. SHELBY, Mr. SESSIONS, Mr. INHOFE, Mr. ALLEN, Mr. DAYTON, Ms. STABENOW, Mr. REED, Mr. BREAUX, Mr. LIEBERMAN, Mr. WELLSTONE, Mr. GRASSLEY, Mr. ENSIGN, Ms. COLLINS, Mr. STEVENS, Mrs. HUTCHISON, Mr. DEWINE, Ms. SNOWE, Mr. SANTORUM, Mr. HAGEL, and Mr. ROBERTS) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 138

Whereas over 1,000,000 American families live with prostate cancer;

Whereas 1 American man in 6 will be diagnosed with prostate cancer in his lifetime;

Whereas prostate cancer is the most commonly diagnosed nonskin cancer and the second most common cancer killer of American men;

Whereas 198,100 American men will be diagnosed with prostate cancer and 31,500 American men will die of prostate cancer in 2001, according to American Cancer Society estimates;

Whereas fully ¼ of new cases of prostate cancer occur in men during their prime working years;

Whereas African Americans have the highest incidence and mortality rates of prostate cancer in the world;

Whereas screening by both digit rectal examination and prostate specific antigen blood test (PSA) can diagnose the disease in earlier and more treatable stages and have reduced prostate cancer mortality;

Whereas the research pipeline promises further improvements in prostate cancer prevention, early detection, and treatments; and

Whereas educating Americans, including health care providers, about prostate cancer and early detection strategies is crucial to saving men's lives and preserving and protecting our families: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates the month of September as "National Prostate Cancer Awareness Month";

(2) declares that the Federal Government has a responsibility—

(A) to raise awareness about the importance of screening methods and treatment of prostate cancer;

(B) to increase research funding that is commensurate with the burden of the disease so that the causes of, and improved screening, treatments, and a cure for, prostate cancer may be discovered; and

(C) to continue to consider ways for improving access to, and the quality of, health care services for detecting and treating prostate cancer; and

(3) requests the President to issue a proclamation calling upon the people of the United States, interested groups, and affected persons to promote awareness of prostate cancer, to take an active role in the fight to end the devastating effects of prostate cancer on individuals, their families, and the economy and to observe the month of September with appropriate ceremonies and activities.

Mr. BURNS. Mr. President, today prostate cancer remains the most commonly diagnosed non-skin cancer in America. According to estimates by the American Cancer Society and the National Cancer Institute, NCI, more than 198,000 American men will learn that they have the disease within the year. Nearly 32,000 American men will lose their lives to prostate cancer this year, making it the second most common cause of cancer death among men. Those statistics translate into devastating realities for men and families across this country.

This disease will affect one in six men in the United States during his lifetime. More than 25 percent of those battling this disease are under the age of 65, prime years of productivity for families and for this Nation. The number of Americans impacted by cancer, and prostate cancer, is expected to grow. If unchecked during the next decade, cancer incidence and mortality rates could increase by 25-30 percent.

In too many cases, prostate cancer is still undetected until advanced stages of the disease, when conventional therapies no longer work. This makes it critical that all American families understand the risks of prostate cancer and take measures to ensure early detection.

If a man has one close relative with prostate cancer, his risk of the disease is double. With two close relatives, his risk is fivefold. Should he have three close relatives, his likelihood of a prostate cancer diagnosis is nearly certain. African American families are at particular risk. African American men have the highest incidence and mortality rates in the world. According to the National Prostate Cancer Coalition, we must raise public awareness about the impact of prostate cancer and emphasize early detection with the PSA, Prostate Specific Antigen, blood test. Over the last two years prostate cancer mortalities have decreased by 14 percent. This shows that, with the right investment in education and research, we are already saving lives.

I would like to congratulate President Bush for honoring his promise to make meaningful investments in biomedical research. Commitments such as these are bringing us closer to doubling the funding at the National Institutes of Health, NIH, and put us on the right track to dramatically increase the level of funding for research at the National Cancer Institute, NCI, by FY 2003. His commitment and leadership is paramount to the investments needed in the fight against prostate cancer.

In an effort to help increase awareness and educate American men and their families about prostate cancer and early detection, as well as emphasize the need for more prostate cancer research, I ask unanimous consent to consider a resolution that designates every September as the National Prostate Cancer Awareness Month. Together, Senator REID and I, along with many others, ask for your support and encourage all of our colleagues to join us in raising awareness.

#### AMENDMENTS SUBMITTED AND PROPOSED

SA 1032. Mr. CLELAND (for himself and Mr. HARKIN) submitted an amendment intended to be proposed by him to the bill H.R. 2299, making appropriations for the Department of Transportation and related agencies for the fiscal year ending September 30, 2002, and for other purposes; which was ordered to lie on the table.

SA 1033. Mr. CLELAND submitted an amendment intended to be proposed by him to the bill H.R. 2299, supra; which was ordered to lie on the table.

SA 1034. Ms. SNOWE (for herself and Ms. COLLINS) submitted an amendment intended to be proposed by her to the bill H.R. 2299, supra; which was ordered to lie on the table.

SA 1035. Ms. SNOWE (for herself and Ms. COLLINS) submitted an amendment intended to be proposed by her to the bill H.R. 2299, supra; which was ordered to lie on the table.

SA 1036. Ms. SNOWE (for herself and Ms. COLLINS) submitted an amendment intended

to be proposed by her to the bill H.R. 2299, supra; which was ordered to lie on the table.

SA 1037. Mr. REID (for himself, Ms. MIKULSKI, and Mr. SARBANES) proposed an amendment to amendment SA 1025 submitted by Mrs. MURRAY and intended to be proposed to the bill (H.R. 2299) supra.

SA 1038. Mrs. MURRAY (for Mr. SARBANES) proposed an amendment to amendment SA 1025 submitted by Mrs. MURRAY and intended to be proposed to the bill (H.R. 2299) supra.

SA 1039. Mrs. MURRAY (for Mr. THOMAS) proposed an amendment to amendment SA 1025 submitted by Mrs. MURRAY and intended to be proposed to the bill (H.R. 2299) supra.

#### TEXT OF AMENDMENTS

SA 1032. Mr. CLELAND (for himself and Mr. HARKIN) submitted an amendment intended to be proposed by him to the bill H.R. 2299, making appropriations for the Department of Transportation and related agencies for the fiscal year ending September 30, 2002, and for other purposes; which was ordered to lie on the table; as follows:

On page 81, between lines 13 and 14, insert the following:

##### SEC. 3 . . . NOISE BARRIERS, GEORGIA.

Notwithstanding any other provision of law, the Secretary of Transportation shall approve the use of funds apportioned under paragraphs (1) and (3) of section 104(b) of title 23, United States Code, for construction of Type II noise barriers—

(1) at the locations identified in section 358 of the Department of Transportation and Related Agencies Appropriations Act, 2000 (113 Stat. 1027); and

(2) on the west side of Interstate Route 285 from Henderson Mill Road to Chamblee Tucker Road in DeKalb County, Georgia.

SA 1033. Mr. CLELAND submitted an amendment intended to be proposed by him to the bill H.R. 2299, making appropriations for the Department of Transportation and related agencies for the fiscal year ending September 30, 2002, and for other purposes; which was ordered to lie on the table; as follows:

On page 81, between lines 13 and 14, insert the following:

##### SEC. 3 . . . PRIORITY HIGHWAY PROJECTS, GEORGIA.

In selecting projects to carry out using funds apportioned under section 110 of title 23, United States Code, the State of Georgia shall give priority consideration to the following projects:

(1) Improving Johnson Ferry Road from the Chattahoochee River to Abernathy Road, including the bridge over the Chattahoochee River.

(2) Widening Abernathy Road from 2 to 4 lanes from Johnson Ferry Road to Roswell Road.

SA 1034. Ms. SNOWE (for herself and Ms. COLLINS) submitted an amendment intended to be proposed by her to the bill H.R. 2299, making appropriations for the Department of Transportation and related agencies for the fiscal year ending September 30, 2002, and for other purposes; which was ordered to lie on the table; as follows:

On page 20, line 16, before the semicolon, insert the following: “, of which \$3,000,000 shall be set aside to conduct the study of east-west transportation infrastructure in the northeastern United States and Canadian Provinces described in section 3 . . .”.

On page 81, between lines 13 and 14, insert the following:

##### SEC. 3 . . . STUDY OF EAST-WEST TRANSPORTATION INFRASTRUCTURE IN THE NORTHEAST.

(a) IN GENERAL.—Not later than January 31, 2003, the Secretary of Transportation shall—

(1) conduct a study of east-west transportation infrastructure in the northeastern United States and Canadian Provinces (referred to in this section as the “region”); and

(2) submit to Congress a report on the results of the study.

(b) REQUIRED ELEMENTS.—The study shall—

(1) assess the sufficiency of the east-west transportation infrastructure of the region, including—

(A) highway and road connections on the 2 east-west axes from Halifax, Nova Scotia, through Montreal, Quebec, to the Buffalo, New York and St. Catherine, Ontario, area and the Detroit, Michigan, and Windsor, Ontario, area; and

(B) portions of Route 401 in Canada and Interstate Route 90 in central and western New York and connecting systems in the vicinity of Detroit, Michigan;

(2) identify potential alternatives for expanding the east-west transportation infrastructure to complement the transportation infrastructure in existence on the date of enactment of this Act (including north-south infrastructure);

(3) evaluate highway, rail, maritime, and aviation infrastructure;

(4) assess whether the transportation infrastructure in existence on the date of enactment of this Act is sufficient to fulfill the transportation needs of the region;

(5) assess the impact of the North American Free Trade Agreement on the transportation needs of the region;

(6) assess any potential long term economic, safety, and efficiency benefits of improvements to the east-west transportation infrastructure of the region; and

(7) evaluate the impact and consequences of no additional improvements to the east-west transportation infrastructure of the region or marginal improvements to the east-west transportation infrastructure of the region.

(c) SENSE OF THE SENATE.—It is the sense of the Senate that the Secretary of Transportation should invite the Government of Canada—

(1) to participate in the study required under this section; and

(2) to contribute to the cost of the study.

SA 1035. Ms. SNOWE (for herself and Ms. COLLINS) submitted an amendment intended to be proposed by her to the bill H.R. 2299, making appropriations for the Department of Transportation and related agencies for the fiscal year ending September 30, 2002, and for other purposes, which was ordered to lie on the table; as follows:

On page 20, line 20, before the semicolon, insert the following: “, of which \$6,000,000 shall be set aside for construction of a connector in Portland, Maine, between Interstate Route 295 and Commercial Street”.

SA 1036. Ms. SNOWE (for herself and Ms. COLLINS) submitted an amendment intended to be proposed by her to the bill H.R. 2299, making appropriations for the Department of Transportation and related agencies for the fiscal year ending September 30, 2002, and for other purposes; which was ordered to lie on the table; as follows: