the leaders in the effort to raise funding and in bringing the importance of the construction of the National World War II Memorial to legislators and the public alike. He is to be commended for his efforts.

Madam Speaker, I urge my colleagues to join me in supporting the resolution before us today.

Mr. HOLT. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I would just add that the gentleman from Mississippi has spoken eloquently on behalf of those who served, those who supported them and those of us who have followed them.

Mr. GILMAN. Madam Speaker, I rise today in strong support of S. Con. Res. 145. I urge my colleagues to join in supporting this timely legislation.

S. Con. Res. 145 expresses the sense of the Congress on the propriety and need for the expeditious construction on the national World War II memorial at the Rainbow Pool on the National Mall here in Washington.

As a World War II veteran, I have been a strong supporter of the memorial since the inception of this project several years ago. Now that final approval for the design and site has been given, we hope to see the memorial constructed in as expeditious a manner as possible.

Along with many of my fellow World War II veterans, we are looking forward to the groundbreaking ceremony of this memorial on November 11th, and I speak for many of my fellow World War II veterans who wish to be able to visit a completed World War II memorial in Washington in their lifetime.

I accordingly urge my colleagues to support this resolution.

Ms. NORTON. Madam Speaker, I regret that when Senate Concurrent Resolution 145, Expressing a Sense of the Congress on the Propriety and Need for Construction of the National World War II Memorial on the National Mall, came to the floor today I was giving the keynote speech to BusinessLINC, a national group that develops mentoring relationships between large and small businesses. Most members are out of town because there are no votes today, and there was apparently no one present who could give the true story of why there has been opposition to the World War II Memorial here in the District an throughout the country. Instead there were some comments that apparently disparaged the opposition and insulted their motives by indicating that they oppose a memorial to World War II veterans or feel less passionately about it than those who support the memorial. There are real differences, but let the record be clear that there are no differences on the belated honor that should have been made to World War II veterans long ago. The ''greatest generation'' of veterans, alone among our veterans, have not been honored, perhaps reflecting the extraordinary selflessness with which they have approached the entirety of their generous lives, from saving our country during the Great Depression to saving the free world itself during World War II, and thereafter the rebuilding of our economy in the post-war years.

The controversy surrounding the memorial has nothing to do with the veterans. The controversy has nothing to do with a memorial to the veterans on the Mall. All agree that the memorial to these veterans belongs on the Mall. The controversy arose because of the memorial's placement, obstructing one of the great American vistas. Its placement is largely the work of one man, J. Carter Brown, Chair of the Commission on Fine Arts. The veterans did not choose the particular place on the Mall and had nothing to do with the selection of that site. Another site has been chosen. Brown, however, decided to do what had always been understood to be a violation of virtually sacred national ground, the space between the Washington Monument and the Lincoln Memorial. This space between the memorials to our greatest presidents is the last expansive space left on the Mall and has been left that way for obvious reasons. This breathtaking space calls to mind the sweep of our extraordinary history and the unique role played by Washington and Lincoln in particular. The view that this pristine space should not be interrupted is not held by a few disgruntled Washingtonians or people who look to bring lawsuits when they do not get their way. Some of the opponents are World War II veterans. Some are historic preservationists and others with a deep appreciation of the McMillan Plan for the Mall and the present Mall legacy of green space created by Charles McKim and Frederick Olmstead, Jr. Many others have voiced opposition, and they are as diverse as editorials from the Wall Street Journal to the Los Angeles Times expressing opposition indicate.

Until the end, I had hoped and worked for a compromise, even one that left a memorial at the Rainbow Pool site between the Lincoln Memorial and the Washington Monument—a compromise would have avoided many issues. The memorial, as proposed, has not only been criticized for its size and artistry. It also threatens to do irreparable damage to traffic and congestion. It will take huge areas out of other sections of the Mall to make way for buses and crowds that will destroy the ambiance of the Mall as it has been known for decades.

World War II veterans deserve a national festival to celebrate a memorial in their honor, not lawsuits that have become inevitable. Perhaps citizens would have been willing to join the celebration and forego their lawsuits had a compromise been reached. However, the memorial was put on a track that avoided the usual safeguards, procedures, and public comment, and the necessary disposition toward compromise never emerged.

Although no resolution is necessary for the memorial to proceed, if Congress wishes to go on record supporting the memorial, it should do so without impugning the motives of those who believed that two noble purposes could be served at once: a long overdue memorial on the Mall to the men and women who served our country during the greatest wartime crisis of the 20th century and the preservation of the historic and irreplaceable space between the memorials to our greatest presidents. The failure to serve worthy purposes is a failure for which our generation will have to pay. It is certainly no failure of the veterans of the ''greatest generation.''

Mr. HOLT. Madam Speaker, I yield back the balance of my time.

Mr. CALVERT. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. CALVERT) that the House suspend the rules and concur in the Senate concurrent resolution, S. Con. Res. 145.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the Senate concurrent resolution was concurred in.

A motion to reconsider was laid on the table.

ALASKA NATIVE AND AMERICAN INDIAN DIRECT REIMBURSEMENT ACT OF 1999

Mr. CALVERT. Madam Speaker, I move to suspend the rules and pass the Senate bill (S. 406) to amend the Indian Health Care Improvement Act to make permanent the demonstration program that allows for direct billing of medicare, medicaid, and other third party payers, and to expand the eligibility under such program to other tribes and tribal organizations.

The Clerk read as follows:

S. 406

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Alaska Native and American Indian Direct Reimbursement Act of 1999''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) In 1988, Congress enacted section 405 of the Indian Health Care Improvement Act (25 U.S.C. 1645) that established a demonstration program to authorize 4 tribally-operated Indian Health Service hospitals or clinics to test methods for direct billing and receipt of payment for health services provided to patients eligible for reimbursement under the medicare or medicaid programs under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq.; 1396 et seq.), and other third-party payors.

(2) The 4 participants selected by the Indian Health Service for the demonstration program began the direct billing and collection program in fiscal year 1989 and unanimously expressed success and satisfaction with the program. Benefits of the program include dramatically increased collections for services provided under the medicare and medicaid programs, a significant reduction in the turn-around time between billing and receipt of payments for services provided to eligible patients, and increased efficiency of participants being able to track their own billings and collections.

(3) The success of the demonstration program confirms that the direct involvement of tribes and tribal organizations in the direct billing of, and collection of payments from, the medicare and medicaid programs, and other third payor reimbursements, is more beneficial to Indian tribes than the current system of Indian Health Service-managed collections.

(4) Allowing tribes and tribal organizations to directly manage their medicare and medicaid billings and collections, rather than channeling all activities through the Indian Health Service, will enable the Indian Health Service to reduce its administrative costs, is consistent with the provisions of the Indian Self-Determination Act, and furthers the commitment of the Secretary to enable tribes and tribal organizations to manage and operate their health care programs.

(5) The demonstration program was originally to expire on September 30, 1996, but was extended by Congress, so that the current participants would not experience an interruption in the program while Congress awaited a recommendation from the Secretary of Health and Human Services on whether to make the program permanent.

(6) It would be beneficial to the Indian Health Service and to Indian tribes, tribal organizations, and Alaska Native organizations to provide permanent status to the demonstration program and to extend participation in the program to other Indian tribes, tribal organizations, and Alaska Native health organizations who operate a facility of the Indian Health Service.

SEC. 3. DIRECT BILLING OF MEDICARE, MEDICAID, AND OTHER THIRD PARTY PAYORS.

(a) PERMANENT AUTHORIZATION.—Section 405 of the Indian Health Care Improvement Act (25 U.S.C. 1645) is amended to read as follows:

''(a) ESTABLISHMENT OF DIRECT BILLING PROGRAM.—

''(1) IN GENERAL.—The Secretary shall establish a program under which Indian tribes, tribal organizations, and Alaska Native health organizations that contract or compact for the operation of a hospital or clinic of the Service under the Indian Self-Determination and Education Assistance Act may elect to directly bill for, and receive payment for, health care services provided by such hospital or clinic for which payment is made under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) (in this section referred to as the 'medicare program'), under a State plan for medical assistance approved under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) (in this section referred to as the 'medicaid program'), or from any other third party payor.

''(2) APPLICATION OF 100 PERCENT FMAP.—The third sentence of section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) shall apply for purposes of reimbursement under the medicaid program for health care services directly billed under the program established under this section.

''(b) DIRECT REIMBURSEMENT.—

''(1) USE OF FUNDS.—Each hospital or clinic participating in the program described in subsection (a) of this section shall be reimbursed directly under the medicare and medicaid programs for services furnished, without regard to the provisions of section 1880(c) of the Social Security Act (42 U.S.C. 1395qq(c)) and sections 402(a) and 813(b)(2)(A), but all funds so reimbursed shall first be used by the hospital or clinic for the purpose of making any improvements in the hospital or clinic that may be necessary to achieve or maintain compliance with the conditions and requirements applicable generally to facilities of such type under the medicare or medicaid programs. Any funds so reimbursed which are in excess of the amount necessary to achieve or maintain such conditions shall be used—

''(A) solely for improving the health resources deficiency level of the Indian tribe; and

''(B) in accordance with the regulations of the Service applicable to funds provided by the Service under any contract entered into under the Indian Self-Determination Act (25 U.S.C. 450f et seq.).

''(2) AUDITS.—The amounts paid to the hospitals and clinics participating in the program established under this section shall be subject to all auditing requirements applicable to programs administered directly by the Service and to facilities participating in the medicare and medicaid programs.

''(3) SECRETARIAL OVERSIGHT.—The Secretary shall monitor the performance of hospitals and clinics participating in the program established under this section, and shall require such hospitals and clinics to submit reports on the program to the Secretary on an annual basis.

''(4) NO PAYMENTS FROM SPECIAL FUNDS.—Notwithstanding section 1880(c) of the Social Security Act (42 U.S.C. 1395qq(c)) or section 402(a), no payment may be made out of the special funds described in such sections for the benefit of any hospital or clinic during the period that the hospital or clinic participates in the program established under this section.

''(c) REQUIREMENTS FOR PARTICIPATION.—

''(1) APPLICATION.—Except as provided in paragraph (2)(B), in order to be eligible for participation in the program established under this section, an Indian tribe, tribal organization, or Alaska Native health organization shall submit an application to the Secretary that establishes to the satisfaction of the Secretary that—

''(A) the Indian tribe, tribal organization, or Alaska Native health organization contracts or compacts for the operation of a facility of the Service;

''(B) the facility is eligible to participate in the medicare or medicaid programs under section 1880 or 1911 of the Social Security Act (42 U.S.C. 1395qq; 1396j);

''(C) the facility meets the requirements that apply to programs operated directly by the Service; and

''(D) the facility—

''(i) is accredited by an accrediting body as eligible for reimbursement under the medicare or medicaid programs; or

''(ii) has submitted a plan, which has been approved by the Secretary, for achieving such accreditation.

''(2) APPROVAL.—

''(A) IN GENERAL.—The Secretary shall review and approve a qualified application not later than 90 days after the date the application is submitted to the Secretary unless the Secretary determines that any of the criteria set forth in paragraph (1) are not met.

''(B) GRANDFATHER OF DEMONSTRATION PROGRAM PARTICIPANTS.—Any participant in the demonstration program authorized under this section as in effect on the day before the date of enactment of the Alaska Native and American Indian Direct Reimbursement Act of 1999 shall be deemed approved for participation in the program established under this section and shall not be required to submit an application in order to participate in the program.

''(C) DURATION.—An approval by the Secretary of a qualified application under subparagraph (A), or a deemed approval of a demonstration program under subparagraph (B), shall continue in effect as long as the approved applicant or the deemed approved demonstration program meets the requirements of this section.

''(d) EXAMINATION AND IMPLEMENTATION OF CHANGES.—

''(1) IN GENERAL.—The Secretary, acting through the Service, and with the assistance of the Administrator of the Health Care Financing Administration, shall examine on an ongoing basis and implement—

''(A) any administrative changes that may be necessary to facilitate direct billing and reimbursement under the program established under this section, including any agreements with States that may be necessary to provide for direct billing under the medicaid program; and

''(B) any changes that may be necessary to enable participants in the program established under this section to provide to the Service medical records information on patients served under the program that is consistent with the medical records information system of the Service.

''(2) ACCOUNTING INFORMATION.—The accounting information that a participant in the program established under this section shall be required to report shall be the same as the information required to be reported by participants in the demonstration program authorized under this section as in effect on the day before the date of enactment of the Alaska Native and American Indian Direct Reimbursement Act of 1999. The Secretary may from time to time, after consultation with the program participants, change the accounting information submission requirements.

''(e) WITHDRAWAL FROM PROGRAM.—A participant in the program established under this section may withdraw from participation in the same manner and under the same conditions that a tribe or tribal organization may retrocede a contracted program to the Secretary under authority of the Indian Self-Determination Act (25 U.S.C. 450 et seq.). All cost accounting and billing authority under the program established under this section shall be returned to the Secretary upon the Secretary's acceptance of the withdrawal of participation in this program.''.

(b) CONFORMING AMENDMENTS.—

(1) Section 1880 of the Social Security Act (42 U.S.C. 1395qq) is amended by adding at the end the following:

''(e) For provisions relating to the authority of certain Indian tribes, tribal organizations, and Alaska Native health organizations to elect to directly bill for, and receive payment for, health care services provided by a hospital or clinic of such tribes or organizations and for which payment may be made under this title, see section 405 of the Indian Health Care Improvement Act (25 U.S.C. 1645).''.

(2) Section 1911 of the Social Security Act (42 U.S.C. 1396j) is amended by adding at the end the following:

''(d) For provisions relating to the authority of certain Indian tribes, tribal organizations, and Alaska Native health organizations to elect to directly bill for, and receive payment for, health care services provided by a hospital or clinic of such tribes or organizations and for which payment may be made under this title, see section 405 of the Indian Health Care Improvement Act (25 U.S.C. 1645).''.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on October 1, 2000.

SEC. 4. TECHNICAL AMENDMENT.

(a) IN GENERAL.—Effective November 9, 1998, section 405 of the Indian Health Care Improvement Act (25 U.S.C. 1645(e)) is reenacted as in effect on that date.

(b) REPORTS.—Effective November 10, 1998, section 405 of the Indian Health Care Improvement Act is amended by striking subsection (e).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. CALVERT) and the gentleman from New Jersey (Mr. HOLT) each will control 20 minutes.

The Chair recognizes the gentleman from California (Mr. CALVERT).

Mr. CALVERT. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, S. 406 amends Section 405 of the Indian Health Care Improvement Act to make permanent the demonstration program at four tribally operated Indian Health Service hospitals that allows for direct billing of Medicare, Medicaid and other third-party payers. It will also extend the direct billing option to other tribes and tribal organizations.

This demonstration program dramatically increases collections for Medicare and Medicaid services, and significantly reduces the turnaround time between billings and receipt of payment for Medicaid and Medicare services. Additionally, it increased the administrative efficiency of the participating health care providers. All the participants, two of which are in Alaska, as well as the Department of Health and Human Services and the Indian Health Service, report that the program is a great success.

S. 406 will make permanent the demonstration program and will end much of the bureaucracy for Indian Health Care Service facilities involved with Medicare and Medicaid reimbursement. The bottom line is that it will mean more Medicaid and Medicare dollars to Indian facilities to use for improving health care for their members.

Madam Speaker, I urge an aye vote on this important bill for American Indians and Alaskan Natives.

Madam Speaker, I reserve the balance of my time.

Mr. HOLT. Madam Speaker, I yield myself such time as I may consume.

(Mr. HOLT asked and was given permission to revise and extend his remarks.)

Mr. HOLT. Madam Speaker, in 1988, a dozen years ago, Congress authorized the Indian Health Service to select up to four tribally controlled IHS hospitals to participate in a demonstration project whereby the hospitals could conduct direct billing and receipt of payment for health services to Medicare and Medicaid eligible patients.

Under the current practice, Medicare and Medicaid billings and collections are first sent through the IHS and then redirected to health care providers. Since 1991, the Bristol Bay Health Corporation, the Southeast Alaska Regional Health Corporation, Mississippi Choctaw Health Center, and the Choctaw Tribe of Oklahoma have taken part in the demonstration project.

The participants established in-house administrative operations to perform Medicare and Medicaid billing and collection and have been extremely satisfied with the results. Reports have shown dramatically increased collections which have been turned into additional health services. The demonstration program has resulted in a much shorter turnaround time between billing and receipt of payment, as well as improved accreditation, ratings and an overall higher level of health care quality for patients.

Madam Speaker, S. 406 would make permanent the demonstration program and would authorize additional tribes and tribal organizations to participate in the direct billing. This legislation is supported by the administration. It is good policy, and I urge my colleagues to support its passage.

Madam Speaker, I yield back the balance of my time.

Mr. CALVERT. Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. CALVERT) that the House suspend the rules and pass the Senate bill, S. 406.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the Senate bill was passed.

A motion to reconsider was laid on the table.

1330

AUTHORIZING REPAYMENT OF MEDICAL BILLS FOR U.S. PARK POLICE

Mr. CALVERT. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4404) to permit the payment of medical expenses incurred by the United States Park Police in the performance of duty to be made directly by the National Park Service, to allow for waiver and indemnification in mutual law enforcement agreements between the National Park Service and a State or political subdivision when required by State law, and for other purposes, as amended.

The Clerk read as follows:

H.R. 4404

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

SECTION 1. MEDICAL PAYMENTS.

(a) IN GENERAL.—Subsection (e) of the Policemen and Firemen's Retirement and Disability Act (39 Stat. 718, as amended by 71 Stat. 394) is amended by adding at the end the following new sentence: ''Notwithstanding the previous sentence, in the case of any member of the United States Park Police, payment shall be made by the National Park Service upon a certificate of the Chief, United States Park Police, setting forth the necessity for such services or treatment and the nature of the injury or disease which rendered the same necessary.''.

(b) NATIONAL PARK SERVICE REIMBURSEMENT.—Section 6 of the Policemen and Firemen's Retirement and Disability Act Amendments of 1957 (71 Stat. 399) is amended by inserting after the first sentence the following new sentence: ''Such sums are authorized to be appropriated to reimburse the National Park Service, on a monthly basis, for medical benefit payments made from funds appropriated to the National Park Service in the case of any member of the United States Park Police.''.

SEC. 2. INDEMNIFICATION.

(a) IN GENERAL.—Section 10(c) of the Act of August 18, 1970 (Public Law 91–383; 16 U.S.C. 1a–6(c)), is amended—

(1) by striking ''and'' at the end of paragraph (2);

(2) by redesignating paragraphs (3) and (4) as paragraphs (4) and (5), respectively; and

(3) by inserting after paragraph (2) the following:

''(3) mutually waive, in any agreement pursuant to paragraphs (1) and (2) of this subsection or pursuant to subsection (b)(1) with any State or political subdivision thereof where State law requires such waiver and indemnification, any and all civil claims against all the other parties thereto and, subject to available appropriations, indemnify and save harmless the other parties to such agreement from all claims by third parties for property damage or personal injury, which may arise out of the parties' activities outside their respective jurisdictions under such agreement; and''.

(b) TECHNICAL AMENDMENT.—Paragraph (5) of section 10(c) the Act of August 18, 1970 (Public Law 91–383; 16 U.S.C. 1a–6(c)) (as redesignated by subsection (a)(2)), is further amended—

(1) by striking ''(5) the'' and inserting ''The''; and

(2) by moving the text flush and 2 ems to the left.

The SPEAKER pro tempore (Mrs. MORELLA). Pursuant to the rule, the gentleman from California (Mr. CALVERT) and the gentleman from New Jersey (Mr. HOLT) each will control 20 minutes.

The Chair recognizes the gentleman from California (Mr. CALVERT).

Mr. CALVERT. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, H.R. 4404 is a bill that would allow the payment of medical expenses incurred by the United States Park Police to be paid directly by the National Park Service. This bill would also allow the Park Service to enter into mutual aid agreements with adjacent law enforcement agencies in order that Park Police are indemnified from third party civil claims.

Currently, payments are made through the District of Columbia, a process which is very slow. As a result, reimbursement payments to the Park Police have been a hardship to the officers, staff, and their families. This bill would direct the NPS to make direct payments to the Park Police.

The bill would also allow the Park Service to enter into a mutual aid agreement with adjacent law enforcement agencies in order that the Park Police are indemnified from third party claims.

Madam Speaker, this legislation is ready to move forward. I urge my colleagues to support H.R. 4404, as amended.

Madam Speaker, I reserve the balance of my time.

Mr. HOLT. Madam Speaker, I yield myself such time as I may consume.

(Mr. HOLT asked and was given permission to revise and extend his remarks.)

Mr. HOLT. Madam Speaker, H.R. 4404, which was introduced at the request of the administration, addresses the payment of medical expenses for the United States Park Police and the indemnification needed for mutual law enforcement agreements.

Evidently, there have been a number of instances where there have been problems with timely medical payments being made to the Park Police officers injured in the performance of their duties. This has resulted in a hardship to some officers, staff, and their families.

Further, the lack of indemnification is a potential barrier to cooperative law enforcement agreements between the Park Police and other police agencies. Such indemnification is needed to hold the assisting agency harmless from claims by third parties dealing with property damage or personal injury.

H.R. 4404 provides the U.S. Park Police with the authority to address these