

local legal requirements pertaining to health related information. Nor does this bill alter any existing rights or remedies available to injured patients. The bottom line is that this legislation neither strengthens nor weakens the existing system of tort and liability law.

Instead, the legislation before us creates a new, parallel system of information collection and analysis, designed to educate our doctors and protect patients' safety everywhere. This bill reflects difficult negotiations and many compromises over almost 5 years of consideration. Through the contributions of Members on both sides of the aisle, this legislation has been greatly strengthened since I first introduced it back in the 106th Congress.

I offer my appreciation to the many contributions from several colleagues who have worked to reach an agreement on this legislation. But I believe Chairman ENZI and Ranking Member KENNEDY deserve special recognition in their efforts to reach a consensus and so I commend them once again. I also want to commend the work of Chairman BARTON and that of the Dean of the House, Representative DINGELL, for their work to address our differences. It is my true hope that they can persuade their colleagues to favorably consider this bill.

When a significant bill makes its way through the many hoops of the legislative process and is destined to be signed into law, as I believe this one is, we have a custom in the Senate that we take a moment to acknowledge those whose work on that measure often has made difference between success and failure.

Chairman ENZI's staff, Katherine McGuire, Steve Northrup, and especially Andrew Patzman deserve many thanks for their contributions and for reflecting so well the leadership of the Chairman. From Senator KENNEDY's office Michael Myers' commitment to this effort over the many years has often served to keep discussions going and David Bowen has once again demonstrated his ability to find common ground on difficult issues. Vince Ventimiglia and Peggy Binzer of Senator GREGG's office deserve special acknowledgement, not only for "advancing the ball" throughout the last Congress, but also for the legal expertise and insights they brought to the process.

The majority leader has been a partner in this effort from the very beginning and Dean Rosen and Liz Hall have contributed both their subject expertise and their legislative navigational skills. Bruce Lesley of Senator BINGAMAN's office and Anne Grady with Senator MURRAY led the way with improvements to the bill that helped start its way down the bipartisan path to success. Finally, I want to commend Sean Donohue, of my staff, for his contributions to the bill and also to his tenacious commitment over several years to get this legislation enacted.

We legislate on many issues in the Congress, but it is not often we can say that what we do makes a difference as a matter of life and death. Patient safety, however, is one of those issues. When this legislation is signed into law, everyone that has worked to improve it can know that, in this instance, they have made that difference.

LONG-TERM CARE

Mr. AKAKA. Mr. President, the Department of Veterans Affairs is to be applauded for facilitating a conference on the role of medical foster homes. The conference is titled: "Medical Foster Home: A New Choice for Long-Term Care." The conference kicks off tomorrow in Little Rock, AR.

I also want to applaud the conference participants for taking time to attend the conference. We truly must be open to new ideas about how VA can care for veterans in need of long-term care. In my view, medical foster homes are an important part of the equation.

We know that today VA is facing tremendous demand for long-term care. In the years ahead, demand will explode. Yet the President's budget includes significant cuts to long-term care programs. The goal seems to reduce VA's workload and shift the burden elsewhere. But where are veterans to go?

Should VA be cutting back at a time when demand is growing? Should these cuts target needed nursing home and state home beds? According to the President's budget proposal, the answer is yes.

There is another side to this story: there are places on the VA landscape where some truly wonderful things are happening to keep veterans well cared for and in the setting of their choice. Good programs must be fostered.

Indeed, there are VA clinicians who, in grappling with the demand, have not waited but have found some innovative solutions. I am always deeply gratified by the level of dedication and innovation of VA employees, and I salute those who have moved forward.

One such good program is the medical foster home program in Arkansas. In 2002, Tom McClure testified before the Senate VA Committee about the foster home program. I know that all the Members of the Committee were amazed at the success of the program—despite some of the snags he has faced along the way. Nearly 3 years later, it seems VA is finally ready to advance the concept.

For my part, I recently introduced legislation to develop a medical foster home program on the Island of Oahu in Hawaii. While we have a wonderful VA nursing home—the Center on Aging, it only has 60 beds. Unfortunately, community nursing homes have few beds, as well. So, it is absolutely critical that Hawaii's veterans be provided with needed long-term care.

More and more veterans are seeking alternatives to nursing homes. They want to remain in the community.

With the right kind of support and care from VA, they are able to do so—even with chronic and debilitating conditions. I do want to say that for many veterans, however, non-institutional options will not work; and because of this Congress is on record stating that VA must have sufficient nursing home capacity.

It is vital that VA's role as a model for long-term care be recognized and rewarded, because we will have enormous problems with demand for this care in the years ahead. The only entity of any scope, size, or capacity that is dealing with how to meet the needs of an older population is VA. This role of VA must be highlighted and supported.

DEPARTMENT OF HOMELAND SECURITY APPROPRIATIONS ACT

GRANTS

Ms. COLLINS. Mr. President, last week, Senator LIEBERMAN and I offered, and the Senate adopted, Amendment #1142 to H.R. 2360, the Department of Homeland Security Appropriations Act. The amendment, which seeks to improve the process for providing homeland security grants to State and local governments, is nearly identical to S. 21, the Homeland Security Grant Enhancement Act of 2005, a bill which was reported out of the Committee on Homeland Security and Governmental Affairs. S. 21 was placed on the Senate's legislative calendar on May 4, 2005, and a detailed and comprehensive report from the Committee, Senate Report 109-71, accompanied S. 21 at that time. Because of the near identity of S. 21 and the amendment, this report pertains to Amendment #1142 as well.

Mr. LIEBERMAN. Mr. President, I agree with the Senator from Maine that the Committee report pertains to the amendment as well as to S. 21, on which the amendment is almost wholly based. The report provides a useful explanation of, and a broader context to, the amendment, and I recommend that those participating in the conference of the Homeland Security Appropriations bill look to it to elucidate the amendment. Also, to the extent that the language of Amendment #1142 will be enacted, I urge the Department of Homeland Security and others who may be called upon to implement or interpret these provisions to look to the text of the committee report for guidance in that implementation or interpretation.

Ms. COLLINS. Mr. President, I join with the Senator from Connecticut in encouraging those who are conferees on this bill and those who will be implementing the amendment if it is enacted to read and rely on the text of Senate Report 109-71.