

millions of Americans who are uninsured or who lack adequate health insurance coverage will at least have access to preventive and basic primary health care services in their communities.

The legislation reauthorizes the community health centers program, which provides needed health care services, including outpatient dental, diagnostic, treatment, preventive, and primary care—in under-served rural and inner-city areas. These services are provided through community health centers, migrants health centers, farmworkers, health centers for the homeless, health centers for residents of public housing, and healthy schools programs. It also re-authorizes the National Health Service Corps, a program that trains and places health professionals in areas where there are shortages of qualified professionals. Finally, the legislation establishes the Healthy Communities Access Program, which will help coordinate community services for the uninsured.

I believe this legislation represents what can be achieved when good policy and bipartisanship overcome politics. A priority for President Bush, this legislation is an important piece of his agenda to ensure that all Americans have access to health care services. As a next step, I look forward to working with the President, and my colleagues in the Senate and House, to ensure that all Americans have access to affordable health insurance.

Mr. REID. Mr. President, I ask unanimous consent that the Senate concur in the House amendment to the bill, and that the motion to reconsider be laid on the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROVIDING FOR HEALTH BENEFITS COVERAGE

Mr. REID. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of calendar No. 710, S. 2527.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 2527) to provide for health benefits coverage under chapter 89, title 5, United States Code, for individuals enrolled in a plan administered by the Overseas Private Investment Corporation, and for other purposes.

There being no objection, the Senate proceeded to the consideration of the bill.

Mr. REID. Mr. President, I ask unanimous consent that the bill be read a third time, passed, and the motion to reconsider be laid upon the table, with no intervening action or debate; and that any statements relating to this matter be printed in the RECORD.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The bill (S. 2527) was read the third time and passed, as follows:

S. 2527

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

SECTION 1. CONTINUATION OF HEALTH BENEFITS COVERAGE FOR INDIVIDUALS ENROLLED IN A PLAN ADMINISTERED BY THE OVERSEAS PRIVATE INVESTMENT CORPORATION.

(a) ENROLLMENT IN CHAPTER 89 PLAN.—For purposes of the administration of chapter 89 of title 5, United States Code, any period of enrollment under a health benefits plan administered by the Overseas Private Investment Corporation before the effective date of this Act shall be deemed to be a period of enrollment in a health benefits plan under chapter 89 of such title.

(b) CONTINUED COVERAGE.—

(1) IN GENERAL.—Any individual who, on June 30, 2002, is covered by a health benefits plan administered by the Overseas Private Investment Corporation may enroll in an approved health benefits plan described under section 8903 or 8903a of title 5, United States Code—

(A) either as an individual or for self and family, if such individual is an employee, annuitant, or former spouse as defined under section 8901 of such title; and

(B) for coverage effective on and after June 30, 2002.

(2) INDIVIDUALS CURRENTLY UNDER CONTINUED COVERAGE.—An individual who, on June 30, 2002, is entitled to continued coverage under a health benefits plan administered by the Overseas Private Investment Corporation—

(A) shall be deemed to be entitled to continued coverage under section 8905a of title 5, United States Code, for the same period that would have been permitted under the plan administered by the Overseas Private Investment Corporation; and

(B) may enroll in an approved health benefits plan described under section 8903 or 8903a of such title in accordance with section 8905a of such title for coverage effective on and after June 30, 2002.

(3) UNMARRIED DEPENDENT CHILDREN.—An individual who, on June 30, 2002, is covered as an unmarried dependent child under a health benefits plan administered by the Overseas Private Investment Corporation and who is not a member of family as defined under section 8901(5) of title 5, United States Code—

(A) shall be deemed to be entitled to continued coverage under section 8905a of such title as though the individual had, on June 30, 2002, ceased to meet the requirements for being considered an unmarried dependent child under chapter 89 of such title; and

(B) may enroll in an approved health benefits plan described under section 8903 or 8903a of such title in accordance with section 8905a for continued coverage effective on and after June 30, 2002.

(c) TRANSFERS TO THE EMPLOYEES HEALTH BENEFITS FUND.—

(1) IN GENERAL.—The Overseas Private Investment Corporation shall transfer to the Employees Health Benefits Fund established under section 8909 of title 5, United States Code, amounts determined by the Director of the Office of Personnel Management, after consultation with the Overseas Private Investment Corporation, to be necessary to reimburse the Fund for the cost of providing benefits under this section not otherwise paid for by the individuals covered by this section.

(2) AVAILABILITY OF FUNDS.—The amounts transferred under paragraph (1) shall be held in the Fund and used by the Office in addition to amounts available under section 8906(g)(1) of title 5, United States Code.

(d) ADMINISTRATION AND REGULATIONS.—The Office of Personnel Management—

(1) shall administer this section to provide for—

(A) a period of notice and open enrollment for individuals affected by this section; and

(B) no lapse of health coverage for individuals who enroll in a health benefits plan under chapter 89 of title 5, United States Code, in accordance with this section; and

(2) may prescribe regulations to implement this section.

LYME AND INFECTIOUS DISEASE INFORMATION AND FAIRNESS IN TREATMENT (LIFT) ACT

Mr. REID. Mr. President, I ask unanimous consent that the HELP Committee be discharged from further consideration of S. 969, and the Senate proceed to its consideration.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 969) to establish a Tick-Borne Disorders Advisory Committee, and for other purposes.

There being no objection, the Senate proceeded to the consideration of the bill.

Mr. DODD. Mr. President, it is with great pleasure that I rise today to signal the passage of important legislation designed to combat the devastating illness of Lyme disease. The objective of this bipartisan consensus legislation is simple—to put us on the path toward eradicating Lyme disease—a disease still unfamiliar to some Americans, but one that is all too familiar to those of us from Connecticut and the Northeast.

The impact that Lyme disease can have on its victims is tremendous. The disease first achieved prominence in the 1980s in the state of Connecticut and got its name from the town of Lyme, CT. Today, Connecticut residents have the dubious distinction of being 10 times more likely to contract Lyme disease than the rest of the nation. However, Mr. President, the incidence of Lyme disease nationwide is on the rise. In fact, cases of Lyme disease have been reported by 49 states and the District of Columbia. Since 1982, the number of Lyme disease cases reported to health officials numbers more than 145,000. However, reports indicate that the actual incidence of the disease may be many times greater than current figures suggest.

Health problems experienced by those infected with Lyme disease can include facial paralysis, joint swelling, loss of coordination, irregular heartbeat, liver malfunction, depression, and memory loss. Because Lyme disease frequently mimics other conditions, patients often must visit multiple doctors before a proper diagnosis is made. This can result in prolonged pain and suffering, unnecessary tests, costly and futile treatments, and devastating emotional consequences for victims of Lyme disease and their families.

The legislation that we pass today is a continuation of earlier efforts to stem the growth of Lyme disease and