U.S. Army Corps of Engineers; Aquatic Plant Control Program. Be it further

Resolved, That a copy of this Resolution shall be transmitted to the secretary of the United States Senate and the clerk of the United States House of Representatives and to each member of the Louisiana delegation to the United States Congress,

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POM–610. A petition from a citizen of the State of Texas relative to border communities; to the Committee on the Judiciary.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. GRAMM, from the Committee on Banking, Housing, and Urban Affairs, with amendments:

S. 2107: A bill to amend the Securities Act of 1933 and the Securities Exchange Act of 1934 to reduce securities fees in excess of those required to fund the operations of the Securities and Exchange Commission, to adjust compensation provisions for employees of the Commission, and for other purposes (Rept. No. 106–360).

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. SCHUMER:

S. 2911. A bill to strengthen the system for notifying parents of violent sexual offenders in their communities; to the Committee on the Judiciary.

By Mr. KENNEDY (for himself, Mr. REID, Mr. DURBIN, and Mr. GRAHAM):

S. 2912. A bill to amend the Immigration and Nationality Act to remove certain limitations on the eligibility of aliens residing in the United States to obtain lawful permanent residency status; read the first time.

By Mr. CONRAD:

S. 2913. A bill to amend the Agricultural Trade Act of 1978 to require the Secretary of Agriculture to use the export enhancement program to encourage the commercial sale of United States wheat in world markets at competitive prices whenever the importation of Canadian wheat into the United States reaches certain triggers; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. ALLARD (for himself and Mr. GRAMM):

S. 2914. A bill to amend the National Housing Act to require partial rebates of FHA mortgage insurance premiums to certain mortgagors upon payment of their FHA-insured mortgages; to the Committee on Banking, Housing, and Urban Affairs.

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

S. 2915. A bill to make improvements in the operation and administration of the Federal courts, and for other purposes; to the Committee on the Judiciary.

By Mr. DODD:

S. 2916. A bill to amend the Harmonized Tariff Schedule of the United States to provide separate subheadings for hair clippers used for animals; to the Committee on Finance.

By Mr. DOMENICI (for himself and Mr. INOUYE):

S. 2917. A bill to settle the land claims of the Pueblo of Santo Domingo; to the Committee on Indian Affairs.

By Mr. ROCKEFELLER (for himself, Mr. DASCHLE, Mr. KENNEDY, Mr. HARKIN, Mr. SARBANES, and Mr. LAUTENBERG):

S. 2918. A bill to amend title XVIII of the Social Security Act and the Employee Retirement Income Security Act of 1974 to improve access to health insurance and Medicare benefits for individuals ages 55 to 65 to be fully funded through premiums and antifraud provisions, to amend the Internal Revenue Code of 1986 to allow a credit against income tax for payment of such premiums and of premiums for certain COBRA continuation coverage, and for other purposes; to the Committee on Finance.

By Mr. CAMPBELL:

S. 2919. A bill to amend the Omnibus Parks and Public Lands Management Act of 1996 to extend the legislative authority for the Black Patriots Foundation to establish a commemorative work; to the Committee on Energy and Natural Resources.

By Mr. CAMPBELL:

S. 2920. A bill to amend the Indian Gaming Regulatory Act, and for other purposes; to the Committee on Indian Affairs.

By Mr. MCCAIN (for himself and Mr. INOUYE):

S. 2921. A bill to provide for management and leadership training, the provision of assistance and resources for policy analysis, and other appropriate activities in the training of Native American and Alaska Native professionals in health care and public policy; to the Committee on Environment and Public Works.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. THURMOND:

S. Res. 342. A resolution designating the week beginning September 17, 2000, as ''National Historically Black Colleges and Universities Week''; to the Committee on the Judiciary.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. CONRAD:

S. 2913. A bill to amend the Agricultural Trade Act of 1978 to require the Secretary of Agriculture to use the export enhancement program to encourage the commercial sale of United States wheat in world markets at competitive prices whenever the importation of Canadian wheat into the United States reaches certain triggers; to the Committee on Agriculture, Nutrition, and Forestry.

THE EXPORT ENHANCEMENT PROGRAM TRIGGER ACT OF 2000

Mr. CONRAD. Mr. President, today I am introducing legislation to help our farmers fight back against the unfair trade practices of state trading enterprises. As many of my colleagues know, state trading enterprises are government sanctioned monopolies that control commodity exports. Their unfair practices allow them to undercut prices of U.S. commodities, both in our market and in overseas markets where we compete for exports. My legislation, the Export Enhancement Program Trigger Act of 2000, would direct our government to fight back against these unfair practices.

I am introducing this legislation in response to the experience of farmers in North Dakota, who have been forced to compete not just with foreign farmers, but with foreign state trading enterprises. Ever since the U.S.-Canada Free Trade Agreement (CFTA) took effect, North Dakota farmers have been flooded with a rising tide of imports of Canadian grains.

These imports are coming into our country not because Canadian farmers are more competitive, but because of flaws in the CFTA and the unfair actions of the Canadian Wheat Board (CWB). As negotiated by then-USTR Clayton Yeutter, the CFTA allows the Canadian Wheat Board to sell into our market at less than the total cost of acquiring and selling its grain.

The fact is that the Canadian Wheat Board is a government created and government supported monopoly. Because Canadian farmers are required to sell their grain to the Wheat Board, the Wheat Board gets its wheat at below market prices and can then tell its customers in this country or overseas that it will undercut U.S. prices. These practices amount to de facto subsidies, but because the Wheat Board operates in secret, these unfair practices are not subjected to the normal rules of international trade.

This unfair competition caused imports of wheat from Canada to increase steadily until, in 1993–94, they reached a record 2.4 million tons of total wheat and 575,000 tons of durum. These levels of imports caused unacceptable damage to North Dakota farmers, so I convinced the Clinton Administration to impose limits on Canadian imports. Under the Memorandum of Understanding (MOU) negotiated with Canada, durum imports were limited to 300,000 tons and total wheat imports were limited to 1.5 million tons in 1994–95.

These limits worked. Imports of Canadian grain fell dramatically for several years. Unfortunately, however, the authority to impose these limits disappeared as a result of the Uruguay Round Agreements. As a result, our friends to the north are once again on the move, attacking our markets, using the monopoly power of the Canadian Wheat Board to undercut prices for our farmers.

Last year, imports from Canada again approached their 1993–94 peaks (2.2 million tons of total wheat and 560,000 tons of durum), and this year they are on track to stay far above the MOU level (2 million tons of total wheat and 480,000 tons of durum). This is unacceptable. It is far past time to send a clear and unmistakable message to our friends in Canada that the U.S. will not tolerate these practices any longer—that we will fight back.

The legislation I am introducing today will do exactly that. My legislation would require USDA to use the Export Enhancement Program—EEP—in either of two circumstances.

First, if imports of durum or wheat into the U.S. from Canada exceed the

limits set in the MOU—300,000 tons for durum and 1,500,000 tons for total wheat imports—USDA would be required to use EEP to export wheat or durum into markets where we compete with Canada in a quantity equal to at least twice the total amount of Canadian imports into the U.S. for that year.

This will clearly tell Canada that it will lose far more in its overseas markets than it gains in our markets if it persists in exporting more than the MOU levels. As a result, I expect that Canada will again voluntarily comply with the MOU limits as it did in 1995–96 and 1996–97. Even if Canada does not comply, though, this legislation will ensure that U.S. farmers do not bear the costs of Canadian imports. By requiring the U.S. to export twice as much wheat as we are importing from Canada, this legislation will ensure that total supply will be reduced and prices will strengthen.

Second, if the Secretary of Agriculture determines that a state trading enterprise (STE) like the Canadian Wheat Board is using unfair trade practices to reduce our exports of any agricultural commodity to overseas markets, the Secretary is required to respond by using EEP in an amount sufficient to ensure that prices received by U.S. farmers are not reduced as a result of the STE's actions. Too often, we have heard from our industry and our USDA officials that Canada is arbitrarily undercutting U.S. prices in overseas markets. My proposal would require USDA to respond, to ensure that we do not give up our export markets without a fight.

Taken together, these two provisions will support the efforts of our trade negotiators to discipline STES as part of the World Trade Organization (WTO) negotiations on agriculture. Disciplining STEs is a top priority for our negotiators, and this legislation, by defining the marketing practices of STEs as unfair trade practices, will increase our negotiators' leverage to develop meaningful rules on STEs.

Moreover, I believe these provisions will support the efforts of North Dakota farmers, acting through the Wheat Commission, in bringing a trade case against Canada. I have always believed that, ultimately, Canadian agricultural trade issues will have to be resolved through negotiation. It is my hope that, in combination, this legislation and the trade case will provide short term relief for our farmers and help build sufficient pressure on Canada to negotiate a permanent resolution of Canadian grain issues.

I have no doubt that our friends to the north will not like this legislation. They do not like having a spotlight focused on their system, so they will complain about our use of EEP. I have a simple answer for them: If they do not want us to use EEP against them, they should stop dumping their grain into our market and stop using unfair trade practices in overseas markets.

I am pleased that this legislation has the support of every major farm group in North Dakota with an interest in these issues, including North Dakota Farmers Union, North Dakota Farm Bureau, North Dakota Wheat Commission, North Dakota Grain Growers, and the North Dakota Barley Council.

I hope that my colleagues will join me in supporting this important legislation.

By Mr. ALLARD (for himself and Mr. GRAMM):

S. 2914. A bill to amend the National Housing Act to require partial rebates of FHA mortgage insurance premiums to certain mortgagors upon payment of their FHA-insured mortgages; to the Committee on Banking, Housing, and Urban Affairs.

HOMEOWNERS REBATE ACT OF 2000

Mr. ALLARD. Mr. President, today I am introducing legislation to reduce the Federal Housing Administration (FHA) homeownership tax. I am joined in this effort by Senator GRAMM of Texas, the chairman of the Banking Committee. This legislation was introduced earlier in the month by Congressman RICK LAZIO of New York. Congressman LAZIO chairs the House Subcommittee on Housing and Community Opportunity.

This homeownership tax comes in the form of excess premiums paid by those who have FHA insured mortgages on their properties. The FHA Mutual Mortgage Insurance Fund (MMI fund) collects mortgage insurance premiums in order to cover any losses to the government that result from FHA-insured mortgage defaults and to fund the administrative costs of the FHA program.

FHA is an important program for first-time, low and moderate income, and minority homeowners. These families should not be overcharged in FHA premiums. Premiums in excess of an amount necessary to maintain an actuarially sound reserve ratio in the FHA Mutual Mortgage Insurance Fund can only be characterized as a tax on homeownership. The Congress has determined that a capital reserve ratio of 2 percent of the MMI fund's amortized insurance-in-force is necessary to ensure the safety and soundness of the MMI fund. According to the Department of Housing and Urban Development the FY 1999 capital reserve ratio is 3.66 percent and is estimated to rise to over 3.8 percent in FY 2000, nearly twice the reserve ratio mandated by Congress.

The FHA single family mortgage program was designed to operate as a mutual insurance program where homeowners were granted rebates of excess premiums. This rebate program was suspended at the direction of Congress in 1990 when the MMI fund was in the red—with the intent that the payment of distributive shares or rebates would resume when the Fund was again financially sound. Since 1990 a number of steps have been taken to strengthen the FHA program. The premiums were increased (Congress mandated the addition of a risk-based annual premium to the one-time, up front premium), downpayment requirements were improved, oversight by HUD and the Congress was strengthened, and Congress mandated the minimum 2 percent capital reserve ratio. With a capital reserve ratio nearly twice that mandated by the Congress it is time to resume rebates and return the MMI program to its prior status as a mutual insurance fund. This legislation restores the rebates for mortgages insured for 7 years or more and paid off subsequent to the 1990 rebate suspension.

The legislatively mandated improvements in the FHA program have certainly been partially responsible for the strength of the MMI fund. But another major reason for this strength is the fact that we have experienced a near perfect economy in recent years. I recognize that this will not always be the case. We should therefore proceed carefully when we propose to lower or rebate premiums. This legislation takes the cautious approach of providing for rebates only when the reserve ratio is in excess of 3 percent, or 150 percent of the reserve level mandated by Congress. If the capital reserve ratio drops below 3 percent, the rebates will be suspended. The legislation also requires that the General Accounting Office evaluate the adequacy of the 2 percent capital reserve ratio for ensuring the safety and soundness of the MMI fund and make a recommendation to Congress regarding the most appropriate reserve ratio at which to trigger future premium rebates.

I invite my colleagues to review this important legislation and join with me in reducing this tax on homeownership. By enacting this homeownership rebate we will continue to help make homeownership affordable for more and more Americans.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD following this statement.

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

S. 2914

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 ''Homeowners Rebate Act of 2000''.

SEC. 2. PAYMENT OF DISTRIBUTIVE SHARES FROM MUTUAL MORTGAGE INSURANCE FUND RESERVES.

(a) IN GENERAL.—Section 205(c) of the National Housing Act (12 U.S.C. 1711(c)) is amended to read as follows:

''(c) DISTRIBUTION OF RESERVES.—Upon termination of an insurance obligation of the Mutual Mortgage Insurance Fund by payment of the mortgage insured thereunder, if the Secretary determines (in accordance with subsection (e)) that there is a surplus for distribution under this section to mortgagors, the Participating Reserve Account shall be subject to distribution as follows:

''(1) REQUIRED DISTRIBUTION.—In the case of a mortgage paid after November 5, 1990, and

insured for 7 years or more before such termination, the Secretary shall distribute to the mortgagor a share of such Account in such manner and amount as the Secretary shall determine to be equitable and in accordance with sound actuarial and accounting practice, subject to paragraphs (3) and (4).

''(2) DISCRETIONARY DISTRIBUTION.—In the case of a mortgage not described in paragraph (1), the Secretary is authorized to distribute to the mortgagor a share of such Account in such manner and amount as the Secretary shall determine to be equitable and in accordance with sound actuarial and accounting practice, subject to paragraphs (3) and (4).

''(3) LIMITATION ON AMOUNT.—In no event shall the amount any such distributable share exceed the aggregate scheduled annual premiums of the mortgagor to the year of termination of the insurance.

''(4) APPLICATION REQUIREMENT.—The Secretary shall not distribute any share to an eligible mortgagor under this subsection beginning on the date which is 6 years after the date that the Secretary first transmitted written notification of eligibility to the last known address of the mortgagor, unless the mortgagor has applied in accordance with procedures prescribed by the Secretary for payment of the share within the 6-year period. The Secretary shall transfer from the Participating Reserve Account to the General Surplus Account any amounts that, pursuant to the preceding sentence, are no longer eligible for distribution.''.

(b) DETERMINATION OF SURPLUS.—

(1) IN GENERAL.—Section 205(e) of the National Housing Act (12 U.S.C. 1711(e)) is amended by adding at the end the following: ''Notwithstanding any other provision of this section, if, at the time of such a determination, the capital ratio (as defined in subsection (f)) for the Fund is 3.0 percent or greater, the Secretary shall determine that there is a surplus for distribution under this section to mortgagors.''.

(2) GAO REPORT.—Not later than 1 year after the date of enactment of this Act, the Comptroller General shall submit a report to the Congress that evaluates the adequacy of the capital ratio requirement under section 205(f)(2) of the National Housing Act (12 U.S.C. 1711(f)(2)) for ensuring the safety and soundness of the Mutual Mortgage Insurance Fund. Such report shall also evaluate the adequacy of the capital ratio level established under section 205(e)(1) of the National Housing Act, as amended by paragraph (1) of this section and shall include a recommendation of a capital ratio level that, if made effective under such section upon the expiration of the 2-year period beginning on the date of enactment of this Act, would provide for distributions of shares under section 205(c) of such Act in a manner adequate to ensure the safety and soundness of such Fund.

(c) RETROACTIVE PAYMENTS.—

(1) TIMING.—Not later than 3 months after the date of enactment of this Act, the Secretary of Housing and Urban Development shall determine the amount of each distributable share for each mortgage described in paragraph (2) to be paid and shall make payment of such share.

(2) MORTGAGES COVERED.—A mortgage described in this paragraph is a mortgage for which—

(A) the insurance obligation of the Mutual Mortgage Insurance Fund was terminated by payment of the mortgage before the date of enactment of this Act;

(B) a distributable share is required to be paid to the mortgagor under section 205(c)(1) of the National Housing Act (12 U.S.C. 1711(c)(1)), as amended by subsection (a) of this section; and

(C) no distributable share was paid pursuant to section 205(c) of the National Housing Act upon termination of the insurance obligation of such Fund.

By Mr. GRASSLEY:

S. 2915. A bill to make improvements in the operation and administration of the Federal courts, and for other purposes; to the Committee on the Judiciary.

THE FEDERAL COURTS IMPROVEMENT ACT OF 2000

Mr. GRASSLEY. Mr. President, I am introducing a bill today entitled the ''Federal Courts Improvement Act of 2000.'' Every few years, the Judicial Conference, the governing body of the federal courts, contacts Congress regarding changes to the law the Judicial Conference believes are necessary to improve the functions of the courts. As chairman of the Judiciary Subcommittee with jurisdiction over the courts, I have the responsibility to review the operation of the federal court process and procedures. In the past, I have also been in the forefront of advocating that the federal judicial system be administered in the most efficient and cost-effective manner possible while maintaining a high level of quality in the administration of justice. The bill I am introducing, along with Senator TORRICELLI, the Ranking Member of my subcommittee, is a consensus bill that includes many of the recommendations made by the Judicial Conference.

The Judicial Conference has noted a problem that continues to plague the Federal judicial system is the lack of up-to-date technologies that would reduce costs while at the same time improve the efficiency of its administration along with a wide range of judicial branch programs. The ''Federal Courts Improvement Act of 2000'' attempts to addresses this problem. In accordance with federal policy to defray the cost of providing services by assessing a fee for their use, sections of this bill provide the judiciary with the authority to set, collect, and retain fees to be used to acquire information technologies, such as electronic filing, video conferencing, and electronic evidence presentation devices. This section requires that the fees collected are to be deposited into the Judiciary Information Technology Fund and used for reinvestment in information technology. I feel that granting the judiciary the authority to collect and retain these fees will go a long way toward improving the efficiency of the judicial system while providing substantial savings for litigants and attorneys.

This bill addresses two areas in which I have taken a personal interest, over the years: reducing unnecessary expenses and improving the efficiency of the judicial system. This bill would help achieve both. Traditionally, the safeguards applicable to criminal defendants charged with more serious crimes have not been applicable to petty offense cases because the burdens were deemed undesirable and impractical in dealing with such minor offenses. Currently, U.S. Magistrate Judges may preside over petty offense cases charging a motor vehicle offense and infractions, without the consent of the defendant. This bill removes the consent requirement in all other petty cases—a position repeatedly supported by the Judicial Conference of the United States. Additionally, this bill authorizes magistrate judges to try misdemeanor cases involving juveniles currently tried in district court. Removing the consent requirement from these petty offense cases and authorizing magistrate judges to preside over all juvenile misdemeanors would free-up valuable district court resources that could be used to deal with more serious crimes and offenders while reducing the time and expense necessary in dealing with these offenses.

Another section of the bill also contains provisions that would free up district court resources and allow federal judges more time to deal with their civil and criminal dockets. These provisions raise the maximum compensation level paid to federal or community defenders representing defendants appearing before United States magistrates or the district courts before they must seek a waiver for payment in excess of the prescribed maximum. Payment in excess of the maximum currently requires the approval of both the judge who presided over the case and the chief judge of the circuit. This procedure in turn increases the amount of time judges must devote to non-judicial matters. The last increase was instituted fourteen years ago. During this time, the effects of inflation have significantly eroded the compensation paid to federal and community defenders.

The Judicial Conference has expressed to me their concern over a growing trend of ''Criminal Justice Act'' (CJA) panel attorneys being subject to unfounded suits by the defendants they previously represented and the financial damage these attorneys have to deal with when they must pay to defend themselves in these actions. These unfair costs have the potential of having a chilling effect on the willingness of attorneys to participate as panel attorneys and will only make it more difficult to obtain adequate representation for defendants. Currently, the CJA authorizes the Director of the Administrative Office of the United States Courts to provide representation and indemnify federal and community defender organizations for malpractice claims that arise as a result of furnishing representational services. Panel attorneys are the only component of the appointed counsel program who are not permitted to receive CJA-funded coverage for any costs associated with defending against a malpractice claim by a CJA client. Our bill rectifies this oversight in the CJA, and provides CJA panel attorneys the same protection as other federal defenders.

Provisions in our bill authorize the judge who presides over a case, at his discretion, to reimburse panel attorneys for out-of-pocket expenses for civil claims arising for their CJA services. The judge would exercise his discretion limiting the amount of reimbursement available for a panel attorney as he views appropriate under the circumstances, as has been the practice with respect to malpractice claims against other federal defenders.

In addition, the ''Federal Courts Improvement Act of 2000'' also contains provisions designed to assist handicapped employees working for the federal judiciary. These provisions bring the federal judicial system in-line with the Executive Branch and other governmental bodies.

The bill also contains a number of other provisions that we believe are necessary to improve the Federal Courts' administration, judicial process and matters relating to public defenders, as well as other items that enhance the operation of the Federal judiciary. I urge my colleagues to join us and support these improvements to our Federal Court system.

By Mr. DODD:

S. 2916. A bill to amend the Harmonized Tariff Schedule of the United States to provide separate subheadings for hair clippers used for animals; to the Committee on Finance.

TARIFF CLASSIFICATION CORRECTION FOR HAIR CLIPPERS

Mr. DODD. Mr. President, today I am introducing a bill that would amend the Harmonized Tariff Schedule to allow for a separate subheading for hair clippers used for animals.

As a result of the ongoing beef hormone dispute with the European Union (EU), the United States Trade Representative has released a list of products upon which retaliatory duties of 100 percent will be placed. The proposed list was issued pursuant to Section 407 of the Trade and Development Act of 2000. Furthermore, Section 407 explicitly states that the products on this list must be goods of industries that are affected by the EU's non-compliance in the beef hormone dispute.

Since beard trimmers used by humans and hair clippers for animals for use on the farm are both currently included under the same subheading within the Harmonized Tariff Schedule, human beard trimmers could potentially be subject to the retaliatory duties. However, the personal care industry, and specifically human beard trimmers, has no relationship with the beef hormone industry as is required by Section 407.

To address this problem, and to ensure that products are not inadvertently subjected to these retaliatory tariffs, I am introducing legislation that would provide a separate subheading to clippers used for animals. This legislation would prevent imposing duties on products that have no significant bearing or connection to the EU beef hormone case and would assist in the fair and equitable application of our trade laws. I urge my colleagues to support enactment of this simple clarification of our tariff schedule.

By Mr. DOMENICI (for himself and Mr. INOUYE):

S. 2917. A bill to settle the land claims of the Pueblo of Santo Domingo; to the Committee on Indian Affairs.

SANTO DOMINGO PUEBLO CLAIMS SETTLEMENT ACT OF 2000

Mr. DOMENICI. Mr. President, Santo Domingo Pueblo is one of the largest Indian pueblos in New Mexico. It is located north of Albuquerque and South of Santa Fe, about midway between the two. For about 150 years, some 80,000 acres have been in dispute with neighboring Indian pueblos, Spanish land grants, and private land holders. Many of these disputes have been in court, but remain unsettled.

I am pleased to inform my colleagues that three years of negotiations have produced a settlement agreement. Our legislation would ratify that agreement, thus resolving a complex land ownership situation in New Mexico.

The initial Spanish land grant establishing the Santo Domingo Pueblo Grant was issued in 1689. When this Spanish grant was surveyed in the mid-19th century, approximately 24,000 acres of land to the east of the current reservation boundary were erroneously excluded. The excluded lands are now held in private deeds and public lands, but not by Santo Domingo Pueblo.

The Pueblo of Santo Domingo purchased the Diego Gallegos Spanish Land Grant to expand its reservation on the west end. That purchase excluded some privately held lands and overlapped with both the San Felipe and Cochiti Pueblos.

Forest Service and Bureau of Land Management (BLM) lands have also been claimed by Santo Domingo Pueblo.

The global settlement we are endorsing, resolves the complex set of title disputes between Santo Domingo, the Pueblos of San Felipe and Cochiti, the federal government, and private land holders.

In return for both money and land, the Santo Domingo Pueblo will waive their land claims and remove the clouded title for private land holders. This settlement envisions a monetary settlement of $23 million. Of that amount, $8 million would be payable from the Judgment Fund. The remaining $15 million would be from appropriated accounts over a three year period at $5 million per year, beginning in FY 2002.

Approximately 4500 acres of BLM land would be conveyed to Santo Domingo Pueblo, and the Pueblo would have an option to purchase 7000 acres of Forest Service land for the agreed upon price of $3.7 million.

Three lawsuits will be settled by this legislation. The first is Pueblo of Santo Domingo v. United States. This case is over 50 years old and was filed under the Indian Claims Commission Act (ICCA). In this action, the Pueblo asserts monetary claims against the United States for trespass, lost use, and breach of the ICCA's ''fair and honorable dealings'' provision by the United States. The Pueblo's claims, based on its Spanish land grants, involve more than 80,000 acres of land. Our legislation affirms the compromise award of $8 million for these claims and also includes the Pueblo's stipulated settlement of the ICCA case.

The second lawsuit is Pueblo of Santo Domingo v. Rael. This issue stems from the Pueblo's purchase of the Diego Gallegos Grant. The Pueblo sought possession of land from a private landowner in the same grant. The Federal District court for the District of New Mexico entered judgment for the Pueblo. On appeal, the Tenth Circuit ordered the Rael action held in abeyance until the Government intervened in Rael or judgment was entered in the overlapping ICCA case. To date, neither has occurred. The settlement legislation will resolve the issues in the Rael case.

The third lawsuit to be settled by this legislation is United States v. Thompson. In this case, the United States sought to enforce the Pueblo's title against third-party owners who trace their titles to overlapping land grants. In 1991, the Tenth Circuit held that the United States' claim for the Pueblo was time-barred. The Court of Appeals, however, found that the Pueblo Lands Board had ignored an express Congressional directive in its determination that the overlap lands were not the Pueblo's lands.

The Court of Appeals did not resolve the ownership question, again due to the time bar. These overlap lands are currently in the possession of non-Indians and in the Army Corps of Engineers. This global settlement will resolve the ownership questions in favor of the private landowners and the Army Corps of Engineers in the overlap area.

The global nature of this settlement will put all these issues to rest. Assuming the Congress agrees with our legislation, the next step would be entry of the stipulated settlement of the ICCA case and dismissal with prejudice of the Pueblo's existing quiet title action in Rael. The Pueblo of Santo Domingo would then receive both the money and the lands agreed to in this settlement agreement. In addition to waiving its ICCA claims and the Rael case, the Pueblo agrees to waive other existing land claims.

In this settlement agreement, the Congress would ratify and resolve the Pueblo's land claims with finality and do so in a principled way which serves the interests of all parties. The Pueblo of Santo Domingo boundaries have been in dispute since the mid-19th century. This settlement resolves the Pueblo of Santo Domingo claims once

and for all, and clearly delineates the Pueblo's boundaries. I urge my colleagues to support this legislation.

By Mr. ROCKEFELLER:

S. 2918. A bill to amend title XVIII of the Social Security Act and the Employee Retirement Income Security Act of 1974 to improve access to health insurance and Medicare benefits for individuals ages 55 to 65 to be fully funded through premiums and anti-fraud provisions, to amend the Internal Revenue Code of 1986 to allow a credit against income tax for payment of such premiums and of premiums for certain COBRA continuation coverage, and for other purposes; to the Committee on Finance.

MEDICARE EARLY ACCESS AND TAX CREDIT ACT OF 2000

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the text of the bill, the Medicare Early Access and Tax Credit Act of 2000, be printed in the RECORD.

S. 2918

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Medicare Early Access and Tax Credit Act of 2000''.

(b) TABLE OF CONTENTS.—

TITLE I—ACCESS TO MEDICARE BENEFITS FOR INDIVIDUALS 62-TO-65 YEARS OF AGE

SEC. 101. ACCESS TO MEDICARE BENEFITS FOR INDIVIDUALS 62-TO-65 YEARS OF AGE.

(a) IN GENERAL.—Title XVIII of the Social Security Act is amended—

(1) by redesignating section 1859 and part D as section 1858 and part E, respectively; and

(2) by inserting after such section the following new part:

''PART D—PURCHASE OF MEDICARE BENEFITS BY CERTAIN INDIVIDUALS AGE 62-TO-65 YEARS OF AGE

''SEC. 1859. PROGRAM BENEFITS; ELIGIBILITY.

''(a) ENTITLEMENT TO MEDICARE BENEFITS FOR ENROLLED INDIVIDUALS.—

''(1) IN GENERAL.—An individual enrolled under this part is entitled to the same benefits under this title as an individual entitled to benefits under part A and enrolled under part B.

''(2) DEFINITIONS.—For purposes of this part:

''(A) FEDERAL OR STATE COBRA CONTINUATION PROVISION.—The term 'Federal or State COBRA continuation provision' has the meaning given the term 'COBRA continuation provision' in section 2791(d)(4) of the Public Health Service Act and includes a comparable State program, as determined by the Secretary.

''(B) FEDERAL HEALTH INSURANCE PROGRAM DEFINED.—The term 'Federal health insurance program' means any of the following:

''(i) MEDICARE.—Part A or part B of this title (other than by reason of this part).

''(ii) MEDICAID.—A State plan under title XIX.

''(iii) FEHBP.—The Federal employees health benefit program under chapter 89 of title 5, United States Code.

''(iv) TRICARE.—The TRICARE program (as defined in section 1072(7) of title 10, United States Code).

''(v) ACTIVE DUTY MILITARY.—Health benefits under title 10, United States Code, to an individual as a member of the uniformed services of the United States.

''(C) GROUP HEALTH PLAN.—The term 'group health plan' has the meaning given such term in section 2791(a)(1) of the Public Health Service Act.

''(b) ELIGIBILITY OF INDIVIDUALS AGE 62-TO-65 YEARS OF AGE.—

''(1) IN GENERAL.—Subject to paragraph (2), an individual who meets the following requirements with respect to a month is eligible to enroll under this part with respect to such month:

''(A) AGE.—As of the last day of the month, the individual has attained 62 years of age, but has not attained 65 years of age.

''(B) MEDICARE ELIGIBILITY (BUT FOR AGE).—The individual would be eligible for benefits under part A or part B for the month if the individual were 65 years of age.

''(C) NOT ELIGIBLE FOR COVERAGE UNDER GROUP HEALTH PLANS OR FEDERAL HEALTH INSURANCE PROGRAMS.—The individual is not eligible for benefits or coverage under a Federal health insurance program (as defined in subsection (a)(2)(B)) or under a group health plan (other than such eligibility merely through a Federal or State COBRA continuation provision) as of the last day of the month involved.

''(2) LIMITATION ON ELIGIBILITY IF TERMINATED ENROLLMENT.—If an individual described in paragraph (1) enrolls under this part and coverage of the individual is terminated under section 1859A(d) (other than because of age), the individual is not again eligible to enroll under this subsection unless the following requirements are met:

''(A) NEW COVERAGE UNDER GROUP HEALTH PLAN OR FEDERAL HEALTH INSURANCE PROGRAM.—After the date of termination of coverage under such section, the individual obtains coverage under a group health plan or under a Federal health insurance program.

''(B) SUBSEQUENT LOSS OF NEW COVERAGE.—The individual subsequently loses eligibility for the coverage described in subparagraph (A) and exhausts any eligibility the individual may subsequently have for coverage under a Federal or State COBRA continuation provision.

''(3) CHANGE IN HEALTH PLAN ELIGIBILITY DOES NOT AFFECT COVERAGE.—In the case of an individual who is eligible for and enrolls under this part under this subsection, the individual's continued entitlement to benefits under this part shall not be affected by the individual's subsequent eligibility for benefits or coverage described in paragraph (1)(C), or entitlement to such benefits or coverage.

''SEC. 1859A. ENROLLMENT PROCESS; COVERAGE.

''(a) IN GENERAL.—An individual may enroll in the program established under this part only in such manner and form as may be prescribed by regulations, and only during an enrollment period prescribed by the Secretary consistent with the provisions of this section. Such regulations shall provide a process under which—

''(1) individuals eligible to enroll as of a month are permitted to pre-enroll during a prior month within an enrollment period described in subsection (b); and

''(2) each individual seeking to enroll under section 1859(b) is notified, before enrolling, of the deferred monthly premium amount the individual will be liable for under section 1859C(b) upon attaining 65 years of age as determined under section 1859B(c)(3).

''(b) ENROLLMENT PERIODS.—

''(1) INDIVIDUALS 62-TO-65 YEARS OF AGE.—In the case of individuals eligible to enroll under this part under section 1859(b)—

''(A) INITIAL ENROLLMENT PERIOD.—If the individual is eligible to enroll under such section for January 2001, the enrollment period shall begin on November 1, 2000, and shall end on February 28, 2001. Any such enrollment before January 1, 2001, is conditioned upon compliance with the conditions of eligibility for January 2001.

''(B) SUBSEQUENT PERIODS.—If the individual is eligible to enroll under such section for a month after January 2001, the enrollment period shall begin on the first day of the second month before the month in which the individual first is eligible to so enroll and shall end four months later. Any such enrollment before the first day of the third month of such enrollment period is conditioned upon compliance with the conditions of eligibility for such third month.

''(2) AUTHORITY TO CORRECT FOR GOVERNMENT ERRORS.—The provisions of section 1837(h) apply with respect to enrollment under this part in the same manner as they apply to enrollment under part B.

''(c) DATE COVERAGE BEGINS.—

''(1) IN GENERAL.—The period during which an individual is entitled to benefits under this part shall begin as follows, but in no case earlier than January 1, 2001:

''(A) In the case of an individual who enrolls (including pre-enrolls) before the month in which the individual satisfies eligibility for enrollment under section 1859, the first day of such month of eligibility.

''(B) In the case of an individual who enrolls during or after the month in which the individual first satisfies eligibility for enrollment under such section, the first day of the following month.

''(2) AUTHORITY TO PROVIDE FOR PARTIAL MONTHS OF COVERAGE.—Under regulations, the Secretary may, in the Secretary's discretion, provide for coverage periods that include portions of a month in order to avoid lapses of coverage.

''(3) LIMITATION ON PAYMENTS.—No payments may be made under this title with respect to the expenses of an individual enrolled under this part unless such expenses were incurred by such individual during a period which, with respect to the individual, is a coverage period under this section.

''(d) TERMINATION OF COVERAGE.—

''(1) IN GENERAL.—An individual's coverage period under this part shall continue until the individual's enrollment has been terminated at the earliest of the following:

''(A) GENERAL PROVISIONS.—

''(i) NOTICE.—The individual files notice (in a form and manner prescribed by the Secretary) that the individual no longer wishes to participate in the insurance program under this part.

''(ii) NONPAYMENT OF PREMIUMS.—The individual fails to make payment of premiums required for enrollment under this part.

''(iii) MEDICARE ELIGIBILITY.—The individual becomes entitled to benefits under part A or enrolled under part B (other than by reason of this part).

''(B) TERMINATION BASED ON AGE.—The individual attains 65 years of age.

''(2) EFFECTIVE DATE OF TERMINATION.—

''(A) NOTICE.—The termination of a coverage period under paragraph (1)(A)(i) shall take effect at the close of the month following for which the notice is filed.

''(B) NONPAYMENT OF PREMIUM.—The termination of a coverage period under paragraph (1)(A)(ii) shall take effect on a date determined under regulations, which may be determined so as to provide a grace period in which overdue premiums may be paid and coverage continued. The grace period determined under the preceding sentence shall not exceed 60 days; except that it may be extended for an additional 30 days in any case where the Secretary determines that there was good cause for failure to pay the overdue premiums within such 60-day period.

''(C) AGE OR MEDICARE ELIGIBILITY.—The termination of a coverage period under paragraph (1)(A)(iii) or (1)(B) shall take effect as of the first day of the month in which the individual attains 65 years of age or becomes entitled to benefits under part A or enrolled for benefits under part B (other than by reason of this part).

''SEC. 1859B. PREMIUMS.

''(a) AMOUNT OF MONTHLY PREMIUMS.—

''(1) BASE MONTHLY PREMIUMS.—The Secretary shall, during September of each year (beginning with 1998), determine the following premium rates which shall apply with respect to coverage provided under this title for any month in the succeeding year:

''(A) BASE MONTHLY PREMIUM FOR INDIVIDUALS 62 YEARS OF AGE OR OLDER.—A base monthly premium for individuals 62 years of age or older, equal to 1/12 of the base annual premium rate computed under subsection (b) for each premium area.

''(2) DEFERRED MONTHLY PREMIUMS FOR INDIVIDUALS 62 YEARS OF AGE OR OLDER.—The Secretary shall, during September of each year (beginning with 1998), determine under subsection (c) the amount of deferred monthly premiums that shall apply with respect to individuals who first obtain coverage under this part under section 1859(b) in the succeeding year.

''(3) ESTABLISHMENT OF PREMIUM AREAS.—For purposes of this part, the term 'premium area' means such an area as the Secretary shall specify to carry out this part. The Secretary from time to time may change the boundaries of such premium areas. The Secretary shall seek to minimize the number of such areas specified under this paragraph.

''(b) BASE ANNUAL PREMIUM FOR INDIVIDUALS 62 YEARS OF AGE OR OLDER.—

''(1) NATIONAL, PER CAPITA AVERAGE.—The Secretary shall estimate the average, annual per capita amount that would be payable under this title with respect to individuals residing in the United States who meet the requirement of section 1859(b)(1)(A) as if all such individuals were eligible for (and enrolled) under this title during the entire year (and assuming that section 1862(b)(2)(A)(i) did not apply).

''(2) GEOGRAPHIC ADJUSTMENT.—The Secretary shall adjust the amount determined under paragraph (1) for each premium area (specified under subsection (a)(3)) in order to take into account such factors as the Secretary deems appropriate and shall limit the maximum premium under this paragraph in a premium area to assure participation in all areas throughout the United States.

''(3) BASE ANNUAL PREMIUM.—The base annual premium under this subsection for months in a year for individuals 62 years of age or older residing in a premium area is equal to the average, annual per capita amount estimated under paragraph (1) for the year, adjusted for such area under paragraph (2).

''(c) DEFERRED PREMIUM RATE FOR INDIVIDUALS 62 YEARS OF AGE OR OLDER.—The deferred premium rate for individuals with a group of individuals who obtain coverage under section 1859(b) in a year shall be computed by the Secretary as follows:

''(1) ESTIMATION OF NATIONAL, PER CAPITA ANNUAL AVERAGE EXPENDITURES FOR ENROLLMENT GROUP.—The Secretary shall estimate the average, per capita annual amount that will be paid under this part for individuals in such group during the period of enrollment under section 1859(b). In making such estimate for coverage beginning in a year before 2004, the Secretary may base such estimate on the average, per capita amount that would be payable if the program had been in operation over a previous period of at least 4 years.

''(2) DIFFERENCE BETWEEN ESTIMATED EXPENDITURES AND ESTIMATED PREMIUMS.—Based on the characteristics of individuals in such group, the Secretary shall estimate during the period of coverage of the group under this part under section 1859(b) the amount by which—

''(A) the amount estimated under paragraph (1); exceeds

''(B) the average, annual per capita amount of premiums that will be payable for months during the year under section 1859C(a) for individuals in such group (including premiums that would be payable if there were no terminations in enrollment under clause (i) or (ii) of section 1859A(d)(1)(A)).

''(3) ACTUARIAL COMPUTATION OF DEFERRED MONTHLY PREMIUM RATES.—The Secretary shall determine deferred monthly premium rates for individuals in such group in a manner so that—

''(A) the estimated actuarial value of such premiums payable under section 1859C(b), is equal to

''(B) the estimated actuarial present value of the differences described in paragraph (2). Such rate shall be computed for each individual in the group in a manner so that the rate is based on the number of months between the first month of coverage based on enrollment under section 1859(b) and the month in which the individual attains 65 years of age.

''(4) DETERMINANTS OF ACTUARIAL PRESENT VALUES.—The actuarial present values described in paragraph (3) shall reflect—

''(A) the estimated probabilities of survival at ages 62 through 84 for individuals enrolled during the year; and

''(B) the estimated effective average interest rates that would be earned on investments held in the trust funds under this title during the period in question.

''SEC. 1859C. PAYMENT OF PREMIUMS.

''(a) PAYMENT OF BASE MONTHLY PREMIUM.—

''(1) IN GENERAL.—The Secretary shall provide for payment and collection of the base monthly premium, determined under section 1859B(a)(1) for the age (and age cohort, if applicable) of the individual involved and the premium area in which the individual principally resides, in the same manner as for payment of monthly premiums under section 1840, except that, for purposes of applying this section, any reference in such section to the Federal Supplementary Medical Insurance Trust Fund is deemed a reference to the Trust Fund established under section 1859D.

''(2) PERIOD OF PAYMENT.—In the case of an individual who participates in the program established by this title, the base monthly premium shall be payable for the period commencing with the first month of the individual's coverage period and ending with the month in which the individual's coverage under this title terminates.

''(b) PAYMENT OF DEFERRED PREMIUM FOR INDIVIDUALS COVERED AFTER ATTAINING AGE 62.—

''(1) RATE OF PAYMENT.—

''(A) IN GENERAL.—In the case of an individual who is covered under this part for a month pursuant to an enrollment under section 1859(b), subject to subparagraph (B), the individual is liable for payment of a deferred premium in each month during the period described in paragraph (2) in an amount equal to the full deferred monthly premium rate determined for the individual under section 1859B(c).

''(B) SPECIAL RULES FOR THOSE WHO DISENROLL EARLY.—

''(i) IN GENERAL.—If such an individual's enrollment under such section is terminated under clause (i) or (ii) of section 1859A(d)(1)(A), subject to clause (ii), the amount of the deferred premium otherwise established under this paragraph shall be pro-rated to reflect the number of months of coverage under this part under such enrollment compared to the maximum number of months of coverage that the individual would have had if the enrollment were not so terminated.

''(ii) ROUNDING TO 12-MONTH MINIMUM COVERAGE PERIODS.—In applying clause (i), the number of months of coverage (if not a multiple of 12) shall be rounded to the next highest multiple of 12 months, except that in no case shall this clause result in a number of months of coverage exceeding the maximum number of months of coverage that the individual would have had if the enrollment were not so terminated.

''(2) PERIOD OF PAYMENT.—The period described in this paragraph for an individual is the period beginning with the first month in which the individual has attained 65 years of age and ending with the month before the month in which the individual attains 85 years of age.

''(3) COLLECTION.—In the case of an individual who is liable for a premium under this subsection, the amount of the premium shall be collected in the same manner as the premium for enrollment under such part is collected under section 1840, except that any

reference in such section to the Federal Supplementary Medical Insurance Trust Fund is deemed to be a reference to the Medicare Early Access Trust Fund established under section 1859D.

''(c) APPLICATION OF CERTAIN PROVISIONS.—The provisions of section 1840 (other than subsection (h)) shall apply to premiums collected under this section in the same manner as they apply to premiums collected under part B, except that any reference in such section to the Federal Supplementary Medical Insurance Trust Fund is deemed a reference to the Trust Fund established under section 1859D.

''SEC. 1859D. MEDICARE EARLY ACCESS TRUST FUND.

''(a) ESTABLISHMENT OF TRUST FUND.—

''(1) IN GENERAL.—There is hereby created on the books of the Treasury of the United States a trust fund to be known as the 'Medicare Early Access Trust Fund' (in this section referred to as the 'Trust Fund'). The Trust Fund shall consist of such gifts and bequests as may be made as provided in section 201(i)(1) and such amounts as may be deposited in, or appropriated to, such fund as provided in this title.

''(2) PREMIUMS.—Premiums collected under section 1859B shall be transferred to the Trust Fund.

''(3) TRANSFER OF SAVINGS FROM NEW FRAUD AND ABUSE INITIATIVES.—

''(A) IN GENERAL.—There is hereby transferred to the Trust Fund from the Federal Hospital Insurance Trust Fund and from the Federal Supplementary Medical Insurance Trust Fund amounts equivalent to the amounts (specified under subparagraph (B)) of the reductions in expenditures under such respective trust fund as may be attributable to the enactment of the Medicare Fraud and Reimbursement Reform Act of 1999 (H.R. 2229).

''(B) USE OF CBO ESTIMATES.—For each fiscal year during the 10-fiscal-year period beginning with fiscal year 2001, the amounts under subparagraph (A) shall be the amounts described in such subparagraph as determined by the Congressional Budget Office at the time of, and in connection with, the enactment of the Medicare Early Access and Tax Credit Act of 2000. For subsequent fiscal years, the amounts under subparagraph (A) shall be the amount determined under this subparagraph for the previous fiscal year increased by the same percentage as the percentage increase in aggregate expenditures under this title from the second previous fiscal year to the previous fiscal year.

''(b) INCORPORATION OF PROVISIONS.—

''(1) IN GENERAL.—Subject to paragraph (2), subsections (b) through (i) of section 1841 shall apply with respect to the Trust Fund and this title in the same manner as they apply with respect to the Federal Supplementary Medical Insurance Trust Fund and part B, respectively.

''(2) MISCELLANEOUS REFERENCES.—In applying provisions of section 1841 under paragraph (1)—

''(A) any reference in such section to 'this part' is construed to refer to this part D;

''(B) any reference in section 1841(h) to section 1840(d) and in section 1841(i) to sections 1840(b)(1) and 1842(g) are deemed references to comparable authority exercised under this part; and

''(C) payments may be made under section 1841(g) to the Trust Funds under sections 1817 and 1841 as reimbursement to such funds for payments they made for benefits provided under this part.

''SEC. 1859E. OVERSIGHT AND ACCOUNTABILITY.

''(a) THROUGH ANNUAL REPORTS OF TRUSTEES.—The Board of Trustees of the Medicare Early Access Trust Fund under section 1859D(b)(1) shall report on an annual basis to Congress concerning the status of the Trust Fund and the need for adjustments in the program under this part to maintain financial solvency of the program under this part.

''(b) PERIODIC GAO REPORTS.—The Comptroller General of the United States shall periodically submit to Congress reports on the adequacy of the financing of coverage provided under this part. The Comptroller General shall include in such report such recommendations for adjustments in such financing and coverage as the Comptroller General deems appropriate in order to maintain financial solvency of the program under this part.

''SEC. 1859F. ADMINISTRATION AND MISCELLANEOUS.

''(a) TREATMENT FOR PURPOSES OF TITLE.—Except as otherwise provided in this part—

''(1) individuals enrolled under this part shall be treated for purposes of this title as though the individual were entitled to benefits under part A and enrolled under part B; and

''(2) benefits described in section 1859 shall be payable under this title to such individuals in the same manner as if such individuals were so entitled and enrolled.

''(b) NOT TREATED AS MEDICARE PROGRAM FOR PURPOSES OF MEDICAID PROGRAM.—For purposes of applying title XIX (including the provision of medicare cost-sharing assistance under such title), an individual who is enrolled under this part shall not be treated as being entitled to benefits under this title.

''(c) NOT TREATED AS MEDICARE PROGRAM FOR PURPOSES OF COBRA CONTINUATION PROVISIONS.—In applying a COBRA continuation provision (as defined in section 2791(d)(4) of the Public Health Service Act), any reference to an entitlement to benefits under this title shall not be construed to include entitlement to benefits under this title pursuant to the operation of this part.''.

(b) CONFORMING AMENDMENTS TO SOCIAL SECURITY ACT PROVISIONS.—

(1) Section 201(i)(1) of the Social Security Act (42 U.S.C. 401(i)(1)) is amended by striking ''or the Federal Supplementary Medical Insurance Trust Fund'' and inserting ''the Federal Supplementary Medical Insurance Trust Fund, and the Medicare Early Access Trust Fund''.

(2) Section 201(g)(1)(A) of such Act (42 U.S.C. 401(g)(1)(A)) is amended by striking ''and the Federal Supplementary Medical Insurance Trust Fund established by title XVIII'' and inserting '', the Federal Supplementary Medical Insurance Trust Fund, and the Medicare Early Access Trust Fund established by title XVIII''.

(3) Section 1820(i) of such Act (42 U.S.C. 1395i–4(i)) is amended by striking ''part D'' and inserting ''part E''.

(4) Part C of title XVIII of such Act is amended—

(A) in section 1851(a)(2)(B) (42 U.S.C. 1395w–21(a)(2)(B)), by striking ''1859(b)(3)'' and inserting ''1858(b)(3)'';

(B) in section 1851(a)(2)(C) (42 U.S.C. 1395w–21(a)(2)(C)), by striking ''1859(b)(2)'' and inserting ''1858(b)(2)'';

(C) in section 1852(a)(1) (42 U.S.C. 1395w–22(a)(1)), by striking ''1859(b)(3)'' and inserting ''1858(b)(3)'';

(D) in section 1852(a)(3)(B)(ii) (42 U.S.C. 1395w–22(a)(3)(B)(ii)), by striking ''1859(b)(2)(B)'' and inserting ''1858(b)(2)(B)'';

(E) in section 1853(a)(1)(A) (42 U.S.C. 1395w–23(a)(1)(A)), by striking ''1859(e)(4)'' and inserting ''1858(e)(4)''; and

(F) in section 1853(a)(3)(D) (42 U.S.C. 1395w–23(a)(3)(D)), by striking ''1859(e)(4)'' and inserting ''1858(e)(4)''.

(5) Section 1853(c) of such Act (42 U.S.C. 1395w–23(c)) is amended—

(A) in paragraph (1), by striking ''or (7)'' and inserting '', (7), or (8)'', and

(B) by adding at the end the following:

''(8) ADJUSTMENT FOR EARLY ACCESS.—In applying this subsection with respect to individuals entitled to benefits under part D, the Secretary shall provide for an appropriate adjustment in the Medicare+Choice capitation rate as may be appropriate to reflect differences between the population served under such part and the population under parts A and B.''.

(c) OTHER CONFORMING AMENDMENTS.—

(1) Section 138(b)(4) of the Internal Revenue Code of 1986 is amended by striking ''1859(b)(3)'' and inserting ''1858(b)(3)''.

(2)(A) Section 602(2)(D)(ii) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1162(2)) is amended by inserting ''(not including an individual who is so entitled pursuant to enrollment under section 1859A)'' after ''Social Security Act''.

(B) Section 2202(2)(D)(ii) of the Public Health Service Act (42 U.S.C. 300bb–2(2)(D)(ii)) is amended by inserting ''(not including an individual who is so entitled pursuant to enrollment under section 1859A)'' after ''Social Security Act''.

(C) Section 4980B(f)(2)(B)(i)(V) of the Internal Revenue Code of 1986 is amended by inserting ''(not including an individual who is so entitled pursuant to enrollment under section 1859A)'' after ''Social Security Act''.

TITLE II—ACCESS TO MEDICARE BENEFITS FOR DISPLACED WORKERS 55-TO-62 YEARS OF AGE

SEC. 201. ACCESS TO MEDICARE BENEFITS FOR DISPLACED WORKERS 55-TO-62 YEARS OF AGE.

(a) ELIGIBILITY.—Section 1859 of the Social Security Act, as inserted by section 101(a)(2), is amended by adding at the end the following new subsection:

''(c) DISPLACED WORKERS AND SPOUSES.—

''(1) DISPLACED WORKERS.—Subject to paragraph (3), an individual who meets the following requirements with respect to a month is eligible to enroll under this part with respect to such month:

''(A) AGE.—As of the last day of the month, the individual has attained 55 years of age, but has not attained 62 years of age.

''(B) MEDICARE ELIGIBILITY (BUT FOR AGE).—The individual would be eligible for benefits under part A or part B for the month if the individual were 65 years of age.

''(C) LOSS OF EMPLOYMENT-BASED COVERAGE.—

''(i) ELIGIBLE FOR UNEMPLOYMENT COMPENSATION.—The individual meets the requirements relating to period of covered employment and conditions of separation from employment to be eligible for unemployment compensation (as defined in section 85(b) of the Internal Revenue Code of 1986), based on a separation from employment occurring on or after July 1, 2000. The previous sentence shall not be construed as requiring the individual to be receiving such unemployment compensation.

''(ii) LOSS OF EMPLOYMENT-BASED COVERAGE.—Immediately before the time of such separation of employment, the individual was covered under a group health plan on the basis of such employment, and, because of such loss, is no longer eligible for coverage under such plan (including such eligibility based on the application of a Federal or State COBRA continuation provision) as of the last day of the month involved.

''(iii) PREVIOUS CREDITABLE COVERAGE FOR AT LEAST 1 YEAR.—As of the date on which the individual loses coverage described in clause (ii), the aggregate of the periods of creditable coverage (as determined under section 2701(c) of the Public Health Service Act) is 12 months or longer.

''(D) EXHAUSTION OF AVAILABLE COBRA CONTINUATION BENEFITS.—

''(i) IN GENERAL.—In the case of an individual described in clause (ii) for a month described in clause (iii)—

''(I) the individual (or spouse) elected coverage described in clause (ii); and

''(II) the individual (or spouse) has continued such coverage for all months described in clause (iii) in which the individual (or spouse) is eligible for such coverage.

''(ii) INDIVIDUALS TO WHOM COBRA CONTINUATION COVERAGE MADE AVAILABLE.—An individual described in this clause is an individual—

''(I) who was offered coverage under a Federal or State COBRA continuation provision at the time of loss of coverage eligibility described in subparagraph (C)(ii); or

''(II) whose spouse was offered such coverage in a manner that permitted coverage of the individual at such time.

''(iii) MONTHS OF POSSIBLE COBRA CONTINUATION COVERAGE.—A month described in this clause is a month for which an individual described in clause (ii) could have had coverage described in such clause as of the last day of the month if the individual (or the spouse of the individual, as the case may be) had elected such coverage on a timely basis.

''(E) NOT ELIGIBLE FOR COVERAGE UNDER FEDERAL HEALTH INSURANCE PROGRAM OR GROUP HEALTH PLANS.—The individual is not eligible for benefits or coverage under a Federal health insurance program or under a group health plan (whether on the basis of the individual's employment or employment of the individual's spouse) as of the last day of the month involved.

''(2) SPOUSE OF DISPLACED WORKER.—Subject to paragraph (3), an individual who meets the following requirements with respect to a month is eligible to enroll under this part with respect to such month:

''(A) AGE.—As of the last day of the month, the individual has not attained 62 years of age.

''(B) MARRIED TO DISPLACED WORKER.—The individual is the spouse of an individual at the time the individual enrolls under this part under paragraph (1) and loses coverage described in paragraph (1)(C)(ii) because the individual's spouse lost such coverage.

''(C) MEDICARE ELIGIBILITY (BUT FOR AGE); EXHAUSTION OF ANY COBRA CONTINUATION COVERAGE; AND NOT ELIGIBLE FOR COVERAGE UNDER FEDERAL HEALTH INSURANCE PROGRAM OR GROUP HEALTH PLAN.—The individual meets the requirements of subparagraphs (B), (D), and (E) of paragraph (1).

''(3) CHANGE IN HEALTH PLAN ELIGIBILITY AFFECTS CONTINUED ELIGIBILITY.—For provision that terminates enrollment under this section in the case of an individual who becomes eligible for coverage under a group health plan or under a Federal health insurance program, see section 1859A(d)(1)(C).

''(4) REENROLLMENT PERMITTED.—Nothing in this subsection shall be construed as preventing an individual who, after enrolling under this subsection, terminates such enrollment from subsequently reenrolling under this subsection if the individual is eligible to enroll under this subsection at that time.''.

(b) ENROLLMENT.—Section 1859A of such Act, as so inserted, is amended—

(1) in subsection (a), by striking ''and'' at the end of paragraph (1), by striking the period at the end of paragraph (2) and inserting ''; and'', and by adding at the end the following new paragraph:

''(3) individuals whose coverage under this part would terminate because of subsection (d)(1)(B)(ii) are provided notice and an opportunity to continue enrollment in accordance with section 1859E(c)(1).'';

(2) in subsection (b), by inserting after Notwithstanding any other provision of law, (1) the following:

''(2) DISPLACED WORKERS AND SPOUSES.—In the case of individuals eligible to enroll under this part under section 1859(c), the following rules apply:

''(A) INITIAL ENROLLMENT PERIOD.—If the individual is first eligible to enroll under such section for January 2001, the enrollment period shall begin on November 1, 2000, and shall end on February 28, 2001. Any such enrollment before January 1, 2001, is conditioned upon compliance with the conditions of eligibility for January 2001.

''(B) SUBSEQUENT PERIODS.—If the individual is eligible to enroll under such section for a month after January 2001, the enrollment period based on such eligibility shall begin on the first day of the second month before the month in which the individual first is eligible to so enroll (or reenroll) and shall end four months later.'';

(3) in subsection (d)(1), by amending subparagraph (B) to read as follows:

''(B) TERMINATION BASED ON AGE.—

''(i) AT AGE 65.—Subject to clause (ii), the individual attains 65 years of age.

''(ii) AT AGE 62 FOR DISPLACED WORKERS AND SPOUSES.—In the case of an individual enrolled under this part pursuant to section 1859(c), subject to subsection (a)(1), the individual attains 62 years of age.'';

(4) in subsection (d)(1), by adding at the end the following new subparagraph:

''(C) OBTAINING ACCESS TO EMPLOYMENT-BASED COVERAGE OR FEDERAL HEALTH INSURANCE PROGRAM FOR INDIVIDUALS UNDER 62 YEARS OF AGE.—In the case of an individual who has not attained 62 years of age, the individual is covered (or eligible for coverage) as a participant or beneficiary under a group health plan or under a Federal health insurance program.'';

(5) in subsection (d)(2), by amending subparagraph (C) to read as follows:

''(C) AGE OR MEDICARE ELIGIBILITY.—

''(i) IN GENERAL.—The termination of a coverage period under paragraph (1)(A)(iii) or (1)(B)(i) shall take effect as of the first day of the month in which the individual attains 65 years of age or becomes entitled to benefits under part A or enrolled for benefits under part B.

''(ii) DISPLACED WORKERS.—The termination of a coverage period under paragraph (1)(B)(ii) shall take effect as of the first day of the month in which the individual attains 62 years of age, unless the individual has enrolled under this part pursuant to section 1859(b) and section 1859E(c)(1).''; and

(6) in subsection (d)(2), by adding at the end the following new subparagraph:

''(D) ACCESS TO COVERAGE.—The termination of a coverage period under paragraph (1)(C) shall take effect on the date on which the individual is eligible to begin a period of creditable coverage (as defined in section 2701(c) of the Public Health Service Act) under a group health plan or under a Federal health insurance program.''.

(c) PREMIUMS.—Section 1859B of such Act, as so inserted, is amended—

(1) in subsection (a)(1), by adding at the end the following:

''(B) BASE MONTHLY PREMIUM FOR INDIVIDUALS UNDER 62 YEARS OF AGE.—A base monthly premium for individuals under 62 years of age, equal to 1/12 of the base annual premium rate computed under subsection (d)(3) for each premium area and age cohort.''; and

(2) by adding at the end the following new subsection:

''(d) BASE MONTHLY PREMIUM FOR INDIVIDUALS UNDER 62 YEARS OF AGE.—

''(1) NATIONAL, PER CAPITA AVERAGE FOR AGE GROUPS.—

''(A) ESTIMATE OF AMOUNT.—The Secretary shall estimate the average, annual per capita amount that would be payable under this title with respect to individuals residing in the United States who meet the requirement of section 1859(c)(1)(A) within each of the age cohorts established under subparagraph (B) as if all such individuals within such cohort were eligible for (and enrolled) under this title during the entire year (and assuming that section 1862(b)(2)(A)(i) did not apply).

''(B) AGE COHORTS.—For purposes of subparagraph (A), the Secretary shall establish separate age cohorts in 5 year age increments for individuals who have not attained 60 years of ages and a separate cohort for individuals who have attained 60 years of age.

''(2) GEOGRAPHIC ADJUSTMENT.—The Secretary shall adjust the amount determined under paragraph (1)(A) for each premium area (specified under subsection (a)(3)) in the same manner and to the same extent as the Secretary provides for adjustments under subsection (b)(2).

''(3) BASE ANNUAL PREMIUM.—The base annual premium under this subsection for months in a year for individuals in an age cohort under paragraph (1)(B) in a premium area is equal to 165 percent of the average, annual per capita amount estimated under paragraph (1) for the age cohort and year, adjusted for such area under paragraph (2).

''(4) PRO-RATION OF PREMIUMS TO REFLECT COVERAGE DURING A PART OF A MONTH.—If the Secretary provides for coverage of portions of a month under section 1859A(c)(2), the Secretary shall pro-rate the premiums attributable to such coverage under this section to reflect the portion of the month so covered.''.

(d) ADMINISTRATIVE PROVISIONS.—Section 1859F of such Act, as so inserted, is amended by adding at the end the following:

''(d) ADDITIONAL ADMINISTRATIVE PROVISIONS.—

''(1) PROCESS FOR CONTINUED ENROLLMENT OF DISPLACED WORKERS WHO ATTAIN 62 YEARS OF AGE.—The Secretary shall provide a process for the continuation of enrollment of individuals whose enrollment under section 1859(c) would be terminated upon attaining 62 years of age. Under such process such individuals shall be provided appropriate and timely notice before the date of such termination and of the requirement to enroll under this part pursuant to section 1859(b) in order to continue entitlement to benefits under this title after attaining 62 years of age.

''(2) ARRANGEMENTS WITH STATES FOR DETERMINATIONS RELATING TO UNEMPLOYMENT COMPENSATION ELIGIBILITY.—The Secretary may provide for appropriate arrangements with States for the determination of whether individuals in the State meet or would meet the requirements of section 1859(c)(1)(C)(i).''.

(e) CONFORMING AMENDMENT TO HEADING TO PART.—The heading of part D of title XVIII of the Social Security Act, as so inserted, is amended by striking ''62'' and inserting ''55''.

TITLE III—COBRA PROTECTION FOR EARLY RETIREES

Subtitle A—Amendments to the Employee Retirement Income Security Act of 1974

SEC. 301. COBRA CONTINUATION BENEFITS FOR CERTAIN RETIRED WORKERS WHO LOSE RETIREE HEALTH COVERAGE.

(a) ESTABLISHMENT OF NEW QUALIFYING EVENT.—

(1) IN GENERAL.—Section 603 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1163) is amended by inserting after paragraph (6) the following new paragraph:

''(7) The termination or substantial reduction in benefits (as defined in section 607(7)) of group health plan coverage as a result of plan changes or termination in the case of a covered employee who is a qualified retiree.''.

(2) QUALIFIED RETIREE; QUALIFIED BENEFICIARY; AND SUBSTANTIAL REDUCTION DEFINED.—Section 607 of such Act (29 U.S.C. 1167) is amended—

(A) in paragraph (3)—

(i) in subparagraph (A), by inserting ''except as otherwise provided in this paragraph,'' after ''means,''; and

(ii) by adding at the end the following new subparagraph:

''(D) SPECIAL RULE FOR QUALIFYING RETIREES AND DEPENDENTS.—In the case of a qualifying event described in section 603(7), the term 'qualified beneficiary' means a qualified retiree and any other individual who, on the day before such qualifying event, is a beneficiary under the plan on the basis of the individual's relationship to such qualified retiree.''; and

(B) by adding at the end the following new paragraphs:

''(6) QUALIFIED RETIREE.—The term 'qualified retiree' means, with respect to a qualifying event described in section 603(7), a covered employee who, at the time of the event—

''(A) has attained 55 years of age; and

''(B) was receiving group health coverage under the plan by reason of the retirement of the covered employee.

''(7) SUBSTANTIAL REDUCTION.—The term 'substantial reduction'—

''(A) means, as determined under regulations of the Secretary and with respect to a qualified beneficiary, a reduction in the average actuarial value of benefits under the plan (through reduction or elimination of benefits, an increase in premiums, deductibles, copayments, and coinsurance, or any combination thereof), since the date of commencement of coverage of the beneficiary by reason of the retirement of the covered employee (or, if later, January 6, 2000), in an amount equal to at least 50 percent of the total average actuarial value of the benefits under the plan as of such date (taking into account an appropriate adjustment to permit comparison of values over time); and

''(B) includes an increase in premiums required to an amount that exceeds the premium level described in the fourth sentence of section 602(3).''.

(b) DURATION OF COVERAGE THROUGH AGE 65.—Section 602(2)(A) of such Act (29 U.S.C. 1162(2)(A)) is amended—

(1) in clause (ii), by inserting ''or 603(7)'' after ''603(6)'';

(2) in clause (iv), by striking ''or 603(6)'' and inserting '', 603(6), or 603(7)'';

(3) by redesignating clause (iv) as clause (vi);

(4) by redesignating clause (v) as clause (iv) and by moving such clause to immediately follow clause (iii); and

(5) by inserting after such clause (iv) the following new clause:

''(v) SPECIAL RULE FOR CERTAIN DEPENDENTS IN CASE OF TERMINATION OR SUBSTANTIAL REDUCTION OF RETIREE HEALTH COVERAGE.—In the case of a qualifying event described in section 603(7), in the case of a qualified beneficiary described in section 607(3)(D) who is not the qualified retiree or spouse of such retiree, the later of—

''(I) the date that is 36 months after the earlier of the date the qualified retiree becomes entitled to benefits under title XVIII of the Social Security Act, or the date of the death of the qualified retiree; or

''(II) the date that is 36 months after the date of the qualifying event.''.

(c) TYPE OF COVERAGE IN CASE OF TERMINATION OR SUBSTANTIAL REDUCTION OF RETIREE HEALTH COVERAGE.—Section 602(1) of such Act (29 U.S.C. 1162(1)) is amended—

(1) by striking ''The coverage'' and inserting the following:

''(A) IN GENERAL.—Except as provided in subparagraph (B), the coverage''; and

(2) by adding at the end the following:

''(B) CERTAIN RETIREES.—In the case of a qualifying event described in section 603(7), in applying the first sentence of subparagraph (A) and the fourth sentence of paragraph (3), the coverage offered that is the most prevalent coverage option (as determined under regulations of the Secretary) continued under the group health plan (or, if none, under the most prevalent other plan offered by the same plan sponsor) shall be treated as the coverage described in such sentence, or (at the option of the plan and qualified beneficiary) such other coverage option as may be offered and elected by the qualified beneficiary involved.''.

(d) INCREASED LEVEL OF PREMIUMS PERMITTED.—Section 602(3) of such Act (29 U.S.C. 1162(3)) is amended by adding at the end the following new sentence: ''In the case of an individual provided continuation coverage by reason of a qualifying event described in section 603(7), any reference in subparagraph (A) of this paragraph to '102 percent of the applicable premium' is deemed a reference to '125 percent of the applicable premium for employed individuals (and their dependents, if applicable) for the coverage option referred to in paragraph (1)(B)'.''.

(e) NOTICE.—Section 606(a) of such Act (29 U.S.C. 1166) is amended—

(1) in paragraph (4)(A), by striking ''or (6)'' and inserting ''(6), or (7)''; and

(2) by adding at the end the following:

''The notice under paragraph (4) in the case of a qualifying event described in section 603(7) shall be provided at least 90 days before the date of the qualifying event.''.

(f) EFFECTIVE DATES.—

(1) IN GENERAL.—The amendments made by this section (other than subsection (e)(2)) shall apply to qualifying events occurring on or after January 6, 2000. In the case of a qualifying event occurring on or after such date and before the date of the enactment of this Act, such event shall be deemed (for purposes of such amendments) to have occurred on the date of the enactment of this Act.

(2) ADVANCE NOTICE OF TERMINATIONS AND REDUCTIONS.—The amendment made by subsection (e)(2) shall apply to qualifying events occurring after the date of the enactment of this Act, except that in no case shall notice be required under such amendment before such date.

Subtitle B—Amendments to the Public Health Service Act

SEC. 311. COBRA CONTINUATION BENEFITS FOR CERTAIN RETIRED WORKERS WHO LOSE RETIREE HEALTH COVERAGE.

(a) ESTABLISHMENT OF NEW QUALIFYING EVENT.—

(1) IN GENERAL.—Section 2203 of the Public Health Service Act (42 U.S.C. 300bb–3) is amended by inserting after paragraph (5) the following new paragraph:

''(6) The termination or substantial reduction in benefits (as defined in section 2208(6)) of group health plan coverage as a result of plan changes or termination in the case of a covered employee who is a qualified retiree.''.

(2) QUALIFIED RETIREE; QUALIFIED BENEFICIARY; AND SUBSTANTIAL REDUCTION DEFINED.—Section 2208 of such Act (42 U.S.C. 300bb–8) is amended—

(A) in paragraph (3)—

(i) in subparagraph (A), by inserting ''except as otherwise provided in this paragraph,'' after ''means,''; and

(ii) by adding at the end the following new subparagraph:

''(C) SPECIAL RULE FOR QUALIFYING RETIREES AND DEPENDENTS.—In the case of a qualifying event described in section 2203(6), the term 'qualified beneficiary' means a qualified retiree and any other individual who, on the day before such qualifying event, is a beneficiary under the plan on the basis of the individual's relationship to such qualified retiree.''; and

(B) by adding at the end the following new paragraphs:

''(5) QUALIFIED RETIREE.—The term 'qualified retiree' means, with respect to a qualifying event described in section 2203(6), a covered employee who, at the time of the event—

''(A) has attained 55 years of age; and

''(B) was receiving group health coverage under the plan by reason of the retirement of the covered employee.

''(6) SUBSTANTIAL REDUCTION.—The term 'substantial reduction'—

''(A) means, as determined under regulations of the Secretary of Labor and with respect to a qualified beneficiary, a reduction in the average actuarial value of benefits under the plan (through reduction or elimination of benefits, an increase in premiums, deductibles, copayments, and coinsurance, or any combination thereof), since the date of commencement of coverage of the beneficiary by reason of the retirement of the covered employee (or, if later, January 6, 2000), in an amount equal to at least 50 percent of the total average actuarial value of the benefits under the plan as of such date (taking into account an appropriate adjustment to permit comparison of values over time); and

''(B) includes an increase in premiums required to an amount that exceeds the premium level described in the fourth sentence of section 2202(3).''.

(b) DURATION OF COVERAGE THROUGH AGE 65.—Section 2202(2)(A) of such Act (42 U.S.C. 300bb–2(2)(A)) is amended—

(1) by redesignating clause (iii) as clause (iv); and

(2) by inserting after clause (ii) the following new clause:

''(iii) SPECIAL RULE FOR CERTAIN DEPENDENTS IN CASE OF TERMINATION OR SUBSTANTIAL REDUCTION OF RETIREE HEALTH COVERAGE.—In the case of a qualifying event described in section 2203(6), in the case of a qualified beneficiary described in section 2208(3)(C) who is not the qualified retiree or spouse of such retiree, the later of—

''(I) the date that is 36 months after the earlier of the date the qualified retiree becomes entitled to benefits under title XVIII of the Social Security Act, or the date of the death of the qualified retiree; or

''(II) the date that is 36 months after the date of the qualifying event.''.

(c) TYPE OF COVERAGE IN CASE OF TERMINATION OR SUBSTANTIAL REDUCTION OF RETIREE HEALTH COVERAGE.—Section 2202(1) of such Act (42 U.S.C. 300bb–2(1)) is amended—

(1) by striking ''The coverage'' and inserting the following:

''(A) IN GENERAL.—Except as provided in subparagraph (B), the coverage''; and

(2) by adding at the end the following:

''(B) CERTAIN RETIREES.—In the case of a qualifying event described in section 2203(6), in applying the first sentence of subparagraph (A) and the fourth sentence of paragraph (3), the coverage offered that is the most prevalent coverage option (as determined under regulations of the Secretary of Labor) continued under the group health plan (or, if none, under the most prevalent other plan offered by the same plan sponsor) shall be treated as the coverage described in such sentence, or (at the option of the plan and qualified beneficiary) such other coverage option as may be offered and elected by the qualified beneficiary involved.''.

(d) INCREASED LEVEL OF PREMIUMS PERMITTED.—Section 2202(3) of such Act (42

U.S.C. 300bb–2(3)) is amended by adding at the end the following new sentence: ''In the case of an individual provided continuation coverage by reason of a qualifying event described in section 2203(6), any reference in subparagraph (A) of this paragraph to '102 percent of the applicable premium' is deemed a reference to '125 percent of the applicable premium for employed individuals (and their dependents, if applicable) for the coverage option referred to in paragraph (1)(B)'.''.

(e) NOTICE.—Section 2206(a) of such Act (42 U.S.C. 300bb–6(a)) is amended—

(1) in paragraph (4)(A), by striking ''or (4)'' and inserting ''(4), or (6)''; and

(2) by adding at the end the following:

''The notice under paragraph (4) in the case of a qualifying event described in section 2203(6) shall be provided at least 90 days before the date of the qualifying event.''.

(f) EFFECTIVE DATES.—

(1) IN GENERAL.—The amendments made by this section (other than subsection (e)(2)) shall apply to qualifying events occurring on or after January 6, 2000. In the case of a qualifying event occurring on or after such date and before the date of the enactment of this Act, such event shall be deemed (for purposes of such amendments) to have occurred on the date of the enactment of this Act.

(2) ADVANCE NOTICE OF TERMINATIONS AND REDUCTIONS.—The amendment made by subsection (e)(2) shall apply to qualifying events occurring after the date of the enactment of this Act, except that in no case shall notice be required under such amendment before such date.

Subtitle C—Amendments to the Internal Revenue Code of 1986

SEC. 321. COBRA CONTINUATION BENEFITS FOR CERTAIN RETIRED WORKERS WHO LOSE RETIREE HEALTH COVERAGE.

(a) ESTABLISHMENT OF NEW QUALIFYING EVENT.—

(1) IN GENERAL.—Section 4980B(f)(3) of the Internal Revenue Code of 1986 is amended by inserting after subparagraph (F) the following new subparagraph:

''(G) The termination or substantial reduction in benefits (as defined in subsection (g)(6)) of group health plan coverage as a result of plan changes or termination in the case of a covered employee who is a qualified retiree.''.

(2) QUALIFIED RETIREE; QUALIFIED BENEFICIARY; AND SUBSTANTIAL REDUCTION DEFINED.—Section 4980B(g) of such Code is amended—

(A) in paragraph (1)—

(i) in subparagraph (A), by inserting ''except as otherwise provided in this paragraph,'' after ''means,''; and

(ii) by adding at the end the following new subparagraph:

''(E) SPECIAL RULE FOR QUALIFYING RETIREES AND DEPENDENTS.—In the case of a qualifying event described in subsection (f)(3)(G), the term 'qualified beneficiary' means a qualified retiree and any other individual who, on the day before such qualifying event, is a beneficiary under the plan on the basis of the individual's relationship to such qualified retiree.''; and

(B) by adding at the end the following new paragraphs:

''(5) QUALIFIED RETIREE.—The term 'qualified retiree' means, with respect to a qualifying event described in subsection (f)(3)(G), a covered employee who, at the time of the event—

''(A) has attained 55 years of age; and

''(B) was receiving group health coverage under the plan by reason of the retirement of the covered employee.

''(6) SUBSTANTIAL REDUCTION.—The term 'substantial reduction'—

''(A) means, as determined under regulations of the Secretary of Labor and with respect to a qualified beneficiary, a reduction in the average actuarial value of benefits under the plan (through reduction or elimination of benefits, an increase in premiums, deductibles, copayments, and coinsurance, or any combination thereof), since the date of commencement of coverage of the beneficiary by reason of the retirement of the covered employee (or, if later, January 6, 2000), in an amount equal to at least 50 percent of the total average actuarial value of the benefits under the plan as of such date (taking into account an appropriate adjustment to permit comparison of values over time); and

''(B) includes an increase in premiums required to an amount that exceeds the premium level described in the fourth sentence of subsection (f)(2)(C).''.

(b) DURATION OF COVERAGE THROUGH AGE 65.—Section 4980B(f)(2)(B)(i) of such Code is amended—

(1) in subclause (II), by inserting ''or (3)(G)'' after ''(3)(F)'';

(2) in subclause (IV), by striking ''or (3)(F)'' and inserting '', (3)(F), or (3)(G)'';

(3) by redesignating subclause (IV) as subclause (VI);

(4) by redesignating subclause (V) as subclause (IV) and by moving such clause to immediately follow subclause (III); and

(5) by inserting after such subclause (IV) the following new subclause:

''(V) SPECIAL RULE FOR CERTAIN DEPENDENTS IN CASE OF TERMINATION OR SUBSTANTIAL REDUCTION OF RETIREE HEALTH COVERAGE.—In the case of a qualifying event described in paragraph (3)(G), in the case of a qualified beneficiary described in subsection (g)(1)(E) who is not the qualified retiree or spouse of such retiree, the later of—

''(a) the date that is 36 months after the earlier of the date the qualified retiree becomes entitled to benefits under title XVIII of the Social Security Act, or the date of the death of the qualified retiree; or

''(b) the date that is 36 months after the date of the qualifying event.''.

(c) TYPE OF COVERAGE IN CASE OF TERMINATION OR SUBSTANTIAL REDUCTION OF RETIREE HEALTH COVERAGE.—Section 4980B(f)(2)(A) of such Code is amended—

(1) by striking ''The coverage'' and inserting the following:

''(i) IN GENERAL.—Except as provided in clause (ii), the coverage''; and

(2) by adding at the end the following:

''(ii) CERTAIN RETIREES.—In the case of a qualifying event described in paragraph (3)(G), in applying the first sentence of clause (i) and the fourth sentence of subparagraph (C), the coverage offered that is the most prevalent coverage option (as determined under regulations of the Secretary of Labor) continued under the group health plan (or, if none, under the most prevalent other plan offered by the same plan sponsor) shall be treated as the coverage described in such sentence, or (at the option of the plan and qualified beneficiary) such other coverage option as may be offered and elected by the qualified beneficiary involved.''.

(d) INCREASED LEVEL OF PREMIUMS PERMITTED.—Section 4980B(f)(2)(C) of such Code is amended by adding at the end the following new sentence: ''In the case of an individual provided continuation coverage by reason of a qualifying event described in paragraph (3)(G), any reference in clause (i) of this subparagraph to '102 percent of the applicable premium' is deemed a reference to '125 percent of the applicable premium for employed individuals (and their dependents, if applicable) for the coverage option referred to in subparagraph (A)(ii)'.''.

(e) NOTICE.—Section 4980B(f)(6) of such Code is amended—

(1) in subparagraph (D)(i), by striking ''or (F)'' and inserting ''(F), or (G)''; and

(2) by adding at the end the following:

''The notice under subparagraph (D)(i) in the case of a qualifying event described in paragraph (3)(G) shall be provided at least 90 days before the date of the qualifying event.''.

(f) EFFECTIVE DATES.—

(1) IN GENERAL.—The amendments made by this section (other than subsection (e)(2)) shall apply to qualifying events occurring on or after January 6, 2000. In the case of a qualifying event occurring on or after such date and before the date of the enactment of this Act, such event shall be deemed (for purposes of such amendments) to have occurred on the date of the enactment of this Act.

(2) ADVANCE NOTICE OF TERMINATIONS AND REDUCTIONS.—The amendment made by subsection (e)(2) shall apply to qualifying events occurring after the date of the enactment of this Act, except that in no case shall notice be required under such amendment before such date.

TITLE IV—FINANCING

SEC. 401. REFERENCE TO FINANCING PROVISIONS.

Any increase in payments under the medicare program under title XVIII of the Social Security Act that results from the enactment of this Act shall be offset by reductions in payments under such program pursuant to the anti-fraud and anti-abuse provisions enacted as part of the Medicare Fraud and Reimbursement Reform Act of 1999 (H.R. 2229).

TITLE V—CREDIT AGAINST INCOME TAX FOR MEDICARE BUY-IN PREMIUMS AND FOR CERTAIN COBRA CONTINUATION COVERAGE PREMIUMS

SEC. 501. CREDIT FOR MEDICARE BUY-IN PREMIUMS AND FOR CERTAIN COBRA CONTINUATION COVERAGE PREMIUMS.

(a) IN GENERAL.—Subpart A of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 (relating to nonrefundable personal credits) is amended by inserting after section 25A the following new section:

''SEC. 25B. MEDICARE BUY-IN PREMIUMS AND CERTAIN COBRA CONTINUATION COVERAGE PREMIUMS.

''(a) IN GENERAL.—In the case of an individual, there shall be allowed as a credit against the tax imposed by this chapter for the taxable year an amount equal to 25 percent of the amount paid during such year as—

''(1) qualified continuation health coverage premiums, and

''(2) medicare buy-in coverage premiums.

''(b) DEFINITIONS.—For purposes of this section—

''(1) QUALIFIED CONTINUATION HEALTH COVERAGE PREMIUMS.—The term 'qualified continuation health coverage premiums' means, for any period, premiums paid for continuation coverage (as defined in section 4980B(f)) under a group health plan for such period but only if failure to offer such coverage to the taxpayer for such period would constitute a failure by such health plan to meet the requirements of section 4980B(f) and only if the continuation coverage is provided because of a qualifying event described in section 4980B(f)(3)(G).

''(2) MEDICARE BUY-IN COVERAGE PREMIUMS.—The term 'medicare buy-in coverage premiums' means premiums paid under part D of title XVIII of the Social Security Act.''

(b) CLERICAL AMENDMENT.—The table of sections for subpart A of part IV of subchapter A of chapter 1 of such Code is amended by inserting after the item relating to section 25A the following new item:

''Sec. 25B. Medicare buy-in premiums and certain COBRA continuation coverage premiums.''

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2001.

Mr. KENNEDY. Mr. President, too many Americans nearing age 65 face a crisis in health care. They are too young for Medicare, and unable to obtain private coverage they can afford. Often, they are victims of corporate down-sizing, or of a company's decision to cancel its health insurance. These Americans have been left out and left behind through no fault of their own—often after decades of loyal work—and it is time for Congress to provide a helping hand.

Almost three and a half million Americans ages 55 to 64 have no health insurance today, including more than 60,000 in Massachusetts. Many of these Americans have serious health problems that threaten to destroy the savings of a lifetime and that prevent them from finding or keeping a job. Even those without significant health problems know that a serious illness could wipe out their savings.

Even those with good coverage today can't be certain it will be there tomorrow. No one nearing retirement can be confident that the health insurance they have now will protect them until they qualify for Medicare at 65.

The health and financial well-being of these near-elderly are often at risk because of the serious gaps in our health care system. Those without coverage are twice as likely to be in fair or poor health than persons with coverage. They are four times as likely not to receive a recommended medical test or treatment, and five times as likely to forego needed medical care when they are sick.

The bill that Senators ROCKEFELLER, DASCHLE, and I are introducing today is a lifeline for these Americans. It is a constructive step toward the day when every American will be guaranteed the fundamental right to health care. It will enable uninsured Americans ages 62 to 65 to buy into Medicare by paying monthly premiums. It will also enable those ages 55 to 61 who lose their jobs to buy in. In addition, it will help retirees ages 55 and older whose health insurance is terminated by their employers by extending COBRA.

Finally, tax credits equal to 25% of the premium will be available for enrollees in all three programs to help them afford to buy into the programs. The estimated cost of the tax credits is $8.4 billion over the next ten years.

In the past, opponents have used scare tactics to claim that these proposals pose a threat to Medicare. They are nothing of the kind. There is no additional burden of Medicare as a result of this legislation. The tax credits are paid for by general treasury funds. The Medicare costs are paid for through enrollee premiums. The existing Medicare Trust Fund is protected by placing the programs in their own trust fund. The Medicare Trustees will monitor the program to ensure that it is self-financing.

The number of near-elderly who are uninsured is growing every year. Relief of this kind was originally proposed by President Clinton, and it deserves broad bipartisan support. The health and financial consequences of the lack of insurance are significant—especially for the near-elderly. These Americans need and deserve the help that this bill provides. We intend to do all we can to see that this proposal is enacted as soon as possible.

By Mr. CAMPBELL:

S. 2919. A bill to amend the Omnibus Parks and Public Lands Management Act of 1996 to extend the legislative authority for the Black Patriots Foundation to establish a commemorative work; to the Committee on Energy and Natural Resources.

BLACK PATRIOTS FOUNDATION LEGISLATION

Mr. CAMPBELL. Mr. President, 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. 2919

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

SECTION 1. BLACK REVOLUTIONARY WAR PATRIOTS MEMORIAL.

Section 506 of the Omnibus Parks and Public Lands Management Act of 1996 (40 U.S.C. 1003 note; 110 Stat. 4155) is amended by striking ''2000'' and inserting ''2002''.

By Mr. CAMPBELL:

S. 2920. A bill to amend the Indian Gaming Regulatory Act, and for other purposes; to the Committee on Indian Affairs.

INDIAN GAMING REGULATORY IMPROVEMENT ACT OF 2000

Mr. CAMPBELL. Mr. President today I am pleased to introduce the Indian Gaming Regulatory Improvement Act of 2000 to make specific and what I feel are needed changes to the Indian Gaming Regulatory Act of 1988, 25 U.S.C. §2701, et seq. (''IGRA'').

The IGRA was signed into law in 1988 with two broad goals in mind: First, to provide for the continued economic opportunities tribal gaming presents to Indian tribes, and second, to provide a regulatory framework for tribal gaming to ensure the integrity of such gaming for the benefit of tribes as well as customers of tribal gaming operations.

In 1988, tribal gaming was a relative new activity and in 12 years tribal gaming gross revenues have grown from $500 million to $8.26 billion. By statute these revenues are spent by tribal governments on physical infrastructure, general welfare and the betterment of Indian and surrounding non-Indian communities.

For the 198 tribes that now conduct some form of gaming the economic benefits for the tribes as well as surrounding communities cannot be ignored. For these communities collectively, unemployment has dropped and tribes who operate gaming have been able to provide for housing, health care and education for their members and to generate hundreds of thousands of jobs for Indians and non-Indians alike.

The legislation I am introducing today is not intended and should not be viewed as a comprehensive attempt to remedy all matters that have arisen in the past 12 years. Rather, this bill takes aim at very specific items.

1. With regard to gaming fees assessed against tribal operations, this bill will require the Federal National Indian Gaming Commission to levy fees that are reasonably related to the duties of and services provided by the Commission to tribes, and in certain instances to reduce the level of fees payable by those operations;

2. It establishes a Trust Fund for such fees that can only be tapped for the specific activities of the Commission mandated by the IGRA;

3. It provides statutory authority for the Commission to establish through a negotiated rule-making process, Minimum Standards for the conduct of tribal gaming, acknowledging that for class III gaming the standards are to be determined by the tribe and the state through negotiated gaming compacts;

4. It authorizes technical assistance to tribes for a number of purposes including strengthening tribal regulatory regimes; assessing the feasibility of non-gaming economic development activities on Indian lands; providing treatment services for problem gamblers; and for other purposes not inconsistent with the IGRA;

5. It launches a negotiated rulemaking to eventually clarify the current conflict between the IGRA and other Federal law with regard to the classification of certain games conducted by tribes; and

6. Last, to bring the Commission in line with all other Federal agencies it specifically subjects the Commission to the reporting and other requirements of the Federal Government Performance and Results Act.

Mr. President, while there are other matters that Indian tribes and others wish to address that are not included in this bill, I am hopeful that people of good will find this legislation to be appropriate, reasonable and targeted to specific issues that he arisen in the part 12 years.

It is my hope that we can debate and discuss the bill in Committee to get the views of affected parties and iron out whatever differences there may be.

I ask unanimous consent that a copy of the legislation be printed in the RECORD. I thank the Chair and I yield the floor.

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

S. 2920

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Indian Gaming Regulatory Improvement Act of 2000''.

SEC. 2. AMENDMENTS TO THE INDIAN GAMING REGULATORY ACT.

The Indian Gaming Regulatory Act (25 U.S.C. 2701 et seq.) is amended—

(1) in section 7 (25 U.S.C. 2706)—

(A) in subsection (c)—

(i) in paragraph (3), by striking ''and'' at the end thereof;

(ii) by redesignating paragraph (4) as paragraph (5); and

(iii) by inserting after paragraph (3), the following:

''(4) performance plans created under subsection (d), including copies of such plans; and''; and

(B) by adding at the end the following:

''(d) PERFORMANCE PLANS.—The Commission shall be subject to the requirements of section 306 of title 5, United States Code, and sections 1115 and 1116 of title 31, United States Code (as added by the Government Performance and Results Act (Public Law 130–62)). Not later than 1 year after the date of enactment of the Indian Gaming Regulatory Improvement Act of 2000, the Commission shall prepare and submit the initial strategic plan required under such section 306 to the Director of the Office of Management and Budget.'';

(2) in section 11(b)(2)(F)(i) (25 U.S.C. 2710(b)(2)(F)(i)), by striking ''primary management'' and all that follows through ''such officials'' and inserting ''tribal gaming commissioners, tribal gaming commission employees, and primary management officials and key employees of the gaming enterprise and that oversight of primary management officials and key employees'';

(3) by redesignating section 22 (25) U.S.C. 2721) as section 26; and

(4) by inserting after section 21 (25 U.S.C. 2720) the following:

''SEC. 22 FEE ASSESSMENTS.

''(a) ESTABLISHMENT OF SCHEDULE OF FEES.—

''(1) IN GENERAL.—Except as provided in this section, the Commission shall establish a schedule of fees to be paid annually to the Commission by each gaming operation that conducts a class II or class III gaming activity that is regulated by this Act.

''(2) RATES.—The rate of fees under the schedule established under paragraph (1) that are imposed on the gross revenues from each activity described in such paragraph shall be as follows:

''(A) A fee of not more than 2.5 percent shall be imposed on the first $1,500,000 of such gross revenues.

''(B) A fee of not more than 5 percent shall be imposed on amounts in excess of the first $1,500,000 of such gross revenues.

''(3) *Total amount.*—The total amount of all fees imposed during any fiscal year under the schedule established under paragraph (1) shall not exceed $8,000,000.

''(b) COMMISSION AUTHORIZATION.—

''(1) IN GENERAL.—By a vote of not less than 2 members of the Commission the Commission shall adopt the schedule of fees provided for under this section. Such fees shall be payable to the Commission on a quarterly basis.

''(2) FEES ASSESSED FOR SERVICES.—The aggregate amount of fees assessed under this section shall be reasonably related to the costs of services provided by the Commission to Indian tribes under this Act (including the cost of issuing regulations necessary to carry out this Act). In assessing and collecting fees under this section, the Commission shall take into account the duties of, and services provided by, the Commission under this Act.

''(3) FACTORS FOR CONSIDERATION.—In making a determination of the amount of fees to be assessed for any class II or class III gaming activity under the schedule of fees under this section, the Commission may provide for a reduction in the amount of fees that otherwise would be collected on the basis of the following factors:

''(A) The extent of the regulation of the gaming activity involved by a State or Indian tribe (or both).

''(B) The extent of self-regulating activities, as defined by this Act, conducted by the Indian tribe.

''(C) Other factors determined by the Commission, including

''(i) the unique nature of tribal gaming as compared to commercial gaming, other governmental gaming, and charitable gaming;

''(ii) the broad variations in the nature, scale, and size of tribal gaming activity;

''(iii) the inherent sovereign rights of Indian tribes with respect to regulating the affairs of Indian tribes;

''(iv) the findings and purposes under sections 2 and 3; and

''(v) any other matter that is consistent with the purposes under section 3.

''(4) Consultation.—In establishing a schedule of fees under this section, the Commission shall consult with Indian tribes.

''(c) TRUST FUND.—

''(1) ESTABLISHMENT.—There is established in the Treasury of the United States a fund to be known as the Indian Gaming Trust Fund (referred to in this subsection as the 'Trust Fund'), consisting of such amounts as are—

''(A) transferred to the Trust Fund under paragraph (2)(A);

''(B) appropriated to the Trust Fund; and

''(C) any interest earned on the investment of amounts in the Trust Fund under subsection (d).

''(2) TRANSFER OF AMOUNTS EQUIVALENT TO FEES.—

''(A) IN GENERAL.—The Secretary of the Treasury shall transfer to the Trust Fund an amount equal to the aggregate amount of fees collected under this section.

''(B) Transfers based on estimates.—The amounts required to be transferred to the Trust Fund under subparagraph (A) shall be transferred not less frequently than quarterly from the general fund of the Treasury to the Trust Fund on the basis of estimates made by the Secretary of the Treasury. Proper adjustment shall be made in amounts subsequently transferred to the extent prior estimates were in excess of or less than the amounts required to be transferred.

''(d) INVESTMENTS.—

''(1) IN GENERAL.—It shall be the duty of the Secretary of the Treasury to invest such portion of the Trust Fund as is not, in the judgment of the Secretary of the Treasury, required to meet current withdrawals. The Secretary of the Treasury shall invest the amounts deposited under subsection (c) only in interest-bearing obligations of the United States or in obligations guaranteed as to both principal and interest by the United States.

''(2) SALE OF OBLIGATIONS.—Any obligation acquired by the Trust Fund, except special obligations issued exclusively to the Trust Fund, may be sold by the Secretary of the Treasury at the market price, and such special obligations may be redeemed at par plus accrued interest.

''(3) CREDITS TO TRUST FUND.—The interest on, and proceeds from, the sale or redemption of, any obligations held in the Trust Fund shall be credited to and form a part of the Trust Fund.

''(e) EXPENDITURES FROM TRUST FUND.—

''(1) IN GENERAL.—Amounts in the Trust Fund shall be available to the Commission, as provided for in appropriations Acts, for carrying out the duties of the Commission under this Act.

''(2) WITHDRAWAL AND TRANSFER OF FUNDS.—Upon request of the Commission, the Secretary of the Treasury shall withdraw amounts from the Trust Fund and transfer such amounts to the Commission for use in accordance with paragraph (1).

''(f) LIMITATION ON TRANSFERS AND WITHDRAWALS.—Except as provided in subsection (e)(2), the Secretary of the Treasury may not transfer or withdraw any amount deposited under subsection (c).

''SEC. 23. MINIMUM STANDARDS.

''(a) CLASS I GAMING.—Notwithstanding any other provision of law, class I gaming on Indiana lands shall be within the exclusive jurisdiction of the Indian tribes and shall not be subject to the provisions of this Act.

''(b) CLASS II GAMING.—Effective on the date of enactment of this section, an Indian tribe shall retain the rights of that Indian tribe, with respect to class II gaming and in a manner that meets or exceeds the minimum Federal standards established under section 11, to—

''(1) monitor and regulate that gaming;

''(2) conduct background investigations; and

''(3) establish and regulate internal control systems.

''(c) CLASS III GAMING UNDER A COMPACT.—With respect to class III gaming that is conducted under a compact entered into under this Act, an Indian tribe or a State (or both), as provided for in such a compact or a related tribal ordinance or resolution shall, in a manner that meets or exceeds the minimum Federal standards established by the Commission under section 11—

''(1) monitor and regulate that gaming;

''(2) conduct background investigations; and

''(3) establish and regulate internal control systems.

''(d) RULEMAKING.—The Commission may promulgate such regulations as may be necessary to carry out this section.

''SEC. 24. USE OF NATIONAL INDIAN GAMING COMMISSION CIVIL FINES.

''(a) USE OF FUNDS.—The Secretary may provide grants and technical assistance to Indian tribes from any funds secured by the Commission pursuant to section 14, which funds shall be made available only for the following purposes:

''(1) To provide technical training and other assistance to Indian tribes to strengthen the regulatory integrity of Indian gaming.

''(2) To provide assistance to Indian tribes to assess the feasibility of non-gaming economic development activities on Indian lands.

''(3) To provide assistance to Indian tribes to devise and implement programs and treatment services for individuals diagnosed as problem gamblers.

''(4) To provide other forms of assistance to Indian tribes not inconsistent with the Indian Gaming Regulatory Act.

''(b) CONSULTATION.—In carrying out this section, the Secretary shall consult with Indian tribes and any other appropriate tribal or Federal officials.

''(c) REGULATIONS.—The Secretary may promulgate such regulations as may be necessary to carry out this section.

''SEC. 25. REGULATIONS.

''(a) IN GENERAL.—

''(1) PROMULGATION.—Not later than 90 days after the date of enactment of the Indian Gaming Regulatory Improvement Act of 2000, the Secretary shall develop procedures under subchapter III of chapter 5 of title 5, United States Code, to negotiate and promulgate regulations relating to the classification of games conducted by Indian tribes pursuant to this Act.

''(2) PUBLICATION OF PROPOSED REGULATIONS.—Not later than 1 year after the date

of enactment of the Indian Gaming Regulatory Improvement Act of 2000, the Secretary shall publish in the Federal Register proposed regulations to implement the amendments made by such Act.

''(b) COMMITTEE.—A negotiated rulemaking committee established pursuant to section 565 of title 5, United States Code, to carry out this section shall be composed only of Federal and Indian tribal government representatives, a majority of whom shall be nominated by and be representative of Indian tribes that conduct gaming pursuant to this Act.''.

SEC. 3. APPLICATION OF GOVERNMENT PERFORMANCE AND RESULTS ACT.

Section 306(f) of title 5, United States Code, is amended by inserting ''and includes the National Indian Gaming Commission,'' after ''section 105,''.

By Mr. MCCAIN (for himself and Mr. INOUYE):

S. 2921. A bill to provide for management and leadership training, the provision of assistance and resources for policy analysis, and other appropriate activities in the training of Native American and Alaska Native professionals in health care and public policy; to the Committee on Environment and Public Works.

LEGISLATION EXPANDING THE UDALL FOUNDATION MISSION

Mr. MCCAIN. Mr. President, I rise to introduce legislation that will amend the Morris K. Udall Scholarship and Excellence in National Environmental and Native America Public Policy Act of 1992 to expand opportunities for the Morris K. Udall Foundation to assist tribal governments with leadership and management training. I am pleased that Senator INOUYE is an original cosponsor of this legislation.

This legislation is mostly technical in nature. It extends the authority of the Udall Foundation, located at the University of Arizona in Tucson, to implement a leadership and management training program, to be called the ''Native Nations Institute for Leadership, Management and Policy.''

The 1992 Act which created the Udall Foundation is already authorized to implement programs to assist tribal governments with training for Native American and Alaska Native professionals in public policy. This legislation simply authorizes the Udall Foundation to carry out another step in its mission.

The Native Nations Institute will provide practical leadership and management training as well as policy analysis, in a variety of fields, for native people and communities to further the goals of tribal self-governance. The Native Nations Institute will facilitate this training through a unique partnership between the University of Arizona, the Udall Foundation and the Harvard Project on American Indian Economic Development.

Mr. President, the Native Nations Institute will enable tribal leaders and decision-makers to access professional leadership and management training to prepare current and future tribal leaders to tackle the socioeconomic, educational and other fundamental challenges facing tribal communities.

Companion legislation has been introduced in the House with bipartisan support. In the short time remaining in this Congressional session, I hope that we can proceed with prompt passage of this legislation.

I ask unanimous consent to include the text of the legislation in the RECORD immediately following my remarks.

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

S. 2921

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

SECTION 1. MORRIS K. UDALL SCHOLARSHIP AND EXCELLENCE IN NATIONAL ENVIRONMENTAL POLICY FOUNDATION.

(a) AUTHORITY.—Section 6(7) of the Morris K. Udall Scholarship and Excellence in National Environmental and Native American Public Policy Act of 1992 (20 U.S.C. 5604(7)) is amended by inserting before the semicolon at the end the following: '', by conducting management and leadership training of Native Americans, Alaska Natives, and others involved in tribal leadership, providing assistance and resources for policy analysis, and carrying out other appropriate activities.''.

(b) ADMINISTRATIVE PROVISIONS.—Section 12(b) of the Morris K. Udall Scholarship and Excellence in National Environmental and Native American Public Policy Act of 1992 (20 U.S.C. 5608(b)) is amended by inserting before the period at the end the following: ''and to the activities of the Foundation under section 6(7)''.

(c) AUTHORIZATION OF APPROPRIATIONS.—Section 13 of the Morris K. Udall Scholarship and Excellence in National Environmental and Native American Public Policy Act of 1992 (20 U.S.C. 5609) is amended by adding at the end the following:

''(c) TRAINING OF PROFESSIONALS IN HEALTH CARE AND PUBLIC POLICY.—There is authorized to be appropriated to carry out section 6(7) $12,300,000 for the 5-year period beginning with the first fiscal year that begins after the date of enactment of this subsection.''.

ADDITIONAL COSPONSORS

S. 74

At the request of Mr. DASCHLE, the name of the Senator from Michigan (Mr. LEVIN) was added as a cosponsor of S. 74, a bill to amend the Fair Labor Standards Act of 1938 to provide more effective remedies to victims of discrimination in the payment of wages on the basis of sex, and for other purposes.

S. 1016

At the request of Mr. DEWINE, the names of the Senator from Iowa (Mr. HARKIN) and the Senator from Rhode Island (Mr. REED) were added as cosponsors of S. 1016, a bill to provide collective bargaining for rights for public safety officers employed by States or their political subdivisions.

S. 1536

At the request of Mr. DEWINE, the name of the Senator from Vermont (Mr. JEFFORDS) was added as a cosponsor of S. 1536, a bill to amend the Older Americans Act of 1965 to extend authorizations of appropriations for programs under the Act, to modernize programs and services for older individuals, and for other purposes.

S. 2340

At the request of Mr. BROWNBACK, the name of the Senator from Ohio (Mr. VOINOVICH) was added as a cosponsor of S. 2340, a bill to direct the National Institute of Standards and Technology to establish a program to support research and training in methods of detecting the use of performance-enhancing substances by athletes, and for other purposes.

S. 2408

At the request of Mr. BINGAMAN, the names of the Senator from Iowa (Mr. HARKIN), the Senator from Massachusetts (Mr. KENNEDY), the Senator from Ohio (Mr. DEWINE), and the Senator from Indiana (Mr. LUGAR) were added as cosponsors of S. 2408, a bill to authorize the President to award a gold medal on behalf of the Congress to the Navajo Code Talkers in recognition of their contributions to the Nation.

S. 2610

At the request of Mr. HARKIN, the names of the Senator from Minnesota (Mr. GRAMS) and the Senator from Vermont (Mr. LEAHY) were added as cosponsors of S. 2610, a bill to amend title XVIII of the Social Security Act to improve the provision of items and services provided to medicare beneficiaries residing in rural areas.

S. 2644

At the request of Mr. GORTON, the name of the Senator from Montana (Mr. BAUCUS) 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. 2698

At the request of Mr. MOYNIHAN, the names of the Senator from Indiana (Mr. BAYH) and the Senator from North Dakota (Mr. DORGAN) were added as cosponsors of S. 2698, a bill to amend the Internal Revenue Code of 1986 to provide an incentive to ensure that all Americans gain timely and equitable access to the Internet over current and future generations of broadband capability.

S. 2714

At the request of Mrs. LINCOLN, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 2714, a bill to amend the Internal Revenue Code of 1986 to provide a higher purchase price limitation applicable to mortgage subsidy bonds based on median family income.

S. 2726

At the request of Mr. HELMS, the name of the Senator from New Hampshire (Mr. SMITH) was added as a cosponsor of S. 2726, a bill to protect United States military personnel and other elected and appointed officials of the United States Government against criminal prosecution by an international criminal court to which the United States is not a party.