existing $4.8 trillion Federal debt is a sort of grotesque parallel to the engerizer bunny that appears and appears and appears on television—the same way that the Federal debt keeps going and going and going—up, of course, always to the added burdens on the American taxpayers.

So many politicians talk a good game—and talk is the operative word—about reducing the Federal deficit and bringing the Federal debt under control.

In any event, Mr. President, as of yesterday, Monday, June 26, at the close of business, the total Federal debt stood—down to the penny—at exactly $4,889,052,929,226.24 or $18,558.93 per man, woman, child on a per capita basis. Res ipsa loquitur.

MESSAGES FROM THE PRESIDENT

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

EXECUTIVE MESSAGES REFERRED

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

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

EXECUTIVE AND OTHER COMMUNICATIONS

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

EC–1130. A communication from the Secretary of Transportation, transmitting, a draft of proposed legislation entitled ''The District of Columbia Emergency Highway Relief Act''; to the Committee on Environment and Public Works.

EC–1131. A communication from the Chairman of the National Labor Relations Board, transmitting, pursuant to law, the report under the Freedom of Information Act for calendar year 1993; to the Committee on the Judiciary.

EC–1132. A communication from the Chief Justice of the Supreme Court, transmitting, pursuant to law, the report of the proceedings of the Judicial Conference; to the Committee on the Judiciary.

EC–1133. A communication from the Board Members of the Railroad Retirement Board, transmitting, pursuant to law, the annual actuarial report for calendar year 1995; to the Committee on Labor and Human Resources.

EC–1134. A communication from the Secretary of Health and Human Services, transmitting, pursuant to law, a report entitled ''Health, United States, 1994''; to the Committee on Labor and Human Resources.

EC–1135. A communication from the Chairman of the Federal Election Commission, transmitting, pursuant to law, a proposal relative to authorized committees of presidential and vice presidential candidates; to the Committee on Rules and Administration.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. MCCONNELL:

S. 968. A bill to require the Secretary of the Interior to prohibit the import, export, sale, purchase, and possession of bear viscera or products that contain or claim to contain bear viscera, and for other purchases; to the Committee on Finance.

By Mr. BRADLEY (for himself, Mrs. KASSEBAUM, and Mr. ROCKEFELLER):

S. 969. A bill to require that health plans provide coverage for a minimum hospital stay for a mother and child following the birth of the child, and for other purposes; to the Committee on Labor and Human Resources.

By Mrs. HUTCHISON:

S. 970. A bill to authorize the Administrator of General Services to enter into agreements for the construction and improvement of border stations on the United States international borders with Canada and Mexico, and for other purposes; to the Committee on Environment and Public Works.

By Mr. COATS (for himself, Mr. HELMS, Mr. GREGG, and Mr. ASHCROFT):

S. 971. A bill to amend the Public Health Service Act to prohibit governmental discrimination in the training and licensing of health professionals on the basis of the refusal to undergo or provide training in the performance of induced abortions, and for other purposes; to the Committee on Labor and Human Resources.

By Mr. DASCHLE (for himself, Mr. INOUYE, Mr. HARKIN, Mr. HOLLINGS, Mr. BINGAMAN, Mrs. BOXER, and Mr. AKAKA):

S. 972. A bill to amend title XIX of the Social Security Act to provide for medicaid coverage of all certified nurse practitioners and clinical nurse specialists services; to the Committee on Finance.

By Mr. INOUYE:

S. 973. A bill to amend the Internal Revenue Code of 1986 to provide for the tax treatment of residential ground rents, and for other purposes; to the Committee on Finance.

By Mr. GRASSLEY:

S. 974. A bill to prohibit certain acts involving the use of computers in the furtherance of crimes, and for other purposes; to the Committee on the Judiciary.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. LAUTENBERG (for himself and Mr. BRADLEY):

S. Res. 142. A resolution to congratulate the New Jersey Devils for becoming the 1995 NHL champions and thus winning the Stanley Cup; considered and agreed to.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. MCCONNELL:

S. 968. A bill to require the Secretary of the Interior to prohibit the import, export, sale, purchase, and possession of bear viscera or products that contain or claim to contain bear viscera, and for other purposes; to the Committee on Finance.

THE BEAR PROTECTION ACT

Mr. MCCONNELL. Mr. President, I introduce the Bear Protection Act. This measure is aimed at controlling poaching of bears such as the American black bear which is found in Kentucky. It addresses several enforcement and jurisdictional loopholes that are caused by a patchwork of State laws. The current inconsistencies enable a wildly profitable underground black market for bear parts to flourish in the United States.

Mr. President, my bill would in no way affect legal hunting of bears. Hunters would still be allowed to keep trophies and furs of bears killed during legal hunts. This measure would only prohibit the sale or barter of the internal organs of the bear which are referred to as bear viscera.

This bill is made necessary because of the booming illegal trade in bear viscera. At least 18 Asian countries are known to participate in the illegal trade in bear parts. Bear viscera are also illegally sold and traded in large urban areas in the United States such as San Francisco, Seattle, Portland, and New York City. These cities serve as primary ports for export shipments of these goods.

Bear parts, such as gall bladders, are used in traditional Asian medicine to treat everything from diabetes to heart disease. Due to the increasing demand for bear viscera, the population of Asian black bears has been totally annihilated over the last few years. This has led poachers to turn to American bears to fill the increasing demand. I, for one, will not stand by and allow our own bear populations to be decimated by poachers.

Mr. President, it is estimated that Kentucky has only 50 to 100 black bears remaining in the wild. Black bears once roamed free across the Appalachian mountains, through the rolling hills of the bluegrass, all the way to the Mississippi river. Although we cannot restore the numbers we once had, we can insure that the remaining bears are not sold for profit to the highest bidder.

Poaching has become an astoundingly profitable enterprise. It is estimated that over 40,000 bears are poached in the United States every year. That equals the number that are taken by legal hunting.

Mr. President, the main reason behind these astounding numbers is greed. In South Korea, bear gall bladders are worth their weight in gold, and an average bear gall bladder can bring as high as $10,000 on the black market.

Currently, U.S. law enforcement officials have little power to address the poaching of bears and the sale of their parts in an effective manner. The Department of the Interior has neither the manpower nor the budget to test all bear parts sold legally in the United States. Without extensive testing, law

enforcement officials cannot determine if gall bladders or other parts have from threatened or endangered species. This problem perpetuates the poaching of endangered or threatened bears.

The Bear Protection Act will establish national guidelines for trade in bear parts, but it will not weaken any existing State laws that have been instituted to deal with this issue. My bill will also instruct the Secretary of the Interior and the U.S. Trade Representative to establish a dialog with the appropriate countries to coordinate efforts aimed at curtailing the international bear trade.

Mr. President, this measure is crafted narrowly enough to deal with the poaching of the American black bear for profit, while still ensuring the rights of American sportsmen. I urge my colleagues to join me in support of this much-needed legislation.

Mr. President, I ask unanimous consent that the full 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. 968

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 ''Bear Protection Act''.

SEC. 2. DEFINITION OF BEAR VISCERA.

In this Act, the term ''bear viscera'' means the body fluids or internal organs (including the gallbladder) of a species of bear.

SEC. 3. PROHIBITED ACTS.

The Secretary of the Interior shall prohibit—

(1) the import into the United States, or export from the United States, of bear viscera or products that contain or claim to contain bear viscera; and

(2) the sale, barter, offer of sale or barter, purchase, or possession with intent to sell or barter, in interstate or foreign commerce, of bear viscera or products that contain or claim to contain bear viscera.

SEC. 4. REPORT BY SECRETARY OF THE INTERIOR.

Not later than 180 days after the date of enactment of this Act, the Secretary of the Interior, in consultation with the Secretary of the Treasury, shall prepare and submit to Congress a report that describes—

(1) how to improve the effectiveness of the wildlife monitoring and inspection program of the Department of the Interior (including the computerized information system or any other system of the United States Fish and Wildlife Service or the United States Customs Service that records data) with respect to the importation or exportation of bear viscera and other bear and other wildlife body parts to and from the United States; and

(2) any plans of the United States Fish and Wildlife Service to monitor the illegal movement of, or commercial activity in, bear viscera or other bear body parts.

SEC. 5. DISCUSSIONS CONCERNING TRADE PRACTICES.

The United States Trade Representative and the Secretary of the Interior shall—

(1) discuss issues involving trade in bear viscera with the appropriate representatives of such countries trading with the United States as are determined jointly by the Secretary of Commerce and the Secretary of the Interior to be the leading importers, exporters, or consumers of bear viscera; and

(2) attempt to establish coordinated efforts with the countries to protect bears.

SEC. 6. RELATIONSHIP TO STATE LAW.

Nothing in this Act precludes the regulation under State law of the sale, barter, offer of sale or barter, purchase, or possession with intent to sell or barter, of bear viscera or products that contain or claim to contain bear viscera, if the regulation—

(1) does not authorize any sale, barter, offer of sale or barter, purchase, or possession with intent to sell or barter, of bear viscera or products that contain or claim to contain bear viscera, that is prohibited under this Act; and

(2) is consistent with the international obligations of the United States.●

By Mr. BRADLEY (for himself, Mrs. KASSEBAUM, and Mr. ROCKEFELLER):

S. 969. A bill to require that health plans provide coverage for a minimum hospital stay for a mother and child following the birth of the child, and for other purposes; to the Committee on Labor and Human Resources.

THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Mr. BRADLEY. Mr. President, I rise today with Senator KASSEBAUM, the distinguished chairwoman of the Labor and Human Resources Committee and Mr. ROCKEFELLER, to introduce legislation which seeks to ensure that newborn babies and their mothers receive adequate health care in the critical first few days following birth.

Mr. President, we all know that the first few days after birth are a critical and challenging time for both the infant and the mother. At this crucial stage in life, infants and their mothers truly need the support of health care providers. Yet, more and more families are finding their access to health providers at this time is being limited severely.

I say this because it is becoming common practice for health insurers to require that new mothers and their infants be discharged from the hospital 24 hours after an uncomplicated vaginal delivery, and 72 hours after a cesarean section. In some parts of the country, the hospital stay for a normal delivery is being reduced to 12 hours, and there is even talk of cutting it back to 6 hours. And in many cases, the mother and infant receive no professional follow-up care at home. The American Medical Association has dubbled these practices ''drive-through deliveries.''

Drive-through deliveries are not simply a matter of sending home mothers who are often exhausted and still in pain, and who may not have adequate social supports at home. They can also pose severe health risks for both the infant and the mother. National medical organizations, including the American Academy of Pediatrics, the American Medical Association, and the American College of Obstetricians and Gynecologists, have all stated that the trend toward shorter hospital stays is placing the health of many newborns and mothers at risk.

There are several reasons why they state this: First, numerous health problems faced by newborns, such as dehydration and jaundice, do not appear until after the first 24 hours of life. Since many of these illnesses can only be detected by health professionals, early hospital discharge can cause these conditions to go undetected, leading to brain damage, strokes, or even death.

Second, the mother can also develop many serious health problems, including pelvic infections, breast infections, and hemorrhaging.

Third, a 24-hour stay does not provide sufficient opportunity for the mother to be taught basic infant-care skills such as breastfeeding. This, combined with the fact that many mothers are simply too exhausted to care for their child 24 hours after delivery, often leads to newborns receiving inadequate care and nourishment during their crucial first few days of life.

Let me assure you that these concerns are not just theoretical. A range of anecdotal and scientific evidence indicates that these problems are real, and growing. A researcher at Dartmouth's medical school recently concluded that newborns discharged less than 2 days after birth are more likely to be readmitted for jaundice, malnutrition, and other problems. Physicians across the country have noted a resurgence in the number of jaundiced babies they are treating. And newspapers across the country in recent weeks have relayed devastating stories about how local mothers and infants have been affected by these policies.

Our bill seeks to counteract these negative effects of premature discharges by ensuring that newborns and mothers receive adequate care during those critical first days. It does this by requiring health insurers to allow new mothers and their infants to remain in the hospital for a minimum of 48 hours after a normal birth and 96 hours after a caesarean section. Shorter hospital stays are permitted provided that neither the mother nor the attending physician object, and that follow-up home health care is provided for the mother and infant.

To those who would argue that a 48-hour stay is longer than is medically necessary, I would like to point out that this is a significantly shorter time than medical experts recommend for uncomplicated deliveries. In their guidelines for caring for newborns and mothers, the American College of Obstetricians and Gynecologists [ACOG] and the American Academy of Pediatrics recommend stays of 48 hours for uncomplicated vaginal birth, and 96 hours following a caesarean birth—in addition to the day of delivery. ACOG has also pointed out that there is inadequate evidence to prove that early discharge is safe, and therefore that the recent trend toward shorter stays ''could be the equivalent of a large, uncontrolled, uninformed experiment'' on newborns and their mothers.

A 48-hour minimum stay is also consistent with steps being considered by some States. For example, our bill is very similar to one which recently was passed unanimously by the New Jersey Legislature, and which should soon be signed into law. Maryland has also recently passed a law dealing with early discharges, and similar measures are being considered in New York and California.

Mr. President, insurers may argue that they will pay for stays beyond 24 hours if there is a valid medical reason. However, many physicians have told me—off the record—that it is very difficult to convince insurers to grant an extension, no matter how valid the reason. They also state that the final decision is often made by someone with no experience in obstetrics. Finally, they state that many doctors are under financial pressures to avoid having patients stay beyond the 24-hour limit, so they are faced with a real quandary when a patient needs an extension. A recent report by Maryland's Department of Health and Mental Hygiene raises further concerns about what is considered a valid medical reason. This report found that among babies who were born prematurely, who were not fully developed, or who were diagnosed with a significant problem, about 22 percent were discharged from the hospital within 24 hours of birth. This study was based on data from 1992. I can only assume that the situation has gotten worse in the 3 years since.

Mr. President, there is no greater advocate for controlling health care costs than this Senator. And I am impressed by some health insurers' success in slowing health inflation by reducing unnecessary care. At the same time, I also recognize that there is a very fine line between eliminating unnecessary care and reducing access to care which truly is needed. And when we end up on the wrong side of that line—as I think is happening in the case of newborns and their mothers—I believe it is both appropriate and necessary for us to take steps to protect the health of the American public. Concerns about controlling costs are justified, but they must not be allowed to outweigh concerns about doing what is best for patients. And let us not forget, Mr. President, that discharging mothers and newborns early creates its own costs, the cost to insurers of treating patients for conditions which could have been prevented or lessened if caught earlier, and the costs to the individual and society when a child suffers brain damage or other permanent disabilities because they did not receive adequate early care.

Mr. President, America's newborns deserve a better welcome to the world than they are getting under the present system. Their mothers also deserve better. It is very important that health care costs be controlled, but the ultimate decision about health care must be based on medical factors, not financial ones.

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. 969

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 ''New Borns' and Mothers' Health Protection Act of 1995''.

SEC. 2. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOLLOWING BIRTH.

(a) IN GENERAL.—A health plan that provides maternity benefits, including benefits for child birth, shall ensure that coverage is provided for a minimum of 48 hours of in-patient care following a vaginal delivery and a minimum of 96 hours of in-patient care following a caesarean section for a mother and her newly born child in a health care facility.

(b) EXCEPTION.—

(1) IN GENERAL.—Notwithstanding subsection (a), a health plan that provides coverage for post-delivery care provided to a mother and her newly born child in the home shall not be required to provide coverage of in-patient care under subsection (a) unless such in-patient care is determined to be medically necessary by the attending physician or is requested by the mother.

(2) ATTENDING PHYSICIAN.—For purposes of paragraph (1), the term ''attending physician'' shall include the obstetrician, pediatrician, or other physician attending the mother or newly born child.

(c) PROHIBITION.—In implementing the requirements of this section, a health plan may not modify the terms and conditions of coverage based on the determination by an enrollee to request less than the minimum coverage required under subsection (a).

(d) NOTICE.—A health plan shall provide notice to each enrollee under such plan regarding the coverage required by this section in accordance with regulations promulgated by the Secretary of Health and Human Services, in consultation with the National Association of Insurance Commissioners. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the health plan and shall be transmitted—

(1) in the next mailing made by the plan to the employee;

(2) as part of the yearly informational packet sent to the enrollee; or

(3) not later than January 1, 1996;

whichever is earlier.

(e) HEALTH PLAN.—

(1) IN GENERAL.—As used in this Act, the term ''health plan'' means any plan or arrangement which provides, or pays the cost of, health benefits.

(2) EXCLUSIONS.—Such term does not include the following, or any combination thereof:

(A) Coverage only for accidental death or dismemberment.

(B) Coverage providing wages or payments in lieu of wages for any period during which the employee is absent from work on account of sickness or injury.

(C) A medicare supplemental policy (as defined in section 1882(g)(1) of the Social Security Act).

(D) Coverage issued as a supplement to liability insurance.

(E) Worker's compensation or similar insurance.

(F) Automobile medical-payment insurance.

(G) A long-term care policy, including a nursing home fixed indemnity policy (unless the Secretary determines that such a policy provides sufficiently comprehensive coverage of a benefit so that it should be treated as a health plan).

(H) Such other plan or arrangement as the Secretary of Health and Human Services determines is not a health plan.

(3) CERTAIN PLANS INCLUDED.—Such term includes any plan or arrangement not described in any subparagraph of paragraph (2) which provides for benefit payments, on a periodic basis, for—

(A) a specified disease or illness, or

(B) period of hospitalization,

without regard to the costs incurred or services rendered during the period to which the payments relate.

SEC. 3. EFFECTIVE DATE.

The provisions of section 2 shall apply to all health plans offered, sold, issued, or renewed after the date of enactment of this Act.

● Mrs. KASSEBAUM. Mr. President, I join today with my colleague from New Jersey, Senator BRADLEY, in introducing the Newborns' and Mothers' Health Protection Act of 1995.

This legislation seeks to ensure that adequate care is provided to mothers and newborns in the critical first few days following birth. Modeled after legislation recently considered in Maryland and passed unanimously by the New Jersey Legislature, it requires health insurers to allow new mothers and their infants to remain in the hospital for a minimum of 48 hours after a normal birth, and 96 hours after a cesarean delivery. If the mother and the doctor agree, shorter hospital stays are permitted, provided that there is a follow-up visit.

''Guidelines for Perinatal Care'' issued by the American Academy of Pediatrics [AAP] and the American College of Obstetricians and Gynecologists [ACOG] state that in uncomplicated deliveries the postpartum hospital stay should range from 48 hours for vaginal births to 96 hours for cesarean sections, exclusive of the day of delivery.

However, as hospitalization costs continue to climb, it has become increasingly common for health insurers to require that new mothers and their babies be discharged from the hospital 24 hours after birth. In some parts of the country, hospital stays for a routine delivery can be as short as 12 hours.

The American Medical Association [AMA], ACOG, and the Academy of Pediatrics all have stated that the trend toward shorter hospital stays is placing the health of newborns and their mothers at risk.

Early hospital discharges have caused conditions such as jaundice—that do not appear until after the first 24 hours of life and which may lead to brain damage—to go undetected.

A 24-hour stay is often too short for new mothers to be taught basic infant care skills, such as breastfeeding. And many mothers are not physically capable of providing for a newborn's needs 24 hours after giving birth. This can lead to inadequate nourishment during a child's crucial first few days of life.

Mr. President, I must say that I have agreed to cosponsor this legislation

with some reservation. I generally view any effort to influence private contracting arrangements with great skepticism. However, I view this situation as limited and unique. What is at stake here is not merely an impediment to the traditional doctor-patient relationship, but instead the health and safety of millions of America's children.

My primary concern is that the most recent trend toward shorter hospital stays appears to be motivated primarily by financial considerations—instead of sound medicine.

In calling for a moratorium on shorter hospital stays last week, ACOG stated that:

The routine imposition of a short and arbitrary time limit on hospital stays that does not take maternal and infant need into account could be equivalent to a large, uncontrolled, uninformed experiment that may potentially affect the health of American women and their babies.

Like ACOG, I fear that insurers may be acting prematurely, without sufficient information about the long-term health implications of shorter hospital stays. As more conclusive data becomes available, I would be open to revisiting this issue. Until then, I believe we should proceed with caution.

I strongly believe that decisions regarding early discharge must be individualized and should place primary emphasis on the health of a mother and her child. I believe that the legislation we are introducing today will help restore that perspective to this important decision.●

By Mr. COATS (for himself, Mr. GREGG, Mr. HELMS, and Mr. ASHCROFT):

S. 971. A bill to amend the Public Health Service Act to prohibit governmental discrimination in the training and licensing of health professionals on the basic of the refusal to undergo or provide training in the performance of induced abortions, and for other purposes; to the Committee on Labor and Human Resources.

THE MEDICAL TRAINING NONDISCRIMINATION ACT OF 1995

● Mr. COATS. Mr. President, I introduce the Medical Training Nondiscrimination Act of 1995. This bill would prevent any State or Federal Government from discriminating against a health care provider because that provider does not perform induced abortions or train its ob-gyn residents to perform induced abortions.

It is, quite frankly, disturbing to me that this legislation is even necessary. I would venture that few of my colleagues could believe that our society is anywhere near to condoning a requirement that any person or any hospital be required to perform abortions or offer training in abortions.

Indeed, as it stands now, our proud tradition of tolerance toward those who abhor abortion and any participation in that act, has generally protected hospitals from having to provide or train abortions. In fact, only 12 percent of hospitals now require training in induced abortion. A third more do not offer any such training and the rest offer it only as an option. Of course, those programs still are required to train residents to manage medical and surgical complications of pregnancy. And that includes training procedures than might in the case save the life of the mother, as well as training D and C procedures involving preborn children that died as a result of a spontaneous abortion, miscarriage, or stillbirth.

But all this will change now that the Accreditation Council for Graduate Medical Education [ACGME] has voted to require all hospitals to train or arrange for training in induced abortion. The press has indicated that training in late-term, second-trimester abortions would be required. The ACGME has proposed to make exceptions only in the case of an institution that can formulate a cohesive, institutional objection based on religious or moral principles.

What is particularly shocking is that the Federal Government no only condones this compulsion but actually punishes those who do not submit. Here's how: Failure to do the abortion training could result in loss of accreditation by the ACGME. Loss of accreditation would result in loss of Federal funding. For example, Medicare will not reimburse the Part A costs of intern and resident services if the teaching program is not accredited. Further, ob-gyn residents in a program not accredited by the ACGME are ineligible for deferral of repayment on Federal Health Education Assistance Loans [HEAL]. The HEAL loan program is reauthorized in S. 555, now before the Senate.

Why the change in the standards? Internal correspondence with the ACGME panel suggests that the policy change was motivated by concern over the declining number of doctors willing to perform abortions and the need to destigmatize abortion providers. This concern over the stigmatization of abortion providers was dramatically characterized during the debate on the Foster nomination when one ''pro-choice'' Senator demanded an apology from another pro-life Senator who had ''defamed'' Dr. Foster by calling him an abortionist. Would an apology have been demanded if Dr. Foster had been called a heart surgeon or a podiatrist? No, there remains substantial negative stigma associated with being an abortion provider—stigma that might be eliminated if all obstetricians and gynecologists had to perform abortions as part of their residency training.

The Medical Training Nondiscrimination Act of 1995 would protect the civil rights of health care providers by preventing the Government from discriminating against any health care provider on the basis that it will not perform, train, or undergo training to perform an induced abortion. Discriminatory actions include denial of any benefit, assistance, or license, and the conditioning of such benefit, assistance, or license on the provider's compliance with accredition standards that require the performance, training, or arranging for training of induced abortions. The amendment applies only to State action and does not proscribe a private accrediting body from requiring abortion training.

Providers who choose to offer abortion training, and individuals who seek abortion training, may continue to do so. The amendment does not prevent any program from offering abortion training.

Providers will continue to train the management of complications of induced abortion as well as train to handle situation involving miscarriage and stillbirth or a threat to the life of the mother. The amendment requires no change in the practice of good obstetrics and gynecology.

This legislation has broad bipartisan support. On the House side Congressman HOEKSTRA, LAFALCE, VOLKMER, COBURN, and WELDON have introduced identical language in the House following hearings.

I urge my colleagues to join me and protect the rights of health providers against Federal and State government action that forces them to become involved in training or providing induced abortions against their will.

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

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

S. 971

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 ''Medical Training Non-discrimination Act of 1995''.

SEC. 2. ESTABLISHMENT OF PROHIBITION AGAINST ABORTION-RELATED DISCRIMINATION IN TRAINING AND LICENSING OF PHYSICIANS.

Part B of title II of the Public Health Service Act (42 U.S.C. 238 et seq.) is amended by adding at the end the following section:

''ABORTION-RELATED DISCRIMINATION IN GOVERNMENTAL ACTIVITIES REGARDING TRAINING AND LICENSING OF PHYSICIANS

''SEC. 245. (a) IN GENERAL.—The Federal Government, and any State that receives Federal financial assistance; may not subject any health care entity to discrimination on the basis that—

''(1) the entity refuses to undergo training in the performance of induced abortions, to provide such training, to perform such abortions, or to provide referrals for such abortions;

''(2) the entity refuses to make arrangements for any of the activities specified in paragraph (1); or

''(3) the entity attends (or attended) a postgraduate physician training program, or any other program of training in the health professions, that does not (or did not) require, provide or arrange for training in the performance of induced abortions, or make arrangements for the provision of such training.

''(b) ACCREDITATION OF POSTGRADUATE PHYSICIAN TRAINING PROGRAMS.—

''(1) IN GENERAL.—With respect to the State government involved, or the Federal Government, restrictions under subsection (a) include the restriction that, in granting a legal status to a health care entity (including a license or certificate), or in providing to the entity financial assistance, a service, or another benefit, the government may not require that the entity be an accredited postgraduate physician training program, or that the entity have completed or be attending such a program, if the applicable standards for accreditation of the program include the standard that the program must require, provide or arrange for training in the performance of induced abortions, or make arrangements for the provision of such training.

''(2) RULE OF CONSTRUCTION.—With respect to subclauses (I) and (II) of section 705(a)(2)(B)(i) (relating to a program of insured loans for training in the health professions), the requirements in such subclauses regarding accredited internship or residency programs are subject to paragraph (1) of this subsection.

''(c) DEFINITIONS.—For purposes of this section:

''(1) The term 'financial assistance', with respect to a government program, includes governmental payments provided as reimbursement for carrying out health-related activities.

''(2) The term 'health care entity' includes an individual physician, a postgraduate physician training program, and a participant in a program of training in the health professions.

''(3) The term 'postgraduate physician training program' includes a residency training program.''.●

By Mr. DASCHLE (for himself, Mr. INOUYE, Mr. HARKIN, Mr. HOLLINGS, Mr. BINGAMAN, Mrs. BOXER, and Mr. AKAKA):

S. 972. A bill to amend title XIX of the Social Security Act to provide for Medicaid coverage of all certified nurse practioners and clinical nurse specialists services; to the Committee on Finance.

THE MEDICAID NURSING INCENTIVE ACT OF 1995

Mr. DASCHLE. Mr. President, today I am introducing the Medicaid Nursing Incentive Act of 1995, a bill to provide direct Medicaid reimbursement to nurse practitioners.

The ultimate goal of this proposal is to enhance the availability of cost-effective primary care to our Nation's most needy citizens.

Studies have documented the fact that millions of Americans each year do without the health care services they need, because physicians simply are not available to care for them. This problem plagues rural and urban areas alike, in parts of the country as diverse as south central Los Angeles and Lemmon, SD.

Medicaid beneficiaries are particularly vulnerable, since in recent years an increasing number of health professionals have chosen not to care for them or have been unwilling to locate in the inner city and rural communities where they live. Fortunately, there is an exception to this trend: Nurse practitioners frequently accept patients whom others will not treat and serve in areas where others refuse to work.

Studies have shown that nurse practitioners provide care that both patients and cost cutters can praise. Their advanced clinical training enables them to assume responsibility for up to 80 percent of the primary care services usually performed by physicians, many times at a lower cost and with a high level of patient satisfaction.

Congress has already recognized the expanding contributions of nurse practitioners. For more than a decade, CHAMPUS has provided direct payment to nurse practioners. In 1990, Congress mandated direct payment for nurse practitioner services under the Federal employee health benefit plan. Recent legislation has required direct Medicare reimbursement for nurse practitioners practicing in rural areas and direct Medicaid reimbursement for family nurse practitioners.

Mr. President, the ramifications of this issue extend beyond the Medicaid program and its beneficiaries; there is a broader lesson here that applies to our search for ways to make cost-effective, high-quality health care services available and accessible to all of our citizens.

One of the cornerstones of this kind of care is the expansion of primary and preventive care, delivered to individuals in convenient, familiar places where they live, work, and go to school. More than 2 million of our Nation's nurses currently provide care in these sites—in home health agencies, nursing homes, ambulatory care clinics, and schools.

In places like my home State of South Dakota, nurses are often the only health care professionals available in the small towns and rural counties across the State.

These nurses and other nonphysican health professionals play an important role in the delivery of care. And, this role will increase as we move from a system that focuses on the costly treatment of illness to one that emphasizes primary care and health promotion.

But, first we must revaluate outdated attitudes and break down barriers that prevent nurses from using the full range of their training and skills in caring for patients. In 1994, the Pew Health Professions Commission concluded that nurse practitioners are not being fully utilized to deliver primary care services and recommended eliminating fiscal discrimination by paying them directly for the services they provide. This step will help nurse practitioners provide the access to primary care that so many communities currently lack.

Mr. President, I hope my colleagues will support the measure I am introducing today, recognizing the important role that nurse practitioners and other nonphysician health professionals can play in our health care delivery system and the increasing contribution they can make in the future. I ask unanimous consent that the full 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. 972

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

SECTION 1. MEDICAID COVERAGE OF ALL CERTIFIED NURSE PRACTITIONER AND CLINICAL NURSE SPECIALIST SERVICES.

(a) IN GENERAL.—Section 1905(a)(21) of the Social Security Act (42 U.S.C. 1396d(a)(21)) is amended to read as follows:

''(21) services furnished by a certified nurse practitioner (as defined by the Secretary) or clinical nurse specialist (as defined in subsection (t)) which the certified nurse practitioner or clinical nurse specialist is legally authorized to perform under State law (or the State regulatory mechanism provided by State law), whether or not the certified nurse practitioner or clinical nurse specialist is under the supervision of, or associated with, a physician or other health care provider;''

(b) CLINICAL NURSE SPECIALIST DEFINED.—Section 1905 of such Act (42 U.S.C. 1396d) is amended by adding at the end the following new subsection:

''(t) The term 'clinical nurse specialist' means an individual who—

''(1) is a registered nurse and is licensed to practice nursing in the State in which the clinical nurse specialist services are performed; and

''(2) holds a master's degree in a defined area of clinical nursing from an accredited educational institution.''.

(c) EFFECTIVE DATE.—The amendments made by this section shall become effective with respect to payments for calendar quarters beginning on or after January 1, 1996.

● Mr. AKAKA. Mr. President, I am pleased to join Senator DASCHLE as a cosponsor of the Medicaid Nursing Incentive Act of 1995. This legislation would provide direct Medicaid reimbursement to nurse practitioners and clinical nurse specialists for services they provide within their scope of practice, regardless of whether these services are performed under the supervision of a physician.

With the current shortage of primary health care services in our Nation, millions of Americans are without essential health services. Medicaid recipients are particularly vulnerable.

By allowing direct Medicaid reimbursement to nurse practitioners and clinical nurse specialists, I believe that this legislation will not only improve access to much needed health care services, but will strengthen our health care delivery system. A number of recent studies have documented the important roles that nurse practitioners and clinical nurse specialists play in providing cost-effective, quality health care services. For example, a December 1986 study by the Office of Technology Assessment detailed the significant contributions nurse practitioners have made in reducing health care costs, improving the quality of care, and increasing the accessibility of services.

I urge my colleagues to support this legislation. It will enhance access to

cost-effective, quality care for individuals with limited access to health care services.●

By Mr. INOUYE:

S. 973. A bill to amend the Internal Revenue Code of 1986 to provide for the tax treatment of residential ground rents, and for other purposes; to the Committee on Finance.

THE RESIDENTIAL GROUND RENTS ACT OF 1995

Mr. INOUYE. Mr. President, I rise today to speak on an issue of great importance to Hawaii's leasehold homeowners. In fiscal year 1992, at my request, the Congress appropriated $400,000 to study the feasibility of reforming the Internal Revenue Code to address ground lease rent payments and to determine what role, if any, the Federal Government should play in encouraging lease to fee conversions. The nationwide study was conducted by the Hawaii Real Estate and Research Center.

The legislation I am introducing today is based on the recommendations of this study. The bill would: First, provide a mortgage interest deduction for residential leasehold properties by allowing the nonredeemable ground lease rents to be claimed as an interest deduction; and, second, include a tax credit for up to $5,000 for certain transaction costs on the transfer of certain residential leasehold land for a 5-year period, ending on December 31, 1999. Transaction costs include closing costs, attorneys' fees, surveys, and appraisals, and telephone, office, and travel expenses.

In most private home ownership situations in this country, a homeowner owns both the building and land. Under a leasehold arrangement a homeowner owns the building—single-family home, condominium, or cooperative apartment—on leased land. The research conducted under the leasehold study shows that residential leaseholds are not uncommon in other parts of the United States and elsewhere in the world. Residential leaseholds exist in places such as Baltimore, MD, Irvine, CA, native American lands in Palm Springs, CA, Fairhope, AL, Pearl River Basin, MS, and New York, NY.

The study further indicates that there are few States that regulate residential leaseholds. Of those that do, the most common requirement applies only to condominium or time share units and is one requiring adequate disclosure of the lease terms. For the most part, States are unaware of any leasehold problems in their jurisdictions. However, residential leaseholds have proven to be problematic for the State of Hawaii.

The formation of Hawaii's land tenure system can be traced back to 1778 when British Capt. James Cook made his first contact with the Hawaiian civilization. Leasing was the preferred system to maintain control and retain a portfolio asset value. Residential leaseholds were first developed on the Island of Oahu after World War II. Population increases created a demand for housing and other types of real estate development. Federal income tax policy encouraged the retention of land to avoid payment of large capital gains taxes.

Hawaii's land tenure system is now anomalous to the rest of the United States because of the concentration of land in the hands of government, large charitable trusts, large agriculturally-based companies and owners of small parcels or urban properties.

High land prices and high renegotiated rents continue to create instability in Hawaii's residential leasehold system. In 1967, the Hawaii State legislature enacted a land reform act which did not become effective until the U.S. Supreme Court issued its 1984 decision, Hawaii Housing Authority versus Midkiff. The act and the Supreme Court decision basically divided the market into a ''single-family home market in which leaseholds were subject to mandatory conversion, and a leasehold condominium market which did not come within the scope of the law.''

Mandatory conversions on the single-family home market occurred from 1979 to 1982, and 1986 to 1990. As of 1992, there are approximately 4,600 single-family homes remaining in residential leaseholds. However, resolution over condominium leasehold reform remains uncertain. In 1990, the Honolulu City Council enacted legislation that would cap lease rent increases. The law was challenged in Federal district court as to its validity and eventually ruled as unconstitutional because the formula it used to arrive at permitted lease rent was irrational.

In 1991, due to the State legislature's unwillingness to address the leasehold problems, the Honolulu City Council again enacted a mandatory leasehold conversion law for leasehold condominiums (Ordinance 01–95). The law is currently being challenged in the Federal courts as to its constitutionality. Another bill which linked lease rent increases with the Consumer Price Index and the level of disposable income available to condominium owners was also considered. This bill, similar to the one enacted in 1990, was found to be unconstitutional.

The uncertainty in the residential leasehold market continues to create emotional distress for the leasehold residents of Hawaii. Voluntary conversion has helped to ease the situation and substantially reduce the stock of leasehold residential units in Hawaii. Yet, voluntary conversion is not enough to resolve the residential leasehold problems.

My legislation will help reduce the economic hardship due to the uncertainty in Hawaii's residential leasehold system. The leasehold study contains an analysis of the tax revenue effects of this legislation by allowing individual tax deductions for residential ground rent. The analysis suggests that there is potential revenues to the Federal Government if this legislation is enacted into law.

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

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

S. 973

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

SECTION 1. MORTGAGE INTEREST DEDUCTION FOR QUALIFIED NON-REDEEMABLE GROUND RENTS.

(a) IN GENERAL.—Section 163(c) of the Internal Revenue Code of 1986 is amended to read as follows:

''(c) GROUND RENTS.—For purposes of this subtitle, any annual or periodic rental under a redeemable ground rent (excluding amounts in redemption thereof) or a qualified non-redeemable ground rent shall be treated as interest on an indebtedness secured by a mortgage.''

(b) TREATMENT OF QUALIFIED NON-REDEEMABLE GROUND RENTS.—

(1) IN GENERAL.—Subsections (a), (b), and (d) of section 1055 of the Internal Revenue Code of 1986 (relating to redeemable ground rents) are amended by inserting ''or qualified non-redeemable'' after ''redeemable'' each place it appears.

(2) DEFINITION.—Section 1055 of such Code is amended by redesignating subsection (d) as subsection (e) and by inserting after subsection (c) the following new subsection:

''(d) QUALIFIED NON-REDEEMABLE GROUND RENT.—For purposes of this subtitle, the term 'qualified non-redeemable ground rent' means a ground rent with respect to which—

''(1) there is a lease of land which is for a term in excess of 15 years,

''(2) no portion of any payment is allocable to the use of any property other than the land surface,

''(3) the lessor's interest in the land is primarily a security interest to protect the rental payments to which the lessor is entitled under the lease, and

''(4) the leased property must be used as the taxpayer's principal residence (within the meaning of section 1034).''

(3) CONFORMING AMENDMENTS.—

(A) The heading for section 1055 of such Code is amended by striking ''redeemable''.

(B) The item relating to section 1055 in the table of sections for part IV of subchapter O of chapter 1 of subtitle A of such Code is amended by striking ''Redeemable ground'' and inserting ''Ground''.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date of the enactment of this Act, with respect to taxable years ending after such date.

SEC. 2. CREDIT FOR TRANSACTION COSTS ON THE TRANSFER OF LAND SUBJECT TO CERTAIN GROUND RENTS.

(a) IN GENERAL.—Subpart B of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 (relating to foreign tax credit, etc.) is amended by inserting after section 30 the following new section:

''SEC. 30A. CREDIT FOR TRANSACTION COSTS.

''(a) ALLOWANCE OF CREDIT.—

''(1) IN GENERAL.—At the election of the taxpayer, there shall be allowed as a credit against the tax imposed by this chapter for the taxable year an amount equal to the transaction costs relating to any sale or exchange of land subject to ground rents with respect to which immediately after and for at least 1 year prior to such sale or exchange—

''(A) the transferee is the lessee who owns a dwelling unit on the land being transferred, and

''(B) the transferor is the lessor.

''(2) CREDIT ALLOWED TO BOTH TRANSFEROR AND TRANSFEREE.—The credit allowed under paragraph (1) shall be allowed to both the transferor and the transferee.

''(b) LIMITATIONS.—

''(1) LIMITATION PER DWELLING UNIT.—The amount of the credit allowed to a taxpayer under subsection (a) for any taxable year shall not exceed the lesser of—

''(A) $5,000 per dwelling unit, or

''(B) 10 percent of the sale price of the land.

''(2) LIMITATION BASED ON TAXABLE INCOME.—The amount of the credit allowed to a taxpayer under subsection (a) for any taxable year shall not exceed the sum of—

''(A) 20 percent of the regular tax for the taxable year reduced by the sum of the credits allowable under subpart A and sections 27, 28, 29, and 30, plus

''(B) the alternative minimum tax imposed by section 55.

''(c) DEFINITIONS AND SPECIAL RULES.—For purposes of this section—

''(1) TRANSACTION COSTS.—

''(A) IN GENERAL.—The term 'transaction costs' means any expenditure directly associated with a transaction, the purpose of which is to convey to the lessee, by the lessor, land subject to ground rents.

''(B) SPECIFIC EXPENDITURES.—Such term includes closing costs, attorney fees, surveys and appraisals, and telephone, office, and travel expenses incurred in negotiations with respect to such transaction.

''(C) LOST RENTS NOT INCLUDED.—Such term does not include lost rents due to the premature termination of an existing lease.

''(2) DWELLING UNIT.—A dwelling unit shall include any structure or portion of any structure which serves as the principal residence (within the meaning of section 1034) for the lessee.

''(3) REDUCTION IN BASIS.—The basis of property acquired in a transaction to which this section applies shall be reduced by the amount of credit allowed under subsection (a).

''(4) ELECTION.—This section shall apply to any taxpayer for the taxable year only if such taxpayer elects to have this section so apply.

''(d) CARRYOVER OF CREDIT.—

''(1) CARRYOVER PERIOD.—If the credit allowed to the taxpayer under subsection (a) for any taxable year exceeds the amount of the limitation imposed by subsection (b)(2) for such taxable year (hereafter in this subsection referred to as the 'unused credit year'), such excess shall be a carryover to each of the 5 succeeding taxable years.

''(2) AMOUNT CARRIED TO EACH YEAR.—

''(A) ENTIRE AMOUNT CARRIED TO FIRST YEAR.—The entire amount of the unused credit for an unused credit year shall be carried to the earliest of the 5 taxable years to which (by reason of paragraph (1)) such credit may be carried.

''(B) AMOUNT CARRIED TO OTHER 4 YEARS.—The amount of unused credit for the unused credit year shall be carried to each of the remaining 4 taxable years to the extent that such unused credit may not be taken into account for a prior taxable year because of the limitation imposed by subsection (b)(2).

''(e) TERMINATION.—This section shall not apply to any transaction cost paid or incurred in taxable years beginning after December 31, 1999.''

(b) CLERICAL AMENDMENT.—The table of sections for such subpart B is amended by inserting after the item relating to section 30 the following new item:

''Sec. 30A. Credit for transaction costs on the transfer of land subject to certain ground rents.''

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to expenditures paid or incurred in taxable years beginning after December 31, 1994.

By Mr. GRASSLEY:

S. 974. A bill to prohibit certain acts involving the use of computers in the furtherance of crimes, and for other purposes; to the Committee on the Judiciary.

THE ANTI-ELECTRONIC RACKETEERING ACT

Mr. GRASSLEY. Mr. President, I rise this evening to introduce the Anti-electronic Racketeering Act of 1995. This bill makes important changes to RICO and criminalizes deliberately using computer technology to engage in criminal activity. I believe this bill is a reasonable, measured and strong response to a growing problem. According to the computer emergency and response team at Carnegie-Mellon University, during 1994, about 40,000 computer users were attacked. Virus hacker, the FBI's national computer crime squad has investigated over 200 cases since 1991. So, computer crime is clearly on the rise.

Mr. President, I suppose that some of this is just natural. Whenever man develops a new technology, that technology will be abused by some. And that is why I have introduced this bill. I believe we need to seriously reconsider the Federal Criminal Code with an eye toward modernizing existing statutes and creating new ones. In other words, Mr. President, Elliot Ness needs to meet the Internet.

Mr. President, I sit on the Board of the Office of Technology Assessment. That Office has clearly indicated that organized crime has entered cyberspace in a big way. International drug cartels use computers to launder drug money and terrorists like the Oklahoma City bombers use computers to conspire to commit crimes.

Computer fraud accounts for the loss of millions of dollars per year. And often times, there is little that can be done about this because the computer used to commit the crimes is located overseas. So, under my bill, overseas computer users who employ their computers to commit fraud in the United States would be fully subject to the Federal criminal laws. Also under my bill, Mr. President, the wire fraud statute which has been successfully used by prosecutors for many users, will be amended to make fraudulent schemes which use computers a crime.

It is not enough to simply modernize the Criminal Code. We also have to reconsider many of the difficult procedural burdens that prosecutors must overcome. For instance, in the typical case, prosecutors must identify a location in order to get a wiretapping order. But in cyberspace, it is often impossible to determine the location. And so my bill corrects that so that if prosecutors cannot, with the exercise of effort, give the court a location, then those prosecutors can still get a wiretapping order. And for law enforcers—both State and Federal—who have seized a computer which contains both contraband or evidence and purely private material, I have created a good-faith standard so that law enforcers are not shackled by undue restrictions but will also be punished for bad faith.

Mr. President, this brave new world of electronic communications and global computer networks holds much promise. But like almost anything, there is the potential for abuse and harm. That is why I urge my colleagues to support this bill and that is why I urge industry to support this bill.

On a final note, I would say that we should not be too scared of technology. After all, we are still just people and right is still right and wrong is still wrong. Some things change and some things do not. All that my bill does is say you can't use computers to steal, to threaten others or conceal criminal conduct.

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. 974

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 ''Anti-Electronic Racketeering Act of 1995''.

SEC. 2. PROHIBITED ACTIVITIES.

(a) DEFINITIONS.—Section 1961(1) of title 18, United States Code, is amended—

(1) by striking ''1343 (relating to wire fraud)'' and inserting ''1343 (relating to wire and computer fraud)'';

(2) by striking ''that title'' and inserting ''this title'';

(3) by striking ''or (E)'' and inserting ''(E)''; and

(4) by inserting before the semicolon the following: ''or (F) any act that is indictable under section 1030, 1030A, or 1962(d)(2)''.

(b) USE OF COMPUTER TO FACILITATE RACKETEERING ENTERPRISE.—Section 1962 of title 18, United States Code, is amended—

(1) by redesignating subsection (d) as subsection (e); and

(2) by inserting after subsection (c) the following new subsection:

''(d) It shall be unlawful for any person—

''(1) to use any computer or computer network in furtherance of a racketeering activity (as defined in section 1961(1)); or

''(2) to damage or threaten to damage electronically or digitally stored data.''.

(c) CRIMINAL PENALTIES.—Section 1963(b) of title 18, United States Code, is amended—

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

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

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

''(3) electronically or digitally stored data.''.

(d) CIVIL REMEDIES.—Section 1964(c) of title 18, United States Code, is amended by striking ''his property or business''.

(e) USE AS EVIDENCE OF INTERCEPTED WIRE OR ORAL COMMUNICATIONS.—Section 2515 of title 18, United States Code, is amended by inserting before the period at the end the following: '', unless the authority in possession of the intercepted communication attempted in good faith to comply with this chapter. If the United States or any State of the United States, or subdivision thereof, possesses a communication intercepted by a nongovernmental actor, without the knowledge of the United States, that State, or that subdivision, the communication may be introduced into evidence''.

(f) AUTHORIZATION FOR INTERCEPTION OF WIRE, ORAL, OR ELECTRONIC COMMUNICATIONS.—Section 2516(1) of title 18, United States Code, is amended—

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

(2) by striking the period at the end of paragraph (*o*) and inserting ''; and''; and

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

''(p) any violation of section 1962 of title 18.''.

(g) PROCEDURES FOR INTERCEPTION.—Section 2518(4)(b) of title 18, United States Code, is amended by inserting before the semicolon the following: ''to the extent feasible''.

(h) COMPUTER CRIMES.—

(1) NEW PROHIBITED ACTIVITIES.—Chapter 47 of title 18, United States Code, is amended by adding at the end the following new section:

''§ 1030A. Racketeering-related crimes involving computers

''(a) It shall be unlawful—

''(1) to use a computer or computer network to transfer unlicensed computer software, regardless of whether the transfer is performed for economic consideration;

''(2) to distribute computer software that encodes or encrypts electronic or digital communications to computer networks that the person distributing the software knows or reasonably should know, is accessible to foreign nationals and foreign governments, regardless of whether such software has been designated as nonexportable; and

''(3) to use a computer or computer network to transmit a communication intended to conceal or hide the origin of money or other assets, tangible or intangible, that were derived from racketeering activity; and

''(4) to operate a computer or computer network primarily to facilitate racketeering activity or primarily to engage in conduct prohibited by Federal or State law.

''(b) For purposes of this section, each act of distributing software is considered a separate predicate act. Each instance in which nonexportable software is accessed by a foreign government, an agent of a foreign government, a foreign national, or an agent of a foreign national, shall be considered as a separate predicate act.

''(c) It shall be an affirmative defense to prosecution under this section that the software at issue used a universal decoding device or program that was provided to the Department of Justice prior to the distribution.''.

(2) CLERICAL AMENDMENT.—The analysis at the beginning of chapter 47, United States Code, is amended by adding at the end the following new item:

''1030A. Racketeering-related crimes involving computers.''.

(3) JURISDICTION AND VENUE.—Section 1030 of title 18, United States Code, is amended by adding at the end the following new subsection:

''(g)(1)(A) Any act prohibited by this section that is committed using any computer, computer facility, or computer network that is physically located within the territorial jurisdiction of the United States shall be deemed to have been committed within the territorial jurisdiction of the United States.

''(B) Any action taken in furtherance of an act described in subparagraph (A) shall be deemed to have been committed in the territorial jurisdiction of the United States.

''(2) In any prosecution under this section involving acts deemed to be committed within the territorial jurisdiction of the United States under this subsection, venue shall be proper where the computer, computer facility, or computer network was physically situated at the time at least one of the wrongful acts was committed.''.

(i) WIRE AND COMPUTER FRAUD.—Section 1343 of title 18, United States Code, is amended by striking ''or television communication'' and inserting ''television communication, or computer network or facility''.

(j) PRIVACY PROTECTION ACT.—Section 101 of the Privacy Protection Act of 1980 (42 U.S.C. 2000aa) is amended—

(1) in subsection (a)—

(A) by striking ''or'' at the end of paragraph (1);

(B) by striking the period at the end of paragraph (2) and inserting ''; or''; and

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

''(3) there is reason to believe that the immediate seizure of such materials is necessary to prevent the destruction or altercation of such documents.''; and

(2) in subsection (b)—

(A) by striking ''or'' at the end of paragraph (3);

(B) by striking the period at the end of paragraph (4) and inserting ''; or''; and

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

''(5) in the case of electronically stored data, the seizure is incidental to an otherwise valid seizure, and the government officer or employee—

''(A) was not aware that work product material was among the data seized;

''(B) upon actual discovery of the existence of work product materials, the government officer or employee took reasonable steps to protect the privacy interests recognized by this section, including—

''(i) using utility software to seek and identify electronically stored data that may be commingled or combined with non-work product material; and

''(ii) upon actual identification of such material, taking reasonable steps to protect the privacy of the material, including seeking a search warrant.''.

ADDITIONAL COSPONSORS

S. 256

At the request of Mr. DOLE, the name of the Senator from Rhode Island [Mr. CHAFEE] was added as a cosponsor of S. 256, a bill to amend title 10, United States Code, to establish procedures for determining the status of certain missing members of the Armed Forces and certain civilians, and for other purposes.

S. 267

At the request of Mr. STEVENS, the name of the Senator from Oregon [Mr. PACKWOOD] was added as a cosponsor of S. 267, a bill to establish a system of licensing, reporting, and regulation for vessels of the United States fishing on the high seas, and for other purposes.

S. 304

At the request of Mr. SANTORUM, the name of the Senator from Maine [Ms. SNOWE] was added as a cosponsor of S. 304, a bill to amend the Internal Revenue Code of 1986 to repeal the transportation fuels tax applicable to commercial aviation.

S. 327

At the request of Mr. HATCH, the name of the Senator from Missouri [Mr. BOND] was added as a cosponsor of S. 327, a bill to amend the Internal Revenue Code of 1986 to provide clarification for the deductibility of expenses incurred by a taxpayer in connection with the business use of the home.

S. 426

At the request of Mr. SARBANES, the name of the Senator from Illinois [Ms. MOSELEY-BRAUN] was added as a cosponsor of S. 426, a bill to authorize the Alpha Phi Alpha Fraternity to establish a memorial to Martin Luther King, Jr., in the District of Columbia, and for other purposes.

S. 436

At the request of Mr. CAMPBELL, the names of the Senator from Kansas [Mrs. KASSEBAUM] and the Senator from Illinois [Mr. SIMON] were added as cosponsors of S. 436, a bill to improve the economic conditions and supply of housing in Native American communities by creating the Native American Financial Services Organization, and for other purposes.

S. 448

At the request of Mr. GRASSLEY, the name of the Senator from Rhode Island [Mr. CHAFEE] was added as a cosponsor of S. 448, a bill to amend section 118 of the Internal Revenue Code of 1986 to provide for certain exceptions from rules for determining contributions in aid of construction, and for other purposes.

S. 641

At the request of Mrs. KASSEBAUM, the name of the Senator from Maine [Ms. SNOWE] was added as a cosponsor of S. 641, a bill to reauthorize the Ryan White CARE Act of 1990, and for other purposes.

S. 892

At the request of Mr. GRASSLEY, the name of the Senator from Utah [Mr. HATCH] was added as a cosponsor of S. 892, a bill to amend section 1464 of title 18, United States Code, to punish transmission by computer of indecent material to minors.

S. 955

At the request of Mr. HATCH, the names of the Senator from Wisconsin [Mr. KOHL] and the Senator from Washington [Mr. GORTON] were added as cosponsors of S. 955, a bill to clarify the scope of coverage and amount of payment under the medicare program of items and services associated with the use in the furnishing of inpatient hospital services of certain medical devices approved for investigational use.

S. 959

At the request of Mr. HATCH, the name of the Senator from Idaho [Mr. KEMPTHORNE] was added as a cosponsor of S. 959, a bill to amend the Internal