

“(G) MEDICAID AND TANF EXCEPTIONS FOR CITIZENS OF FREELY ASSOCIATED STATES.—With respect to eligibility for benefits for the programs defined in subparagraphs (A) and (C) of paragraph (3) (relating to temporary assistance for needy families and medicaid), paragraph (1) shall not apply to any individual who lawfully resides in the United States (including territories and possessions of the United States) in accordance with a Compact of Free Association referred to in subsection (a)(2)(M).”

(c) QUALIFIED ALIEN.—Section 431(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 U.S.C. 1641(b)) is amended—

(1) in paragraph (6), by striking “or” at the end;

(2) in paragraph (7), by striking the period at the end and inserting “; or”; and

(3) by adding at the end the following:

“(8) an individual who lawfully resides in the United States (including territories and possessions of the United States) in accordance with a Compact of Free Association referred to in section 402(a)(2)(M).”

(d) CONFORMING AMENDMENT.—Section 1108 of the Social Security Act (42 U.S.C. 1308) is amended—

(1) in subsection (f), in the matter preceding paragraph (1), by striking “subsection (g)” and inserting “subsections (g) and (h)”; and

(2) by adding at the end the following:

“(h) The limitations of subsections (f) and (g) shall not apply with respect to medical assistance provided to an individual described in section 431(b)(8) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.”

(e) EFFECTIVE DATE.—The amendments made by this Act take effect on the date of enactment of this Act and apply to benefits and assistance provided on or after that date.

STATE OF HAWAII,  
DEPARTMENT OF HUMAN SERVICES,  
Honolulu, HI, November 9, 2005.

Sen. DANIEL K. AKAKA,  
U.S. Senate, Hart Senate Office Building,  
Washington, DC.

DEAR SENATOR AKAKA, I am writing in support of your legislation to reinstate eligibility for Compact migrants from the Freely Associated States for various Federal programs, including Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Food Stamps, and Medicaid. As you know, “Compact migrants” refers to those who have relocated to Hawaii from the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands. As you know, a high percentage of the Compact migrant population are poorly educated and live in poverty, and are thus part of the additional demand on the already strained social support systems of the State.

The Department of Human Services is the lead agency that administers social safety net programs for individuals and families in Hawaii. The amount of State resources that is being expended to care for Compact migrants has been steadily increasing as the number of migrants continues to grow. The costs to the State cannot be measured in the numbers of migrants alone. What is not reflected in the numbers of migrants alone, is that many of these migrants come to Hawaii with serious medical conditions that require costly intensive and extensive services. In 2004, the Department of Human Services alone spent over \$26.6 million to provide services to over 10,800 migrants in our financial assistance, medical assistance, vocational rehabilitation, and youth services programs.

Allowing Compact migrants to be served with Federal funds under the TANF, SSI, Food Stamps, and Medicaid programs would tremendously assist the State of Hawaii. I appreciate your leadership in this area and look forward to continuing to work with you on your legislative efforts to assist Compact migrants in Hawaii.

Sincerely,

LILLIAN B. KOLLER, Esq.

Director.

## SUBMITTED RESOLUTIONS

### SENATE RESOLUTION 318—DESIGNATING NOVEMBER 27, 2005, AS “DRIVE SAFER SUNDAY”

Mr. CHAMBLISS (for himself and Mr. ISAKSON) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 318

Whereas motor vehicle travel is the primary means of transportation in the United States;

Whereas everyone on the roads and highways needs to drive more safely to reduce deaths and injuries resulting from motor vehicle accidents;

Whereas the death of almost 43,000 people a year in more than 6 million highway crashes in America has been called an epidemic by Transportation Secretary Norman Mineta;

Whereas according to the National Highway Transportation Safety Administration, wearing a seat belt saved 15,434 lives in 2004; and

Whereas the Sunday after Thanksgiving is the busiest highway traffic day of the year: Now, therefore, be it

*Resolved*, That the Senate—

(1) encourages—

(A) high schools, colleges, universities, administrators, teachers, primary schools, and secondary schools to launch campus-wide educational campaigns to urge students to be careful about safety when driving;

(B) national trucking firms to alert their drivers to be especially focused on driving safely during the heaviest traffic day of the year, and to publicize the importance of the day using Citizen’s band (CB) radios and in truck stops across the Nation;

(C) clergy to remind their members to travel safely when attending services and gatherings;

(D) law enforcement personnel to remind drivers and passengers to drive particularly safely on the Sunday after Thanksgiving; and

(E) everyone to use the Sunday after Thanksgiving as an opportunity to educate themselves about highway safety; and

(2) designates November 27, 2005, as “Drive Safer Sunday”.

### SENATE RESOLUTION 319—COMMENDING RELIEF EFFORTS IN RESPONSE TO THE EARTHQUAKE IN SOUTH ASIA AND URGING A COMMITMENT BY THE UNITED STATES AND THE INTERNATIONAL COMMUNITY TO HELP REBUILD CRITICAL INFRASTRUCTURE IN THE AFFECTED AREAS

Ms. MIKULSKI submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 319

Whereas on October 8, 2005, a magnitude 7.6 earthquake struck Pakistan, India, and Afghanistan;

Whereas the epicenter of the earthquake was located near Muzaffarabad, the capital of Pakistani-administered Kashmir, and approximately 60 miles north-northeast of Islamabad, with aftershocks and landslides continuing to affect the area;

Whereas the most affected areas are the North West Frontier Province, Northern Punjab, Pakistani-administered Kashmir, and Indian-administered Kashmir;

Whereas more than 75,000 people have died, nearly 70,000 are injured, and approximately 2,900,000 people are homeless as a result of the earthquake, and, according to the Executive Director of the United Nations Children’s Fund (UNICEF), 17,000 of the dead are children;

Whereas the United States has pledged a total of \$156,000,000 to provide assistance in the affected countries, with \$50,000,000 to be used for humanitarian relief, \$50,000,000 to be used for reconstruction, and \$56,000,000 to be used to support Department of Defense relief operations;

Whereas the total amount of humanitarian assistance committed to Pakistan by the United States Agency for International Development is more than \$40,000,000;

Whereas the Department of Defense has deployed approximately 875 members of the Armed Forces and 31 helicopters to aid in the earthquake relief efforts;

Whereas since October 8, 2005, United States helicopters have flown more than 1,000 missions, evacuated approximately 3,400 people, and delivered nearly 5,600,000 pounds of supplies;

Whereas the delivery of humanitarian assistance to the affected areas is difficult due to the mountainous terrain, cold weather, and damaged or collapsed infrastructure;

Whereas Secretary of State Condoleezza Rice, during her October 12, 2005, visit to Pakistan, said the United States would support the efforts of the Government of Pakistan over the long-term to provide assistance to the victims of the earthquake and rebuild areas of the country devastated by the earthquake;

Whereas the cost of rebuilding the affected areas could be in excess of \$1,000,000,000; and

Whereas the recovery and reconstruction of the areas devastated by the earthquake will require the concerted leadership of the United States working with the governments of the affected countries and the international community: Now, therefore, be it

*Resolved*, That the Senate—

(1) commends the members of the United States Armed Forces and civilian employees of the Department of State and the United States Agency for International Development for taking swift action to assist the victims of the earthquake in South Asia that occurred on October 8, 2005;

(2) commends the international relief effort that includes the work of individual countries, numerous international organizations, and various relief and nongovernmental entities;

(3) commends the Governments of Pakistan and India for their cooperation in the common cause of saving lives and providing humanitarian relief to people on both sides of the Line of Control;

(4) encourages further cooperation between Pakistan and India on relief operations and efforts to fortify and expand peace and stability in the region as they cope with the impact of the earthquake during the winter of 2005 and the spring of 2006 and seek to rehabilitate the lives of those affected;

(5) urges the United States and the world community to reaffirm their commitment to

additional generous support for relief and long-term reconstruction efforts in areas affected by the earthquake; and

(6) urges continued attention by international donors and relief agencies to the needs of vulnerable populations in the stricken countries, particularly the thousands of children who have been left parentless and homeless by the disaster.

Ms. MIKULSKI. Mr. President, today I am submitting a resolution commending relief efforts in response to the earthquake in South Asia and urging a commitment by the United States and the international community to help rebuild critical infrastructure in the affected areas.

On October 8, 2005, a devastating magnitude 7.6 earthquake hit remote mountainous regions of northern Afghanistan, Pakistan and India. More than 75,000 people have died, nearly 70,000 have been injured and 2.8 million remain homeless. On a bipartisan basis, the President and members of Congress joined the world community in expressing our sympathy and pledging our assistance to help those suffering in the face of this terrible disaster.

But expressions of sympathy are not enough. The United States must set an example and lead the world in the humanitarian effort of recovery and rebuilding. That's why I supported the initial pledge of \$156 million in humanitarian aid from the United States.

The Department of Defense, the State Department and the U.S. Agency for International Development (USAID) have taken the lead in making good on that pledge. USAID has provided more than \$50.1 million in assistance to Pakistan and more than \$600,000 to India. The Defense Department has so far spent about \$56 million on relief efforts, including sending more than 1,000 troops into Pakistan to provide urgent medical care, delivering much-needed supplies and clearing roads and opening routes for ground transportation so more help can reach those most in need.

The American private sector has also pitched in. U.S. charities have raised more than \$21 million to support earthquake relief efforts. Non-government organizations like Catholic Relief Services, Mercy Corps and Save the Children all have a presence in Pakistan and are providing aid and relief. At President Bush's request, five major American corporations are encouraging additional private donations. General Electric, Pfizer, Citigroup, Xerox and UPS are coordinating a nationwide fund raising effort through the South Asia Earthquake Relief Fund. To date, more than \$46 million has been donated by American corporations.

As Americans, we can all be proud of these efforts to help the people of South Asia survive, recover and rebuild. I applaud President Bush and his administration for acting quickly to provide relief and support. But I know that, together, we can do better.

That's why I support the immediate reprogramming by USAID of assistance funds for Pakistan in the FY 2006 For-

eign Operations Act to help meet the immediate, emergency need for medical care and shelter. The nearly 3 million Pakistanis left homeless by the earthquake are already facing snow and freezing rain. Conservative estimates suggest another 80,000 people could die from exposure in the next few months without a massive effort to provide thousands of heated tents. Those people can not afford to wait for the next supplemental appropriations bill—we must act now.

The United States should also engage with the international community to boost relief and recovery efforts. The United Nations has already responded, convening a donors' conference to organize international relief efforts. Economic institutions like the World Bank and the Paris Club can assist long-term recovery efforts by re-examining their debt policy toward the affected countries. And members of NATO and the European Union must step-up their support for relief and recovery. NATO in particular has unique assets that can make a difference today for people on the ground in South Asia.

I also believe the United States should make a long-term investment in rebuilding the areas devastated by the earthquake. We have strong partnerships with the nations of South Asia, and we have strong affection for their people. We must commit to work with our friends for as long as it takes to help them rebuild their infrastructure, with a particular emphasis on boosting medical resources for a health care system now overwhelmed by caring for the weak and injured.

The people and governments of Pakistan, India and Afghanistan must know that the United States will be an unwavering partner in their recovery and reconstruction. Our U.S. military and the employees of the State Department and USAID are working hard to extend support to our friends in this terrible time of need. We thank them for their service and pledge that we, too, will do our part.

SENATE CONCURRENT RESOLUTION 65—RECOGNIZING THE BENEFITS AND IMPORTANCE OF FEDERALLY-QUALIFIED HEALTH CENTERS AND THEIR MEDICAID PROSPECTIVE PAYMENT SYSTEM

Mr. BURR (for himself, Mr. OBAMA, Mr. BINGAMAN, Mr. BOND, Mr. KERRY, Mr. SMITH, Mr. SALAZAR, Mr. SCHUMER, Mr. DURBIN, Ms. COLLINS, and Ms. SNOWE) submitted the following concurrent resolution; which was referred to the Committee on Finance:

S. CON. RES. 65

Whereas community, migrant, public housing, and homeless health centers form the backbone of the health care safety net of the United States, providing health care to nearly 6,000,000 of the 53,000,000 people enrolled in the Medicaid Program nationwide;

Whereas health center patients are more likely than the general population to be enrolled in Medicaid, with 36 percent of all

health center patients enrolled in Medicaid compared to 12 percent nationally;

Whereas in 1989, Congress established the services of the Federally-qualified health center (FQHC) program as a guaranteed benefit under Medicaid to protect the valuable resources intended to assist health centers in caring for the uninsured;

Whereas health centers have doubled the number of uninsured people served since 1989, a growth rate more than twice that of the uninsured population of the United States;

Whereas health centers provided 17 percent of all Medicaid and State Health Insurance Program office visits in 2001;

Whereas Medicaid on average contributes 36 percent of a health center's budget, with the remainder provided by Federal grants, State and local governments, Medicare, private contributions, private insurance, and patient fees;

Whereas the cost of treating health center Medicaid patients is 30 to 34 percent less than the cost of treating those that receive care elsewhere, and similarly, 26 to 40 percent lower for prescription drug costs, 35 percent lower for diabetics, and 20 percent lower for asthmatics;

Whereas health center Medicaid patients are 22 percent less likely to be hospitalized for conditions that were potentially avoidable than those obtaining care elsewhere;

Whereas a bipartisan majority of Congress in 2000 established a prospective payment system (PPS) to ensure that Federally-qualified health centers receive sufficient Medicaid funding, thereby striking a balance between protecting the Federal investment in health centers and providing State flexibility in designing the payment system for these centers;

Whereas the prospective payment system has allowed States to appropriately predict and budget the cost of health center Medicaid expenditures;

Whereas the prospective payment system has allowed health centers to provide and expand primary care services to more people in need, while promoting efficient operation of and ensuring adequate Medicaid reimbursement for these centers;

Whereas without the assurance of sufficient Medicaid funding under the prospective payment system, health centers would be forced to cross-subsidize Medicaid underpayments with Federal grant dollars intended to care for the uninsured;

Whereas if the PPS were eliminated or changed, entire communities could be left without any access to primary and preventive health care services, thus undoing decades of investment by Congress in providing a health care safety net;

Whereas health centers provide cost-effective, high-quality health care to the poor of the Nation and the medically underserved, including the working poor, the uninsured, and many high-risk and vulnerable populations; and

Whereas health centers act as a vital safety net in the health delivery system of the Nation, meeting escalating health needs, and reducing health disparities: Now, therefore, be it

*Resolved by the Senate (the House of Representatives concurring), That—*

(1) it is the sense of Congress that the Medicaid prospective payment system for the Federally-qualified health center program is critical to ensuring that both Medicaid recipients and the uninsured population of the Nation have access to quality affordable primary and preventive care services; and

(2) Congress recognizes the critical role of health centers as an essential source of health care for millions of Medicaid recipients and uninsured Americans and supports continuation of the prospective payment system in helping to maintain this system of health care.