United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 110th CONGRESS, SECOND SESSION

Vol. 154 WASHINGTON, TUESDAY, JANUARY 22, 2008 No. 9

Senate

(Legislative day of Thursday, January 3, 2008)

The Senate met at 10 a.m., on the expiration of the recess, and was called to order by the Vice President (Mr. CHENEY).

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Eternal King, God of fresh starts and new beginnings, thank You for the gracious love and provision which You have lavished on us. As we begin the work of this second session of the 110th Congress, we commit anew our lives to You. Let this commitment empower us to keep our priorities in order so we may honor You with our work.

Guide our Senators. Help them to be accountable to the people who gave them their mandate and to the world which looks to this body for responsible leadership. But most of all, strengthen them to be accountable to You, the author and finisher of their destinies.

We pray in Your sovereign Name. Amen.

PLEDGE OF ALLEGIANCE

The VICE PRESIDENT led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

CERTIFICATE OF APPOINTMENT

The VICE PRESIDENT. The Chair lays before the Senate the certificate of appointment to fill the vacancy created by the resignation of former Senator Trent Lott of Mississippi. The certificate, the Chair is advised, is in the form suggested by the Senate and contains all the essential requirements suggested by the Senate. If there be no objection, the reading of the above-mentioned certificate will be waived, and it will be printed in full in the RECORD.

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

STATE OF MISSISSIPPI,
OFFICE OF THE GOVERNOR.

CERTIFICATE OF APPOINTMENT

To the President of the Senate of the United States:

This is to certify that, pursuant to the power vested in me by the Constitution of the United States and the laws of the State of Mississippi, I, Haley Barbour, the Governor of said State, do hereby appoint Roger F. Wicker a Senator from said State to represent said State in the Senate of the United States until the vacancy therein caused by the resignation of Chester Trent Lott, is filled by election as provided by law.

WITNESS: His Excellency our Governor Haley Barbour, and our seal hereto affixed at Jackson, Mississippi this 31st day of December, in the year of our Lord 2007.

By the Governor:

HALEY BARBOUR,
Governor.

ADMINISTRATION OF OATH OF OFFICE

The VICE PRESIDENT. If the Senator-designate will present himself at the desk, the Chair will administer the oath of office as required by the Constitution and prescribed by law.

The Senator-designate, escorted by Mr. COCHRAN, advanced to the desk of the Vice President, the oath prescribed by law was administered to him by the Vice President, and he subscribed to the oath in the Official Oath Book.

The VICE PRESIDENT. Congratulations.

(Applause, Senators rising.)

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER (Mr. TESTER). The Republican leader is recognized.

WELCOMING SENATOR ROGER WICKER

Mr. MCCONNELL. Mr. President, with a new year we welcome the newest Senator, ROGER WICKER of Mississippi, to the 110th Congress. With the resignation of our friend, Trent Lott, the former Republican whip, Governor Haley Barbour has appointed Senator WICKER to fill the remainder of his term. He could not have made a finer choice.

Senator WICKER may be new to this Chamber, but he is no stranger to serving the people of Mississippi and the Nation. The son of a Mississippi State senator and circuit judge, public service has long been his life's calling.

It all began with his service as a House page in 1967 to Representative Jamie Whitten, the man he would one day succeed in the House of Representatives. Senator WICKER is one of the few people in history to have served as a House page for the Congressman he eventually replaced.

His first stint of public service left him wanting more. He served his country in the Air Force and retired from the Air Force Reserves in 2004 with the rank of lieutenant colonel.

He returned to the Hill in 1980 as a staffer to then-Representative Trent Lott, a man he would come to know very well. In fact, Senator WICKER has known and worked with both Senators COCHRAN and Lott for many years.

In fact, he and Senator COCHRAN were both born in the Mississippi town of——

Mr. COCHRAN. Pontotoc.

Mr. MCCONNELL. Pontotoc. I wanted to make sure I got that right. I am sure Senator WICKER's friendship with both of these men will only benefit him as he takes up his new office.

In 1987, at age 36, Senator WICKER was the first Republican ever elected to the Mississippi State senate from northern Mississippi since Reconstruction. In 1994, he was elected to the U.S.

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Printed on recycled paper.

House to succeed Jamie Whitten, ending over 53 years of Democratic possession of that seat. Senator WICKER quickly became one of the stars of the House freshman class of 1994. He was elected the president of that class. He won a seat on the powerful Appropriations Committee, and he served on the leadership team as a deputy whip.

Around this time, Senator WICKER also gained a keen understanding of how to handle the press attention that goes with being a Member of Congress. Allow me to share with my colleagues a brief story to illustrate.

It was 3 days after the historic election of 1994 which gave the Republicans control of the House of Representatives for the first time in 40 years. Naturally, the 73 Members of the 1994 freshman class—one of the largest ever—were getting a lot of media attention.

So early that morning, ROGER WICKER, the newly elected Congressman, was shaving. Suddenly his daughter burst in and breathlessly yelled, ''Dad, it's Time magazine on the phone.''

This was an important moment. So Congressman WICKER calmly wiped the shaving cream off his face and gathered his thoughts. Then he strode purposefully into the den and picked up the phone.

''Hello, this is ROGER WICKER,'' he said, in his most congressional voice. The voice at the other end of the line responded, ''Mr. WICKER, this is Time magazine calling. For only a $19.95 annual subscription . . .''

Senator WICKER will surely have some Members of the press who want to talk to him today, and I doubt they will try to sell him magazine subscriptions. Today, Senator WICKER is the story.

Senator WICKER, welcome to the U.S. Senate. With a seat in this Chamber, you not only have a unique view of history but a unique opportunity to shape that history for the betterment of the people of Mississippi and of your country.

Mr. President, I yield the floor.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

SCHEDULE

Mr. REID. Mr. President, today we are going to move shortly to the Indian health bill. We have a little business we need to take care of prior to that. We are going to be in a period of morning business. We will add to that period of morning business whatever time the Republican leader used. When we get to morning business, the first 30 minutes will be under the control of the Republicans. The majority will control the 30 minutes that follow.

Following morning business, the Senate will begin consideration of S. 1200, the Indian health bill. There will be amendments offered today. We are not going to vote until 5:30. We hope to have a number of votes at that time.

On Wednesday, the Republicans will conduct a 1-day retreat or meeting. They are going to be at the Library of Congress. The Senate will be in session, and hopefully any amendments from the Democratic side will be offered and debated at that time.

Another issue which the Senate will be considering—and I will talk about that in a little bit—is the FISA legislation. That matter is going to expire on February 1.

HONORING THE LIFE AND EXTRAORDINARY CONTRIBUTIONS OF DIANE WOLF

Mr. REID. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 419.

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

The assistant legislative clerk read as follows:

A resolution (S. Res. 419) honoring the life and extraordinary contributions of Diane Wolf.

There being no objection, the Senate proceeded to consider the resolution.

Mr. REID. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, and that any statements relating to this matter be printed in the RECORD.

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

The resolution (S. Res. 419) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 419

Whereas the Senate has heard with profound sorrow and deep regret of the untimely death of Diane Wolf, a member of the Senate Preservation Board of Trustees and a former distinguished member of the United States Commission of Fine Arts; and

Whereas for over 2 decades Diane Wolf devoted extraordinary personal efforts to and displayed great passion for the preservation and restoration of the United States Capitol Building, and was singularly instrumental in supporting and guiding the early efforts of the United States Capitol Preservation Commission and developing the plans for striking the coins commemorating the Bicentennial of the United States Capitol: Now, therefore, be it

Resolved, That the Senate—

(1) honors the life and extraordinary contributions of Diane Wolf;

(2) conveys its sorrow and deepest condolences to the family of Diane Wolf on her untimely death; and

(3) requests the Secretary of the Senate to convey an enrolled copy of this resolution to the family of Diane Wolf.

Mr. BYRD. Mr. President, I wish today to recognize the public service contributions of Diane Wolf. I also wish to join in cosponsoring the Senate resolution expressing condolences to the family of Ms. Wolf upon her unexpected passing. Diane Wolf was a unique and remarkable individual. Diane Wolf was very inspired by our democratic institutions and, with an abundance of energy and goodwill, she inspired others to share her appreciation for the blessings of our liberties and the institutions that protect them. She was an enthusiastic student of the form and process of our representative democracy and she greatly admired the structures that house our government, especially the ''Shrine of Democracy''—the U.S. Capitol.

It was her appreciation of the art, architecture, and history of the Capitol that initially brought Ms. Wolf to my attention. At that time, Ms. Wolf served as a member of the U.S. Commission of Fine Art, which oversees the design of U.S. coins. During my second tenure as majority leader of the Senate in 1988, I sponsored and achieved passage of a bill establishing the Capitol Preservation Commission and a bill authorizing the Congressional Bicentennial Coin Program. As these legislative items were developed, considered, and passed, Diane Wolf provided a wealth of ideas, expertise, and counsel, and the results of her efforts will prove beneficial to Americans and their Capitol for perhaps as long as this building shall stand.

As stated in the Capitol Preservation Commission law, the purpose of that Commission is to provide for ''improvements in, preservation of, and acquisitions for, the United States Capitol'' Additionally, through the Congressional Bicentennial Coin Program, Congress celebrated its inception and history by authorizing the minting of three commemorative coins, the surcharges of which were made available to the Capitol Preservation Commission for the preservation and improvement of the Capitol. As I stated on the Senate floor on October 7, 1988, these proceeds would provide historic art, furnishings, and documents for display in public areas of the Capitol to be seen by millions of Americans and international visitors for generations to come.

Diane Wolf was a very accomplished individual. She earned her undergraduate degree cum laude from the University of Pennsylvania, became a teacher with masters degree in education from Columbia University, and later became an attorney after graduating the Georgetown University Law Center. She served as President of the Capitol Hill chapter of the Federal Bar Association and was a member of the Senate Preservation Board of Trustees. Ms. Wolf also contributed actively to several other national and local civic organizations. She served on boards and councils supporting the National Archives, the Library of Congress, National Public Radio, the National Trust for Historic Preservation, Georgetown University Law Center, the Woodrow Wilson International Center for Scholars, the Kennedy Center for the Performing Arts, the National Symphony

Orchestra, the Washington National Opera, and the Smithsonian Council for American Art. In New York City, Ms. Wolf served on the Rockefeller University Council and was a benefactor of the Metropolitan Museum of Art.

Finally, Mr. President, no description of Diane Wolf would be complete without recognizing the generosity of her spirit, the strength of her character, and the cheerful nature of her personality. She met everyone with a bright smile, and very often she humbly and quietly lent a hand to others, asking nothing in return. She was respected by Members of Congress and their staff, not only for her knowledge and advice, but also for her genuine friendliness, gracefulness, and humor. She was much admired and appreciated by everyone in the Capitol community, including secretaries, doorkeepers, elevator operators, and Capitol Police alike.

Diane Wolf will be missed. I join my Senate colleagues in conveying to her family deepest condolences, and with great respect repeat here the words of Adon 'Olam, one of the most familiar hymns in all of Jewish liturgy:

ADON 'OLAM

The Lord of all, who reigned supreme Ere first Creation's form was framed; When all was finished by His will His Name Almighty was proclaimed.

When this our world shall be no more, In majesty He still shall reign, Who was, who is, who will for aye In endless glory still remain.

Alone is He, beyond compare, Without division or ally; Without initial date or end, Omnipotent He rules on high.

He is my God and Savior too, To whom I turn in sorrow's hour—My banner proud, my refuge sure—Who hears and answers with His power.

Then in His hand myself I lay, And trusting, sleep; and wake with cheer; My soul and body are His care; The Lord doth guard, I have no fear!

Mr. STEVENS. Mr. President I ask unanimous consent that my following statement appear in the RECORD as if read contemporaneous with consideration of the resolution honoring the life of Diane Wolf.

The Senate was deeply saddened by the sudden loss of Diane. Her passion for art and philanthropy lead her to devote her considerable talents to the service of countless organizations and causes. Diane was an attorney, teacher, and civic leader. Much of her work was dedicated to the preservation of the very building in which we meet.

My wife, Catherine, and I worked closely with Diane on her efforts to preserve and restore the U.S. Capitol. Diane was passionate about the Capitol's history and symbolism. She enjoyed the pomp and circumstance of the Presidential inauguration and the annual tradition of the President's State of the Union Address. Her contributions as a member of the board of trustees of the U.S. Senate Preservation Commission were invaluable. It was her support and guidance that led to the development of the commemorative coins which marked the bicentennial of the U.S. Capitol.

President Reagan appointed Diane to the U.S. Commission of Fine Arts in 1985. Her father, Erving, says Diane considered that appointment as a full-time job. Diane demanded high quality in all endeavors. She believed a thing worth doing is worth doing well.

During her tenure on the Commission she strongly advocated redesigning our coins to commemorate the 200th anniversary of the Bill of Rights and update the Presidential portraits. She believed that American coinage could recapture our imagination and become highly prized by collectors. This is just one example of how Diane used her creativity, intelligence, and boundless energy to promote art in America.

Her vision has been realized in recent years, as the Mint produced new designs for the quarter with images representing each of the 50 States.

Diane's energy and passion for public service will be missed. The institutions she served and the lives she touched benefited greatly from her dedication, generosity, and lively spirit.

Catherine and I are fortunate to know Diane's wonderful family. She cherished her relationships with her parents, Erving and Joyce, and her brothers Daniel and Matthew. Our thoughts and prayers are with them and their loved ones.

WELCOMING SENATOR ROGER WICKER

Mr. REID. Mr. President, we said farewell last year to our friend, Senator Lott. Today, we welcome his successor, ROGER WICKER.

Senator WICKER is no stranger to Washington, DC, having served the people of Mississippi's First Congressional District since 1995.

In the House, he served as the Republican deputy whip, and he served on his party's policy committee for some 6 years.

His distinguished history in the U.S. Air Force has informed his advocacy on behalf of veterans health care and pensions, as well as military construction projects throughout the world. He has also been a strong supporter of health care research and has received numerous awards for his advocacy in this regard.

His background and expertise on these and other issues will surely make him a welcome addition to our Senate. So on behalf of all Democratic Senators, I extend my congratulations to him.

DEMOCRATIC STAFF CHANGES

Mr. REID. Mr. President, it is good to be back in the Senate. The past 4½ weeks have been very pleasurable for me. Since I have been the Democratic leader—which has now been for 3 years—it was the longest period of time I have been able to spend at home, and it was a great experience for me. Every day I was able to spend it in my home in Searchlight.

Searchlight, even though it is 60 miles from Las Vegas, is much different in temperature. It rains twice as much—not a lot but 8 inches a year compared to 4 inches in Las Vegas—but it is much colder. It is 3,600 feet high. It has had a number of days in the recent past where the temperature has been 8 degrees. That is the lowest it has ever been, but it has hit that low degree on a number of occasions. This trip home, the lowest it got was 18 degrees, but that was on the same occasion when we had 40-mile-an-hour winds, so it was bitter cold.

But that is one reason I so love Searchlight. The air is pristine and clean and pure. It is refreshing for me to be able to go home. Out my window, on one side of the house, I have set up two little ceramic water dishes, and water comes on there four times a day. Those little animals have it made.

Even though it is wintertime, the quail still come and need a drink of water now and then. If you are lucky, you see a coyote—which I saw on a couple of occasions. As wily and as reclusive as they are, you still see them out wandering around—and all kinds of different birds of different hues and colors.

It may not be very exciting to most people, but for me, one of the exciting events of my trip home was the opportunity to see an animal you rarely see. My wife and I were working in a little study I have there, and we heard three distinct knocks. We didn't know what it was. We got up and looked out the front door—nothing there; we looked out the back—nothing there. I went back to work and a minute or two later my wife says: Get down here. Hurry. So we go to these windows, some picture windows, two large rectangular windows that look out on the area where the ceramic dishes are, and there was a bobcat. For those of us who live in the desert, seeing a bobcat is really almost akin to seeing the Abominable Snowman. Rarely does anyone see a bobcat. They do most of their hunting at night. They are very secretive in everything they do. But this afternoon, this bobcat was there drinking water, very thirsty. I had never seen a bobcat before. Having been born there, raised there, I had never seen a bobcat before. This little animal finished its water, was walking around, saw me in the window and, boy, that little animal hit that window. It was after me and whatever it could see through that window. That was the knock on our window the four times. We have these shutters that when we are not there are down so you cannot see in the house. On this day, the shutters were up and he was looking around and saw inside and he wanted to nose around a little bit and he couldn't do that. Similar to all animals when they are frightened, they jump to protect themselves. Fortunately, even though the animal weighs about 30 pounds, he would have at least took a bite or two out of me. It was great to see. Finally, I got to see a bobcat, but enough of my travel log.

The Senate is going to be forever different for me now. For more than a quarter of a century, part of my workplace has evolved around one of the Senate employees: Martin Paone. First, as I was a new Senator, he was always here to help me feel more comfortable and answer, I am sure as we look back, dumb questions we all ask as new Senators, but he was always a gentleman, always willing to give us the information. For the 9 years I have been involved as Democratic leader, he has been available. During the 6 years I spent on the floor as Senator Daschle's assistant and whip, Marty was always there giving me guidance and advice. He was always so very helpful. It is important to have someone who understands these complicated rules we have in the Senate. He has been a terrific coworker and a good friend and I am going to miss him tremendously. As I have said, the Senate will never be the same with Marty not being here.

So it is bittersweet news that Marty is going to be leaving—retiring. He has served the Senate for 30 years. His story is a remarkable success story. He began his career in the House Post Office to help pay his way through graduate school at Georgetown. Later he moved to the Senate Parking Office before joining the Democratic cloakroom in 1979. With his tremendous intellect and vast knowledge of procedure, it was no surprise that he moved up the ranks to become Secretary for the minority in 1995. It is no exaggeration to say that every single Democrat and a number of Republicans rely upon Marty's expert advice. That has ended. I have been, as I have indicated, one of those who has depended on his expertise. Nothing has happened on the Senate floor, no legislation was considered, no parliamentary procedure enacted without his influence. Countless staff have come and gone over the years, but he has been a constant, steady presence. I am grateful beyond words and express gratitude for his exceptional service. Ruby is someone we see as we come to work every day. She has worked here for many years herself. Marty has three beautiful children: Alexander, Stephanie, and TJ. I have followed their high school athletic careers over the last several years. But he is moving on to new things, new challenges. We will all miss him. We wish him nothing but the best and know he will be a tremendous success.

Although we are sad to say goodbye to Marty, I am pleased to announce we have chosen Lula Davis as our new Democratic Secretary. She is a longtime veteran of this Chamber. Lula has had more than 25 years of Senate service, which began in the office of the legendary Russell Long of Louisiana. Since 1993, she has been a member of the Democratic floor staff. In 1997, she was elected as the first woman ever to serve as Assistant Democratic Secretary. Much like Marty, Lula has risen to become indispensable for all of us. She has big shoes to fill, but I can't think of a more capable person to take on this crucial role.

Replacing Lula as Assistant Democratic Secretary will be Tim Mitchell. Tim is quiet, always available, so important to me. I appreciate his attention to me on so many different occasions. He has served as floor assistant to the Democratic leader, where he has become a leading expert on floor procedure and legislative process. With 16 years of Hill experience and as a policy adviser for the Democratic Policy Committee, research director for Senator Daschle, and a legislative assistant to the Senate Banking Committee, Tim could not be better prepared for some of these new responsibilities.

Finally, I am pleased to announce that Jacques Purvis, a member of our floor staff, will take on Tim's role as floor assistant. A Howard University fellow, Jacques began his career in my personal office. He is a wonderful, fine young man. He has shown enormous skill and has a bright future ahead of him.

Mr. McCONNELL. Mr. President, will the majority leader yield for a moment?

Mr. REID. I am happy to yield.

Mr. McCONNELL. I would like to extend my appreciation for the service Marty has given your conference. I have found him invariably to be a straight shooter and somebody we could work with to try to make the Senate function. I think he and Dave have enjoyed a good working relationship. I, too, want to wish him well and thank him for his many years in the Senate and congratulate Lula on her appointment.

Mr. DURBIN. Mr. President, will the majority leader yield?

Mr. REID. I am happy to yield.

Mr. DURBIN. I would like to join in this chorus. Prior to my election to the House of Representatives, I served as parliamentarian of the Illinois State Senate for 14 years. It is a very important role in that body, as Marty's role has been here. You don't spend much time before a microphone, but you spend a lot of time preparing the Members to say the right things before the microphone, and Marty has done that I think in the best possible tradition of the Senate.

Time and again, Members on our side of the aisle, and I believe on the other side as well, knew they could trust his word, trust his judgment, that he understood this institution, not just the rules but the history and the tradition. He served this institution well, as his wife has, and I wish him the very best in his new endeavors.

I am also happy to hear Lula Davis is going to replace Marty in his position. She has a tough act to follow, as has been said, but she is an extraordinary woman, who has served this Senate well for 25 years, and I am certain she will continue on in this fine tradition.

Mr. President, I yield back to the majority leader.

The PRESIDING OFFICER. The majority leader is recognized.

REFLECTIONS

Mr. REID. Mr. President, Benjamin Franklin once said:

> Be always at war with your vices, at peace with your neighbors, and let each new year find you a better man.

This year, I know all 100 Senators will work to enable the words of Franklin to be meaningful, to make us each a better person and, in a cumulative effort, a better Senate.

Having come back from my time in Nevada, I think it is an opportunity for me to reflect briefly upon 2007, the first year of the 110th Congress. This past year made one thing clear: We in the Senate are at a constant crossroads, with two paths from which to choose. One path is bipartisanship. The other is obstructionism. One path leads to change, the other to more of the same. This is not directed toward Republicans only but certainly Democrats also. Bipartisanship is a two-way street and we have to understand that. One path leads to change, the other to more of the same; the other to finger pointing.

When we chose bipartisanship last year, we made real progress. For whom did we make real progress? We made it for the American people.

With bipartisanship, we passed the toughest ethics bill in the history of our country to ensure a government as good and as honest as the people we represent. With bipartisanship, we finally passed the recommendations of the 9/11 Commission to support our first responders and secure our most at-risk cities. With bipartisanship, we provided our veterans with the largest health care funding increase in history.

When we sought and found common ground, we passed the first minimum wage increase in 10 years to help the hardest working Americans make ends meet. When we sought and found common ground, we helped struggling homeowners, a few—we have a lot more to do—to at least be aware of and avoid foreclosure. When we sought and found common ground, we enacted the largest expansion of student financial aid since the GI bill. When we sought and found common ground, we passed an energy bill that will lower gas and electricity prices and begin to stem the tide of global warming. Could we have done more with that Energy bill? Of course, we could, and we are going to try in the next few months to enlarge upon it.

Time and time again, we have proved that bipartisanship works. Far too often, unfortunately, others chose the other path—the path of being an obstructionist. We saw that on Iraq. Most Republicans chose to stick with the President's policy that has devastated our Armed Forces, compromised our security, and damaged our standing around the world. We saw it on Medicare drug prices. We were unable to get

done something that is so common sense. The American people say: Why couldn't you do that? What we wanted to do was allow Medicare to negotiate for lower priced drugs. We couldn't get it done. We saw it on children's health. We tried, and we had good bipartisan cooperation. We passed it, but the President vetoed it, and we were unable to override that veto. It is often we see how destructive partisanship can be. So let's hope the old way of doing business is no longer this year's way of doing business.

Many of last year's problems have grown worse—all we have to do is look at the morning newspaper—and many new ones have arisen. Last year, the subprime lending issue was not part of our mantra. Now it is in every speech anyone gives in the political world. We can no longer turn to the old playbook of political posturing. We must end that. We have to do better.

What are the new and growing challenges? We don't need an economics professor or philosopher to tell us: A walk through a neighborhood most anyplace in this country to see the sea of for sale signs, foreclosures are all over this country. All it takes is a trip to a gas station or even drive by a gas station to see people are paying over $3 a gallon most everyplace in this country.

All it takes is a glance at the headlines in the newspaper to see the rising violence and turmoil all across the globe.

Like all of my colleagues, I spent a lot of time back home, and we talked about that. Mr. President, in Nevada, things have changed. But to show you, in a sparsely populated State such as Nevada, similar to the State of my colleague, the Presiding Officer—Nevada is a sparsely populated State. To show how people are so concerned about this country, in an hour and a half on Saturday, 30,000 new Democrats registered to vote in Nevada. In an hour and a half, during the caucuses we had, 30,000 new Democrats registered to vote. Think about that. In the State of Nevada, there were 30,000 new Democratic registrants in an hour and a half. Why? Because we have an economy that is sliding toward recession. Hundreds of thousands of families are at risk of losing their homes—millions, really, not hundreds of thousands. The price of gas and heating homes is skyrocketing to alltime highs. New threats of violence, war, and terrorism are emerging at home and abroad.

Regarding the war in Iraq, it is debatable now how much we are spending there. Is it $10 billion or $12 billion a month? And now we have, during this break we have had, a Republican frontrunner for the Republican nomination for President who says we will have to be in Iraq for as long as 40 more years. This war will soon be going into its sixth year. We are now an occupying force in Iraq.

So together we must address these growing challenges, both foreign and domestic.

At home, the first thing we have to work on is the economic stimulus package. During the break, I spoke to the Secretary of the Treasury at least eight or nine times. He is concerned, and we are all concerned. To be effective, this stimulus plan must be timely, targeted, and temporary. It must be timely because America needs relief right now. It must be targeted because for too long the Republican approach has been to put money in the pockets of corporations and the wealthy rather than the working families who need it most. It must be temporary because, as important as it is to help people right now, we don't do ourselves or our economy any favors by saddling our children and grandchildren with mountains of debt, as has happened over the past 7 years.

If the President and congressional Republicans work together with us to pass this short-term stimulus plan that follows these principles, we can make a real and immediate difference in people's lives and perhaps stave off this looming recession. I call upon all of my colleagues—Democrats and Republicans—to come together to pass the stimulus package this work period. We have 4 weeks, and we must do it during this 4-week work period. We will meet with President Bush today to continue working out this plan.

While we await the results of the discussions on the stimulus package, we will begin this year by addressing other important issues, such as Indian health. We have to do this. The sickest and worst health care in America is on Indian reservations. That is why we are doing this. Native Americans all over America have the highest rate of diabetes, tuberculosis, and other dread diseases. We must address the health care of the poorest of the poor. They are the poorest of the poor—Native Americans.

This legislation will allow Indian and tribal health providers to offer long-term health care services and even hospice care and will provide diabetes and youth substance abuse programs to urban Indians and will encourage State-tribe agreements to improve health service delivery. We would like to finish that as soon as possible. After we finish that, we will return to the foreign intelligence surveillance bill.

Mr. President, we must pass a FISA law that gives our law enforcement officials the tools they need to fight terrorism, without infringing on the fundamental rights of law-abiding Americans. We have always been willing to work with the President to give him the constitutional authority to meet the post-9/11 challenges. All he had to do was tell us what he needed. It wasn't until we read in the New York Times that he was doing things that were contrary to law that we decided we had to do something legislatively. If he had come to us, we would have done anything we could to maintain the framework for a constitutional form of government to help whatever problems there might be.

With the current law set to expire soon, Democrats are resolved to replace it with a new and stronger one. Senator ROCKEFELLER, Senator LEAHY, and their committees—both Democrats and Republicans—believe the law needs to be changed. Hopefully, we can do that. Last month, I requested a 1-month extension of the current law to allow lawmakers additional time to do just that. The present law expires in just a few days, on February 1. That request I made to extend the law was objected to. With just a few days left before the expiration, I will renew my request for an extension. After we act, the House has to act on this bill. They have not done that. The failure to extend the present law for 1 month could lead to the law no longer being something that guides what happens in this country. Some may want that. I think the majority of the Senate doesn't want that. We need time to do that.

The Defense authorization bill—we have to finish that this work period. Hopefully, we can do it by unanimous consent. I personally thought the veto was unnecessary. I think the Iraqi Government, which we have funded with hundreds of billions of dollars, should stand up and be responsible for what has taken place in that country in years past.

I have had one serviceman from Nevada, who was tortured in the first war, who sought compensation in court, and the Bush administration joined in fighting the relief he sought. We tried to do things legislatively to help, and the Bush administration stopped that. He did veto it. We are where we are. Iraq's treatment of American servicemen during the first Gulf war was important. The bill should not have been vetoed. It was.

We will be as agreeable as we can be to get this money. Hopefully, today we can finish this legislation. It is something we need to do. The Wounded Warrior legislation is in here and an additional pay raise for the troops. We will do what we can on that.

There are other things we look forward to this coming year. We want to make sure we do something about product safety legislation. We want to have toys, for example, that are sold that are safe and that don't make kids sick. We will also look at patent reform.

So we have a work-filled legislative session that I have outlined. We have a number of things we cannot put off, and we are going to have to spend some long hours here in the Senate. Hopefully, we won't have to work weekends. I hope that is not the case. FISA, for example—I have had a number of Senators say they want to go to these very important discussions in Doha that start this week. We cannot do that unless we somehow resolve this FISA legislation, either extending it or completing our work. We may have to finish that work this weekend. We have energy legislation on which we have indicated we are going to move forward.

We won't do it this work period, but we have a bipartisan piece of legislation that came out of the Environment and Public Works Committee dealing with global warming; it is the Lieberman-Warner legislation. We need to get to that. We have to be concerned about children's health and what we can do in that regard.

Can we accomplish these goals? Yes, we can. It won't be easy, and it cannot be done if we resort to the same business as usual. We have a shortened time period. We have the Presidential election coming up, and we have contested Senate seats that take a lot of the time of incumbent Senators and the challengers. Last year, my colleagues on the other side of the aisle broke the 2-year record of filibustering in just 1 year. I hope that isn't the case this year, that we don't break another record.

Our work has begun in this new year and new legislative session. Hope springs eternal, and I repeat what I have said before: If we accomplish things here, there is credit to go around to both Democrats and Republicans. Everybody can claim credit for what we do. If we are not able to pass legislation, there is blame to go around for everybody. I hope we can move forward on the important legislation that faces this country and needs to be done.

The PRESIDING OFFICER. The Republican leader is recognized.

THE SECOND SESSION OF THE 110TH CONGRESS

Mr. MCCONNELL. Mr. President, first, I welcome back the distinguished majority leader. It is good to see him and good to be at the podium again, refreshed and ready for act 2 of the 110th Congress. Republicans are eager to get to work on the unfinished business from last year, and we are determined to address the other issues that have become more pressing or pronounced since we stood here last.

We face a number of urgent challenges domestically and internationally, and there will be a strong temptation to politicize them or put them off as the current administration comes to a close and a new one prepares to take its place. This would be an irresponsible path, and it is one we should not take. We have had a Presidential election in this country every 4 years since 1788. We won't use this one as an excuse to put off the people's business for another day.

We have our differences in this Chamber. But Americans expect that when we walk into this well we will sort through those differences and work together toward common goals. And here are a few things we should be able to agree on: We need to show America that Government can live within its means by keeping spending low; that we can protect their quality of life without raiding their wallets with higher taxes; that we won't push problems off to future Congresses; and that we will not take chances with their security.

As we do all this, we can be confident of success—confident because we have faith in this institution, and confident because of what we learned the last time around. Personally, I think there are a lot of lessons we can take away from last year, and that if we're smart we will learn from them. We all know what worked and what didn't work. We all know the formula for success and the formula for failure. So this year even more than last year, success and failure will be a choice.

I think we can agree, for instance, that we all worked best last year when we worked together. Last January our Democrat colleagues presented us with a minimum wage bill that didn't include needed tax relief for small businesses. It didn't pass. But when they did include the tax relief these small businesses deserved, it did pass—by a wide margin.

Our friends gave us an energy bill that would have meant higher taxes and higher utility rates. It didn't pass. But when they agreed to remove these objectionable provisions, it did—by a wide margin. Senate Democrats also tried to use a looming AMT middle class tax hike as an excuse for a giant tax hike elsewhere. That didn't get very far. But when we all agreed to block the AMT expansion without a new tax, together we prevented a major middle class tax hike.

The temptation to partisanship was strongest on issues of national security. By the end of the year, the majority had held 34 votes related to the war in Iraq and its opposition to the Petraeus Plan. Yet whenever Republicans defended the view that Congress should not substitute its military judgment for the judgment of our military commanders, or cut off funds for troops in the field, we moved forward. With the recent success of the Petraeus Plan, the chances of such votes passing this year have not improved. It was wrong to tempt fate when our progress in Iraq was uncertain. It would be foolish to do so when progress is undeniable.

So there is a pattern here, a pattern for true accomplishment. And now that we know it, we shouldn't hesitate to follow it. Not this November. Not sometime this summer. But now.

As we move into 2008, the problems we face are big, they're real, and they are urgent. And Americans expect competence, cooperation, and results. We know from experience that it's in our power to deliver. And it's in everyone's interests that we do. So on behalf of Senate Republicans, I want to begin this session by extending the hand of cooperation to our colleagues on the other side. As we begin this second session, we need to focus on our common goals.

We need to come together to protect and defend Americans from harm. We need to come together to meet the economic challenges of the moment. And we will need to come together to protect Americans' quality of life by keeping taxes low, and by working to relieve anxieties about healthcare, tuition, the cost and quality of education, jobs, and the fate of entitlements.

On the economy, Republicans are encouraged by recent talk on the other side of a willingness to work with us on an economic growth package. Now it is time to prove this is more than just talk. We need to move ahead with a plan that stimulates the economy right away and which is consistent with good long-term economic policy.

An effective plan will focus on growing the economy and securing jobs. It will be broad based for maximum effect, and it won't include wasteful spending on programs that might make us feel good but which have no positive impact on the economy.

Republicans in the 110th Congress have shown that we will use our robust minority to ensure we are heard. And we will use our power to reject any growth package that's held hostage to wasteful spending. Americans are concerned about the state of the economy, they are looking to us to act, and acting now will be far less costly than waiting for more troubles to gather. Time is short. We need to put together a bipartisan package that helps the economy, and do it soon—without raising taxes and without growing government.

In the longer term, Congress can keep the economy stable by keeping taxes low and by assuring families, retirees, and small businesses that current rate reductions and tax credits will continue. We can prepare for the future by making sure every child in America gets a good education through reauthorization of the No Child Left Behind Act and by completing action on the Higher Education Act.

Our friends should also resist the temptation to increase taxes on dividends and capital gains; agree early that we would not offset a patch for the alternative minimum tax with a massive tax elsewhere; extend the current expanded child tax credit; and end the marriage penalty for good.

We can also boost the economy by boosting trade, which broadens the market for U.S. goods. Last May, Democratic leaders agreed to allow passage of four free—trade agreements if the Administration negotiated increased worker rights and stronger environmental protections. The administration did its part by negotiating the changes. Yet so far, only one of the four FTAs from last year, Peru, has passed. Now it is time for the Democrats to uphold their end of the bargain and pass the remaining three FTAs: Panama, South Korea and Colombia.

We can help the economy by keeping spending low. Republicans will do our part by making sure, as we did last year, that government spending bills don't exceed fiscally responsible levels even as they meet the Nation's highest

priorities. And Democrats can help by keeping spending in these bills low from the start—and resisting the urge to lace them with poison pill social policy.

Working together to strengthen America at home also means increasing access and lowering the cost of good health care. We should empower individuals and protect the doctor-patient relationship by promoting research into new treatments and cures and by investing in new information technology like electronic medical records and e-prescribing. We can also increase access by letting small businesses pool resources to get the same deals from insurers big businesses do.

In the coming months, Americans will hear a lot of different health care proposals coming out of the campaigns. And while presidential election years are not typically the time when broad based reforms are achieved, we shouldn't let disputes among candidates or the failures of the past keep us from delivering something for Americans now. In the long term, Republicans are committed to the goal of every American having health insurance. But there is no reason we can't find bipartisan support this year for other common sense measures that remove barriers to access and increase coverage options.

We should also be able to agree that too many judicial posts have been left empty too long. Last year we confirmed 40 judges, including six circuit court nominees, and an attorney general. But we are not on pace to keep up with historical precedent. The historical average for circuit court confirmations in the last Congress of a divided government is 17. President Clinton—who had the second most judicial confirmations in history, despite having to deal with a Republican Senate almost his entire time in office—had 15 circuit court confirmations in his last Congress.

Clearly, we need to catch up. But we can not confirm judges if they don't get hearings. And since last summer, Democrats have allowed only one hearing since last summer, one hearing—since last summer, one hearing—on a circuit court nominee. Compare that with Senate Republicans in 1999, who held more hearings on President Clinton's nominees in the fall of that year alone than Democrats allowed this President all last year. This pattern is neither fair nor acceptable.

As we focus on crucial issues at home, we are reminded that our first responsibility is to keep Americans safe. For some, the passage of time has made 9/11 seem like a distant memory and the people behind it a distant threat. Yet the best argument in favor of our current strategy of staying on offense is the fact that not a single terrorist act has been carried out on American soil since that awful day.

We decided early on in this fight that the best strategy would be to fight the terrorists overseas so we wouldn't have to fight them at home. This policy has worked. And we must continue to ensure that it does by giving those who protect us all the tools they need.

One of the most valuable tools we have had is the Foreign Intelligence Surveillance Act, which lets us monitor foreign terrorists overseas and react in real time to planned attacks. In August, we updated this protection. Yet with only 10 days to go before it expires, we need to pass new FISA legislation that allows the intelligence community to continue its work and which assures telecom companies they will not be sued for answering the call to help in the hunt for terrorists.

Some of our Democratic colleagues delayed consideration of this vital legislation at the end of the last session. And it should have been the first thing we turned to this session. American lives do not depend on whether we pass the Indian health bill by the end of the month.

We also need to renew our commitment to the brave men and women of the Armed Forces whose hard work over a number of years has helped change the story in Iraq in 2007. No issue should bring us together more readily than this one. Yet no issue threatens to divide us more as the November elections draw near. Let the candidates say what they will. The Senate should stand united in supporting the troops—and we can start by affirming that the Petraeus plan is working.

We could even go one step further by making a pledge that during the session that begins today, we will not attack the integrity of our uniformed officers or subvert the efforts of the troops—all of whom have made sacrifices for us equally, regardless of our political parties or theirs.

Beyond that, we should be able to agree that we need to invest in the future of our military. This remarkable volunteer force is built on the finest training, weaponry, and education system in the world. We need to support this great national resource not only to retain our strength for today's battles, but in preparation for the unexpected challenges that lie ahead—particularly in the Persian Gulf and in the Pacific, where our strategic interests will continue to be challenged for many years to come.

So we stand at the beginning of a new year. I, for one, am hopeful that it will be a year in which we accomplish much for the people who sent us here. We can start by agreeing to protect taxpayer wallets and by facing concerns about health care and the other economic pressures that so many American families face. We must act right away to keep our economy strong. And above all we can work together to keep America and its interests safe both at home and overseas.

We can do all this—we can live up to our duties to work together on behalf of the American people—by learning from last year and working together. Republicans are ready, we are eager, to do our part.

Mr. President, I yield the floor.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, leadership time is reserved.

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, there will now be a period for the transaction of morning business for 60 minutes, with Senators permitted to speak for up to 10 minutes each and the time equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the final half.

The Senator from Arizona.

WELCOMING ROGER WICKER

Mr. KYL. Mr. President, first, I join those who welcomed our new colleague, ROGER WICKER from Mississippi, to the Senate. I know he will serve his State and this Nation with distinction.

THE CHAPLAIN

Mr. KYL. Mr. President, I wish to mention and thank specifically our Chaplain, ADM Barry Black, for coming to Arizona this past weekend to join in celebrations relating to the Martin Luther King activities that occurred. After preaching three sermons and attending a couple other major events associated with Martin Luther King celebrations, Chaplain Black was right back here to open our session today. He certainly deserves our thanks and has my gratitude for joining us in Arizona.

FOREIGN INTELLIGENCE SURVEILLANCE ACT

Mr. KYL. Mr. President, I also wish to pick up on what our Republican leader has just been talking about: that we can, with bipartisanship, accomplish a great deal in this Senate and that there is no better place to start than on the Foreign Intelligence Surveillance Act. In the Senate, we refer to that by its acronym, FISA, but it needs to be our first important piece of business.

Certainly, our intelligence community, to whom we have given a very big responsibility, needs certainty with respect to its responsibilities and its rights. It needs permanency, not just 1-month extensions. This intelligence community must know the rules of the road. That is why it is so important for us to, within the next week or so, reauthorize the Foreign Intelligence Surveillance Act with a few additional changes to ensure that we can, in fact, collect this intelligence on our enemies.

Theodore Roosevelt once referred to his opportunities in life and said the greatest opportunity was work worth doing. And there is no more work worth doing than ensuring that we can gain the intelligence on the enemy that attacked us in this war.

We are at war, both at home and abroad. These radical militant Islamists have attacked us, and they continue to threaten us. We all know that the best approach to defeating them is good intelligence and that most of that intelligence, by necessity, is collected overseas—that is why it is called foreign intelligence—and that the basis for the collection of much of this intelligence is the FISA law, or the Foreign Intelligence Surveillance Act. As noted, that act expires next week, and that is why it is important for the Senate to act now and the reason this reauthorization is actually very simple and straightforward and very interesting.

Technology has actually outpaced the law. What we found is that we are now able to collect intelligence in ways that were never understood when the FISA law was first written nearly 30 years ago. As a result, we need to change that law to accommodate the intelligence collection capabilities we have today.

Before we changed the law last year, U.S. intelligence agencies had lost about two-thirds of their ability to collect communications intelligence against al-Qaida. Obviously, in this war, we cannot cede two-thirds of the battlefield to our enemy, to the terrorists.

When we enacted the Protect America Act last summer, we regained that capability to collect communications intelligence against al-Qaida by conforming the legal procedures to the technology that is available to us. Let there be no doubt that the collection of this information, as a result of that work, is critical to our Nation's security. In fact, in a New York Times op-ed on December 10, Michael McConnell, the Director of National Intelligence, noted that ''[i]nformation obtained under this law has helped us develop a greater understanding of international Qaeda networks, and the law has allowed us to obtain significant insight into terrorist planning.''

Similarly, on October 31 of this year, Kenneth Wainstein, the Assistant Attorney General in charge of the Justice Department's National Security Division, testified before the Judiciary Committee that ''since the passage of the [Protect America] Act, the Intelligence Community has collected critical intelligence important to preventing terrorist actions and enhancing our national security.''

This is important business. It is work worth doing.

The Intelligence Committee, in a very bipartisan way, crafted an extension of the foreign Intelligence Committee legislation.

The Judiciary Committee, on which I sit, took a much more partisan approach. The Judiciary Committee bill has a lot of flaws that the Intelligence Committee bill does not have. Let me mention a couple of those flaws, suggesting to my colleagues that the bill we should start with as our base bill is the Intelligence Committee bill, not the bill that came out of Judiciary Committee.

One of the things the Judiciary Committee bill does is it includes an ''exclusive means'' provision that would undermine intelligence gathering directed at foreign terrorist organizations. The provision not only uses vague terms whose mention is unclear, it also appears to preclude use of other intelligence-gathering tools that have already proven to be valuable sources of intelligence about al-Qaida.

As the official Statement of Administration Policy for this bill notes:

> The exclusivity provision in the Judiciary Committee substitute ignores FISA's complexity and its interrelationship with other federal laws and, as a result, could operate to preclude the Intelligence Community from using current tools and authorities, or preclude Congress from acting quickly to give the Intelligence Community the tools it may need in the aftermath of a terrorist attack in the United States or in response to a grave threat to the national security.

Another serious flaw of the Judiciary Committee bill is it has a provision that would limit FISA overseas intelligence gathering—to quote the legislation itself—

> . . . to communications to which at least one party is a specific individual target who is reasonably believed to be outside the United States.

The problem, of course, is it is not always possible to identify such a specific individual in our intelligence collection.

And finally let me respond generally to those who would dismiss or ignore the harm done to our national security by applying layer after layer of bureaucratic hurdles to foreign intelligence investigations. These restrictions, for example, that the Judiciary bill would impose, matter in our agents' ability to collect this intelligence. We know they can undermine critical investigations because we have seen it happen in the past, and let me cite an example that makes this point.

In the 1990s, the Justice Department determined—well, first of all, it imposed this infamous wall that segregated foreign intelligence and criminal investigations. It determined it was necessary to do this to protect constitutional rights, but it went well beyond what the FISA law itself required. These rules were created by individuals, and they prevented criminal and intelligence agents who were chasing after the same suspects from cooperating with each other, even sharing information with each other and with the other agents. So the FBI and the CIA had a very difficult time talking to each other. This was part of the criticism of the 9/11 Commission after that horrible event.

Well, a few years after this wall was built, in the summer of 2001—note the date, summer 2001—an FBI agent in the Bureau's New York field office became aware that Khalid al-Mihdhar, Nawaf al-Hazmi, and two other bin Laden-related individuals were present in the United States. They were here. This agent knew these men had been at an important al-Qaida meeting in Kuala Lumpur, Malaysia, and instinctively understood they were dangerous. The agent initiated a search for these men and sought the help of criminal investigators who have much greater access to resources for finding people in the United States. This search was probably the best chance the United States had of disrupting or potentially stopping the September 11 attacks.

This FBI agent was literally on the trail of the 9/11 hijackers in the summer of 2001. But what happened when the agent sought to enlist the help of criminal investigators and the full resources of the FBI? Well, the agent ran into this legal wall separating criminal and intelligence investigations, and he was repeatedly told criminal investigators could not aid in the investigation. Finally, after being repeatedly rebuffed in requests for assistance in searching for Khalid al-Mihdhar and the other hijackers, the agent sent the following, disturbingly prophetic, e-mail to FBI headquarters in August 2001. August 2001.

> Whatever has happened to this, someday someone will die and, wall or not, the public will not understand why we were not more effective in throwing every resource we had at certain problems.

Well, the officials who created the intelligence investigation wall in the 1990s, and who thereby undercut the search for al-Mihdhar and the other hijackers, at least had one excuse. In the summer of 2001, few people appreciated the threat the Nation faced from al-Qaida. Few realized how devastating an al-Qaida terrorist attack could be and how many innocent people could be killed.

Today we have no such excuses. We have already suffered one horrific al-Qaida attack, and we know much worse attacks are possible. We now know what is at stake. Yet despite this knowledge, some in this body are proposing we repeat the mistakes of the past; that we create new walls and other arbitrary legal procedures to the surveillance of al-Qaida. We know from hard experience terrorist plots are hard to detect, and we don't get many chances to stop them. We know what a terrible loss of life a terrorist attack can inflict.

We know if another terrorist attack occurs, there will be multiple reviews and investigations that will identify what went wrong, what opportunities were missed, and who was responsible. Members who are thinking about supporting the Judiciary Committee bill should think hard about the consequences of enacting a set of arbitrary limits on the surveillance of al-Qaida. If that substitute is enacted, it is likely to undermine future critical intelligence investigations, just as the wall

between intelligence and criminal investigations undermined the search for the 9/11 hijackers. Future investigations will uncover exactly what went wrong, and we will be held accountable for our actions.

I urge my colleagues to reject the Judiciary Committee substitute and vote to ensure our intelligence agents have the tools they need to confront the threat posed by al-Qaida and other foreign terrorist organizations.

The PRESIDING OFFICER. The Senator from Tennessee is recognized.

Mr. ALEXANDER. Mr. President, I wish to congratulate the Senator from Arizona on his thoughtful comments regarding intelligence.

How much time remains?

The PRESIDING OFFICER. There are 18 minutes remaining.

Mr. ALEXANDER. Mr. President, I will take half that, and if the Chair will let me know when 2 minutes remain, I will be grateful.

REPUBLICANS READY TO WORK

Mr. ALEXANDER. I, too, welcome ROGER WICKER to the Senate. I have known him a long time. He has been a leader for the Tennessee Valley Authority. He is one of Congress's most knowledgeable Members, and he has been a leader in helping to put American history back in its rightful place in our classrooms so our children can grow up learning what it means to be an American. He was the lead sponsor in the House of Representatives on legislation that I introduced in the Senate that created summer academies for outstanding teachers and students of American history.

I would also like to congratulate Marty Paone on his service here. We all admire him and will miss him.

I thank the majority leader for his remarks at the beginning of the year, and I especially wanted to echo the remarks the Republican leader, Senator MCCONNELL of Kentucky, made. He pointed out that we have had a Presidential election in this country every 4 years since 1788. Senator MCCONNELL pointed that out, and he said we would not use this year's election as an excuse to put off the people's business for another day. In other words, it is a Presidential year, and some around town are writing and saying: Well, they will not get much done in Congress this year. We are saying on the Republican side of the aisle, and I hope it is being said on both sides of the aisle, that there is no excuse for Congress to take a year off, given the serious issues facing our country.

A number of politicians are campaigning for change, we have all heard. Republican Senators are ready to help, working with our colleagues, to give the Senate an opportunity to vote for real change. We wish to change the way Washington does business by going to work on big issues facing our country. And not just go to work on them but to get principled solutions this year. And because this is the Senate, where it often takes 60 votes to get a meaningful result, that means we invite the Democrats to work with us in a bipartisan way to get those results.

Republicans didn't seek our offices to do bad things to Democrats. We are here to do good things for our country, and there is plenty to do. We see what is happening in the housing market, with oil prices, with rising health care costs. We know we need to move quickly with a bipartisan approach to help get the economy back on track. Our preference is to let businesses and people keep and spend more of their own money to boost the economy. We want to grow the economy, not the Government.

We know we need, as Senator KYL was saying, to intercept communications among terrorists to protect our country. We saw the Rockefeller-Bond bipartisan proposal passed by 13 to 2 in the Intelligence Committee. Our solution is to make sure companies aren't penalized for helping us protect ourselves, while at the same time securing individual rights. We want a strong national defense.

We see there are 40 million or so Americans uninsured, and we want to change that. We don't want to take a year off in dealing with health insurance. We want to start this year. As the Republican leader said, our goal is that every American have health insurance, starting with small business health insurance plans, moving on to reforming the Tax Code so Americans can afford to buy private insurance. There are a number of Democratic and Republican proposals on reaching the goal we have in helping every American to have health insurance. We can start this year.

There is no need to wait to deal with Medicaid and Medicare spending another year. We all know, at their present pace of growth, those two accounts will bankrupt our Government. It is irresponsible to wait. That is a bipartisan conclusion. There are a number of proposals from both sides of the aisle to begin to deal with that, from Senator GREGG and Senator CONRAD, to Senator FEINSTEIN and Senator DOMENICI and Senator VOINOVICH as well. We should get started. These are the principles of fiscal responsibility and limited Government.

Last year, we took some important steps to keep jobs from going overseas by growing more jobs at home. We see the problem of competition with China and India. We worked together to pass a bill—the American COMPETES Act—authorizing $34 billion to keep our brainpower advantage. Now let us implement it. Senator HUTCHISON of Texas, Senators BINGAMAN and DOMENICI of New Mexico, and many others have worked hard on this. So let us implement more advanced placement courses for low-income students, a million and a half more; more highly trained scientists and engineers coming in to help grow jobs in the United States; and 10,000 more math and science teachers. That we can do.

We know we have to be bipartisan to get a result. Some things are bipartisan, and I have mentioned many of them, but some things should be bipartisan that aren't. For example, the Federal Government is saying the Salvation Army can't require its employees to speak English on the job. Well, Americans, by 80 to 17 percent, believe employers should be able to require their employees to speak America's common language on the job. We have legislation to make that clear. It is bipartisan to some degree, but not as bipartisan as it ought to be. The principle is right there above the Senate Presiding Officer's desk. It says: One from many—''e pluribus unum.''

Another challenge that should be more bipartisan, because most Americans see the wisdom of it, is addressing a shortage of medical care in rural America caused by lawsuit abuse. OB–GYN doctors are abandoning rural areas across America and mothers are driving too far for prenatal health care and to have their babies. We should work across party lines to change that. The solution we have offered is to stop runaway lawsuits that make doctors pay $100,000 or more a year for malpractice insurance. That is why they leave the rural areas. This is the principle of equal opportunity.

There is plenty of work to do. Thirty years ago, I began my service as the Governor of Tennessee. I was a young Republican Governor and the State was very Democratic, thank you. So the media ran up to the big Democratic speaker of the house, Ned McWherter, and said: Mr. Speaker, what are you going to do with this new young Republican Governor? And to their surprise, the speaker said: I am going to help him. Because if he succeeds, our State succeeds. And that is the way we worked for 8 years.

Now, we are not naive about politics in Tennessee. We had, and have, our fights. We argued about our principles. If I had a better schools program, they had an even better schools program on the other side. But we kept our eye on the ball. In the end, we worked together. In the end, we got results. That is why we brought in the auto industry and created the best four-lane highway system and created chairs and centers of excellence at our universities that still exist, and we began to pay teachers more for teaching well.

I would like nothing more than to move that kind of cooperation from Tennessee to DC. I sense that from Democrats and Republicans all through this body. Of course, we will argue. We were elected because we have differences. This is a debating society. But we don't stop with our disagreements, we should finish with our results. So we are here to change the way Washington does business, as the Republican leader said, and I look forward to a constructive year of helping our country move ahead with a steady

stream of specific solutions to big problems that get results because they either are bipartisan or because they should be bipartisan.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

Mr. CORNYN. Mr. President, I would like to join my distinguished colleague from Tennessee who recently was elected to the leadership on this side of the aisle. His responsibility and mine is to help try to find a way to work together, not by sacrificing our principles but to try to find that common ground rather than what divides us.

But first let me also express my congratulations to our new colleague from Mississippi, Senator WICKER, who had a distinguished career in the House of Representatives and comes here, I know, with a lot of hopes and aspirations. I look forward to working with him as he represents his State and as I represent my State, the State of Texas, and as we all work together to represent the United States, hopefully, to provide for the aspirations and dreams of the American people to make it possible for them to live their dream. That is what the United States has always been; that is what it should remain.

I cannot help but reflect, returning from our holiday recess, I had somebody this morning in the cafeteria say: Welcome back from your vacation.

I said: Well, I prefer to call it the alternate work period because it was not entirely a vacation, although I did get some time off, as did my colleagues. But I trust that we all came back refreshed and rejuvenated and ready to take on the challenging work that lies ahead.

I have to say, if I heard it once, I heard it a thousand times as I traveled the State of Texas, people are frustrated with Washington, DC. They think Washington is broken. They do not hear about those occasions when we work together to pass legislation on a bipartisan basis. They hear the conflict and the divisiveness and the partisanship, and they do not like it. I had to tell them, each of my constituents when they mentioned that: Well, I do not like it very much either. I did not run for the Senate and I do not serve in a position of public trust to come up and pick fights.

Everybody knows in politics it is always possible to pick a fight, but it does not take any particular genius to do that. What we ought to be doing, and what it takes hard work to do, is trying to find common ground. There is plenty of common ground.

Senator ALEXANDER mentioned a number of tremendous bipartisan accomplishments—the America Competes Act. There have been a number of opportunities for us to work together in a bipartisan way. I am particularly proud of some legislation that Senator PAT LEAHY, the chairman of the Judiciary Committee, and I were the cosponsors of that the President signed into law in December, the first reform of the Freedom of Information Act in perhaps as much as 25 years.

I think perhaps the best anecdote to public skepticism about Washington is greater transparency because I believe giving the public information about how their Government works is a way to empower them to hold elected officials and Government accountable. When things happen in secret, behind closed doors, that does not happen. So I am delighted there are plenty of opportunities for us to work together. I think we should embrace them, not run away from them or look for opportunities for us to pick fights and to feed that skepticism and really the sense that I think many people expressed to me that they feel as though Washington is increasingly irrelevant when it comes to dealing with the challenges that affect our lives.

The economy is one that has, of course, come roaring to the forefront as an issue on which we need to work together. I was pleased to hear Speaker PELOSI and Majority Leader REID say they wanted to work with the President to come up with a stimulus package that is timely, targeted, and temporary, something that would hopefully get the economy moving again as it has been for roughly the last 4 years, where we have seen an unbroken record of growth of the economy, increased number of jobs, some 9 million new jobs created.

Frankly, the way that happened is because we allowed the American taxpayer and small businesses to keep more of what they earned so they could invest it, they could spend it on the education for their children, they could do whatever they wanted to with it because it is theirs. Sometimes I think it is helpful to remind ourselves that the money that hard-working Americans earn is their money. It is not ours. It is not the Federal Government's money.

Sometimes I think when people are in Washington too long they begin to think of this as revenue pay-fors, ways to raise funds so that Government can grow bigger and spend people's money. Well, the American people understand there are some things they cannot do for themselves and Government has to do, such as the common defense, and they are willing to pay their taxes for efficient Government that delivers a particular result that Government only can provide.

But we ought not to use this stimulus package, the downturn in the economy, as a way to burden the American people with more taxes or find new ways to grow the size of the Federal Government. So I hope we can continue in a careful and judicious and thoughtful way to find common ground to work on a stimulus package that the President will sign and that will enjoy bipartisan support.

Now, there is a lot of skepticism, as I said, about Washington. Part of it is that the Government does not spend the tax dollars well, efficiently. I have to tell you there is good evidence of that. There is a Web site associated with the Office of Management and Budget called expectmore.gov. I hope people will look at that.

What I discovered when I looked at it is that the Office of Management and Budget has reviewed 1,000 different Federal Government programs and found 22 percent of them either ineffective or the Office of Management and Budget cannot tell whether they are serving their intended purpose.

I am not sure which is worse. Either they are proven ineffective or else you cannot tell. Either way that is unacceptable and we need to find a way to deal with those wasteful Washington programs that need to be eliminated. I proposed a Federal sunset commission that is modeled after many of the States, such as my State, the State of Texas, where you have periodic reviews of those programs, and every once in a while the bureaucrats have to come in and justify the reason for the program's existence.

If circumstances have changed, the program is no longer needed, it can be eliminated or the budget, rather than securing an inflationary or cost-of-living increase in the size of that program each year without any real scrutiny or oversight, they start out with a zero-based budget and have to justify each dollar of that budget.

So I think a national sunset commission would help us eliminate more wasteful Washington spending. As I said, I am proud of the work that Senator LEAHY and I were able to do in a bipartisan way to reform the Freedom of Information Act to give people more information about their Government so they can hold Government and Government officials accountable. But I think there is more that we need to do. Recently, earlier this month, the Government launched a new Web site called www.usaspending.gov which allows Americans to search for Federal grants and contracts. I am going to propose legislation—I am eager to find colleagues on the other side of the aisle with whom I can work; I am sure there will be a number of them—to build on this Web site and allow taxpayers to see how the Government spends their tax dollars.

Now, I wish I could say I thought of this on my own, but the fact is, our comptroller in the State of Texas—may I inquire how much time remains?

The PRESIDING OFFICER. Five seconds.

Mr. CORNYN. Mr. President, I am proud of the work that is being done by the State comptroller of Texas, Susan Combs, who has created a Web site wherethemoneygoes.gov. We need to use greater transparency and the accountability that goes with it to restore public confidence in how Government works. I look forward to working with our colleagues across the aisle and hope to find common ground, not to pick fights and find out where we differ but to find where we can move this country forward and solve some of the problems that confront us.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The assistant majority leader.

SENATE GRIDLOCK AND ECONOMIC STIMULUS

Mr. DURBIN. Mr. President, I thank my colleague from Texas for speaking to a higher level of bipartisan cooperation in the Senate.

I sensed this in returning to Illinois and out on the campaign trail for my colleague, Senator OBAMA, that this is a sentiment widely shared. The American people understand we have a lot of challenges in this country, and they also understand it is easy to gridlock the Senate.

We had an all-time record number of filibusters initiated by the minority side of the aisle this last year. Sixty-two, I believe, was the final count, which eclipsed the 2-year record of 62 filibusters that had been prevailing. Certainly, we all know how to stop this train in the Senate. Minority rights are well respected by the Senate rules. And 15 minutes into our service in the Senate, you might hear the words ''unanimous consent,'' and realize: Well, I will be darned. If I stand up and object, everything stops. And it is a fact.

Many Senators have used that for valid and invalid reasons, but it has been used a lot. We have one Senator on the other side of the aisle who takes pride in the fact that he has single-handedly stopped 150 pieces of legislation from even being debated and considered on the Senate floor. Many of them are not even controversial.

I hope we find a way around this. I want to respect every Senator's right, but if we truly want bipartisan cooperation, there are ways to achieve that. Using filibusters would not be that; objecting to bills just categorically would not be that approach either. But the one thing the American people certainly want us to do is to wake up and smell the coffee. And this morning, if you woke up and smelled the coffee, you also smelled something burning on Wall Street. What is burning is the Dow Jones Industrial Average. I do not know what it is at this moment, but it has been pretty awful starting this day, and it has been pretty awful for a long time.

It is interesting in American politics that when I first started running for Congress 25 years ago, the most important information for most voters was how many people were unemployed. And the monthly reports on unemployment really kind of fueled the campaign. If a President had more and more people out of work, there was a downturn in the economy and a downturn in that President's popularity. That was historically the standard. But over time we have stopped talking about the unemployment figures as much and tend to watch the stock market a lot more.

I think it has to do with many of us have our retirement savings tied up in mutual funds and 401(k)s and IRAs. And so what happens is the stock market, at least in the back of our minds, is how I am doing. If the stock market is not doing well, my family is not doing well. So when the news came out yesterday that the bottom is falling out of international markets, and the Dow Jones opens with a tremendous slump of 400 points or more, people understand something is not right.

Last week, the Secretary of the Treasury, Mr. Paulson, called me and many leaders in the Senate and all but acknowledged that we need to do something, and do it in a hurry, if we are going to try to stop this economy from sliding into a recession.

Well, I agree with him completely. If you look at what we have done over the past 7 years, to many of us it is no surprise where we are today. There were many on the Republican side who argued for years and years, and still continue to argue, that tax cuts for the wealthiest people in America are the answer to everything.

If you have a surplus, you need a tax cut. If you have a deficit and need to stimulate the economy, you need a tax cut. You always need a tax cut. This kind of moralistic position of cutting taxes for the wealthiest people in America has been the basic doctrine of the Republicans in leadership for a long time.

They have had their way: President Bush's tax cuts, even though they have generated the highest deficits in our history; a greater dependence on foreign countries and foreign capital than ever before; the fact that the President made history, in an unusual way, in calling for more tax cuts in the midst of a war.

All of these things notwithstanding, our economy is slumping. There are a lot of reasons for that. One of the reasons, of course, is we have ignored the obvious. The strength of America is the strength of our families. And 40 percent of the families in America do not get close to the numbers that Republicans consider to be the right level for tax cuts.

Over 40 percent of the people in this Nation struggle in an effort to pay their bills and really live paycheck to paycheck.

It doesn't take much to derail that family train, whether it is the loss of a job or serious illness or some other catastrophe. These people have not been a priority of the Republican leadership in the Senate, the House, or the White House. Now comes the time when the economy is slumping, and all of a sudden this group that had been ignored for so long by Republicans in their tax-cutting priorities is, front and center, the centerpiece for saving the American economy. Welcome to real America, I say to my colleagues. These are the people who have been struggling for a long time and waiting to be rediscovered. They should be rediscovered.

I am troubled to learn—at least some speculation is out there—that this so-called stimulus package is going to be limited so that it still doesn't help those in middle-income status or lower middle-income status, those working families who really do put up a struggle trying to get by. You don't have to spend much time out in the real world to meet them. They are not the legendary welfare kings and queens. These people get up and go to work every morning. They work hard. They don't make a lot of money. They struggle with no health insurance or health insurance that is virtually worthless. They struggle with trying to fill up a gas tank. It may be a beat-up old car, but it is their lifeline to get to work, to make a paycheck, to keep things going. They struggle with heating bills in a harsh and cold winter. They struggle with the dream of a college education for their kids and pray they will have a better life. These are the real-world struggles of real families who have been largely ignored in this economic debate in Washington.

When we get down to a discussion of an economic stimulus package, we ignore these families again at our peril. Any stimulus package that fails to acknowledge their need will fail to stimulate the economy. I don't know what the parameters will be. Targeted, temporary—all of these things make sense. But let's make sure we are doing the right thing for the right people.

Many people go to work every day making a minimum income. They struggle to get by. At the end of the day, they pay their taxes but don't have a Federal income tax liability. How can that be? They are paying their Social Security taxes, they are paying the Medicare requirements, all of the things all workers have to pay. But they don't make enough money because of the size of the family to be liable for Federal income tax.

Who are these people? I can give an example. We estimate that 40 percent of all households may not make enough to qualify for one of the proposed stimulus packages. Families of four making less than $25,000 a year would get nothing. A family of four making $25,000 a year, if it isn't given a refundable tax credit, will receive nothing by way of a stimulus check.

What does a family do if they are making $25,000 a year and receives $1,600, let's say, from the Federal Government? Well, if you are trying to get by on $2,000 a month, $1,600 from the Federal Government may be the answer to your prayers. You may finally be able to turn around and buy something you have put off for a long time. You may be able to catch up on some of your bills. Getting $1,600 when you are making $2,000 a month is a big deal.

Let's look at the other end of the equation. What if you are making $20,000 a month and you get $1,600 more? That is nice. I am sure there is something you can do. Will it change your lifestyle? Will it change the economy? It is not as likely.

That goes back to something I learned a long time ago from a Jesuit

priest who taught economics at Georgetown University called the marginal propensity to save. For every dollar you are given, what is the likelihood you will spend it and the likelihood you will save it? Economists look at that, and they know that if you are in a lower income group, you are less likely to save, more likely to spend, because you are living paycheck to paycheck. If you have a lot of money, you are more likely to save and less likely to spend because you are meeting your needs each paycheck. So when we devise a stimulus package, let's make sure we keep that fundamental rule of economics in mind. Let's make sure struggling families at lower incomes aren't left behind. The fact that they don't pay income tax doesn't mean they are tax free. They do pay taxes for Social Security, for Medicare, other things—sales tax, for example. This is the targeted group when it comes to a real stimulus.

I ask unanimous consent to have printed in the RECORD a letter sent to all Members in leadership on January 18 from John Sweeney. John is president of the American Federation of Labor and Congress of Industrial Organizations, the AFL–CIO. John lays out his priorities, the priorities of his organization when it comes to a stimulus package, a short-term stimulus.

There being no objection, the material was ordered to be printed in the Record, as follows:

AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS,

Washington, DC, January 18, 2008.

Hon. NANCY PELOSI,
Speaker of the House of Representatives, Washington, DC.

Hon. HARRY REID,
Senate Majority Leader, Washington, DC.

DEAR SPEAKER PELOSI AND MAJORITY LEADER REID: As Congress considers legislative responses to current and anticipated weakness in the U.S. economy, the AFL-CIO urges you (1) to include in a short-term stimulus package measures that will have the most impact on the economy and get the ''biggest bang for the buck'': and (2) to address the underlying causes of current economic weakness.

SHORT-TERM STIMULUS

It is encouraging that President Bush has recognized the immediate need for an economic stimulus package. Judging from initial reports, however, it appears that President Bush's proposals are too heavily weighted towards tax cuts over much-needed spending, do not address crucial problems facing working families, and do not target tax benefits to those families who need them most and will spend them fastest.

In particular, we are concerned that the President's income tax cut proposal would not be sufficiently stimulative because it fails to target lower-income and middle-income households who, as the Congressional Budget Office (CBO) wrote last week, are likely to spend a larger share of any tax benefit they receive. We are also concerned that the President's proposal to cut business taxes would not be sufficiently timely and, because of the linkages between federal and state tax codes, could trigger economically depressing budget cuts and tax increases by state governments.

While we understand that compromise will be necessary to enact a stimulus package within the next month, we urge you to insist on legislative measures that will have the greatest stimulative impact on the economy and would not lead to economically depressing budget cuts and tax increases at the state and local level.

(1) Extension of unemployment benefits. The Congressional Budget Office (CBO) and Mark Zandi of Moody's Economy.com rank unemployment benefits at the top of the list of possible stimulus choices, increasing economic demand by $1.73 to $2.15 for each dollar spent. We urge you to enact a one-year federal unemployment compensation program that provides 20 weeks of extended unemployment benefits in all states; 13 additional weeks in ''high unemployment'' states with an unemployment rate of 6.0% or more; a $50 per week benefit increase; and additional administrative funding. We also urge Congress to provide federal financing for states to expand eligibility to lower-income workers, part-time workers, and workers who leave their jobs for compelling family reasons.

(2) Increase in food stamp benefits. Many food stamp recipients are not tax filers and do not receive unemployment benefits, so they would not benefit from a tax rebate or unemployment benefit extension. An increase in food stamp benefits would be one of the most effective forms of economic stimulus, since it would almost certainly be spent in its entirety very quickly, boosting demand for goods and services in the short term.

(3) Tax rebate targeted towards middle-income and lower income taxpayers. The individual income tax rebates proposed by President Bush should be retargeted towards middle-income and lower-income taxpayers, who are most likely to spend the money and thereby stimulate economic activity, by making them available to taxpayers who pay payroll taxes but not income taxes. According to Mark Zandi, a one-time uniform tax rebate would increase demand by $1.19 for every dollar spent.

(4) Fiscal relief for state and local governments to avoid the economically depressing effect of tax increases and budget cuts. State and local governments are experiencing lower property and sales tax revenues, due to the slumping housing market and slowing economic activity. Tax collections are down in 24 states, and at least 20 states are expected to have budget deficits this year. Since many states have balanced budget requirements, a decrease in revenues can lead to budget cuts or tax increases, both of which intensify the impact of an economic downturn. Congress should provide at least $30 billion in aid to the states in the form of revenue-sharing grants and increases in the Medicaid match. According to Mark Zandi, state fiscal relief would increase demand by $1.24 for every dollar spent.

(5) Acceleration of ready-to-go construction projects. Putting Americans to work directly in construction and repair projects is an obvious response to rising unemployment, and would directly create additional demand. Unlike tax rebates, all of this investment would be spent to increase domestic economic activity, none would be spent on imports, and none would be saved.

Furthermore, we believe public investment in infrastructure can be targeted and timely. For example, there is a backlog of at least $100 billion in needed repairs to U.S. schools. There are 6,000 bridges that have been declared unsafe, and many of these projects are ready for work to begin immediately.

We urge Congress to provide $40 billion for public investment in infrastructure, including school, bridge, and sewage treatment repair.

ADDRESSING THE LONGER-TERM CAUSES OF ECONOMIC WEAKNESS

We are hopeful that Congress and President Bush can enact a short-term stimulus within the next month. However, given the nature of legislative compromise, any stimulus package enacted within that time frame is likely to be only a down payment on what is necessary to address this country's economic problems-even in the short term. Congress may even need to consider a second stimulus package later in the year.

Congress must also begin focusing today on the most fundamental underlying causes of our current economic weakness. While it is appropriate for Congress to focus on measures that have an immediate economic impact as it crafts a short-term stimulus package, this is no excuse to put our heads in the sand and do nothing about the underlying longer-term problems afflicting our economy.

One of the underlying causes of our current economic weakness is the stagnation of ordinary Americans' incomes. This will probably be the first business cycle in which the typical family will have lower incomes at the end of the recovery than they did at the beginning of the last recession. Wage stagnation, which began in the 1970s, has led to longer working hours, higher consumer debt, and increasing reliance on home equities. But today home values are plummeting, home foreclosures are on the rise, consumer debt is reaching unsustainable levels, and prices for energy, health care, and education are soaring out of reach for many working families.

There are various long-term solutions to the underlying problem of wage stagnation, They include fixing our broken labor laws so that workers who want to form a union can bargain with their employers for better wages and benefits; ensuring affordable health care and retirement security; fixing our flawed trade policies; and reactivating the historically successful fiscal and monetary policies that place a higher priority on full employment. Near-term energy investments in the greening of our energy base would also offer both environmental and economic payoffs in the form of good jobs and improved competitiveness.

Another underlying cause of our current economic weakness is deregulation of the financial sector. The absence of transparency and effective regulation of the mortgage and financial services industries cries out for urgent attention.

Speaker Pelosi and Majority Leader Reid: though we have framed this discussion in the rather dry and impersonal language of stimulus and macroeconomic impacts, there is a human dimension to this story we can never lose sight of. Many, many working families all over this country are barely hanging on and are deeply worried that the steep economic downdraft will pull them off their perilous perch. The real test for any economic proposal considered by Congress in the coming weeks and months should be: what does it mean for them?

Thank you in advance for your consideration of our concerns.

Sincerely,

JOHN J. SWEENEY,
President.

Mr. DURBIN. If Members look at the list of things John Sweeney has highlighted, he understands what I have just described: the rules of economics, the fact that a lot of working families have not been part of the grand bargain in Washington for a long time. John Sweeney says: Let's extend unemployment benefits. That certainly is something on which money is well spent.

Every dollar you put into unemployment benefits increases economic activity by $1.73, up to $2.15. It is a terrific boost to the economy, plus it goes to the people who need it the most, the ones who are out of work.

Mr. Sweeney also calls for an increase in food stamp benefits. Many of these people are not tax filers and don't receive unemployment benefits, so they would benefit. They are struggling with their jobs, trying to get by, and many of them still qualify for food stamps.

He also talks about a tax rebate targeted toward middle and lower income taxpayers. He talks about acceleration of construction projects. That is money well spent too. It isn't just the Tax Code we should be looking at. There are other ways to move the economy and do the right thing for America.

One of the things Mr. Sweeney notes in his letter is that there is a backlog of $100 billion in needed repairs to American schools. He also says there are 6,000 bridges that have been declared unsafe. The Presiding Officer certainly knows that issue well, as chair of the Transportation Appropriations Subcommittee. There is a lot we can do to improve the economy of America by improving the infrastructure. I don't have to remind people what happened in Minnesota not long ago when a bridge failed. People died. It is an indication to all of us that we have to be aware of that need.

This letter I commend to all colleagues because it is a good starting point when we discuss what we can do to this economy to make a difference, a real stimulus package.

This package should be funded at appropriate levels to have an impact on our gross domestic product. The money should go by way of help to taxpayers and their families who truly are struggling. I just have to tell you, if you are making a quarter million a year, the notion that the Federal Government is going to send a rebate check to Members of Congress and people who make dramatically more money—wait a minute; what is this all about? Doesn't it make more sense for us to focus on those folks who are struggling who will spend it, who will energize the economy, than maybe giving enough money for families so that they can put a little extra coat of varnish on their yacht? Is that really an economic stimulus? I don't think so.

I hope we will be able to help those businesses that will create good-paying jobs in America. That is critically important. I hope we will do this in a way mindful of the need for unemployment insurance and food stamps for those who are truly at the bottom and trying to move on with their lives and make a new life for their families.

The Center on Budget and Policy Priorities issued a statement and said that the stimulus plan that some have suggested may fail a test of being effective if it doesn't help families making under $40,000 a year. Keep in mind that if you are being paid the minimum wage in America, you are making a little over $20,000 a year. So even people making twice the minimum wage and more would receive no help from some of proposals made already. We don't need to bypass 45 percent of households, 65 million of them with modest incomes. If a family of four has an income below $41,000 a year, under some of the proposals being discussed, they receive no help at all. We have to make sure they are included. We have to make certain the economic stimulus package really reaches those who have been left behind by the tax cuts for wealthy people that have been in vogue for so long in Washington.

These families are the strength of our country. These are the people who get up every morning and go to work, raise the kids, and make the neighborhoods and towns that make America strong. It is time for us to try to come together on a bipartisan basis, get an economy moving forward which helps all of us by making certain we don't leave behind those families at the end of the economic ladder who have been ignored for so long.

During the course of this break, I visited with a lot of families. It is hard to imagine sometimes, for those of us who are lucky enough to make a good living and have good health insurance, what these poor families put up with in trying every single month to keep it together. It is a lot of stress and strain. There is no stimulus package we will pass that will wave a magic wand and make their lives miraculously better. But woe to us if we pass a stimulus package which ignores the reality of economic sacrifice and struggle in America. Woe to us if we pass a stimulus package which ends up putting money in the hands of those who, frankly, don't need it as much as others. And woe to us if, at the end of the day, we stay hidebound to some old theories that have not worked and find our Nation sliding into a recession where we will all suffer.

I yield the floor.

The PRESIDING OFFICER (Mrs. MURRAY). The Senator from Montana.

Mr. BAUCUS. Madam President, is the Senate in morning business?

The PRESIDING OFFICER. The Senator is correct.

Mr. BAUCUS. I rise to speak for less than 10 minutes.

The PRESIDING OFFICER. The Senator from Montana has 12½ minutes remaining on the Democratic side.

Mr. BAUCUS. I thank the Chair.

I would like to make two points. First, the Finance Committee held a hearing this morning—in fact, it is going on right now—on an economic stimulus package, pressing the Director of the Congressional Budget Office, Peter Orszag, on various options that will stimulate the economy the most and what options will help people who need their money the most. That is not just all Americans who pay income taxes but people who don't pay income taxes, people who don't pay payroll taxes but file because they think, as good Americans, they should—they have no income tax liability and no payroll tax liability—and also some senior citizens who file income tax returns but who do not have any significant income tax liability. The fact is, if the rebate alone were to be given to anybody who files an income tax return, which was not the case with the 2001 rebate program—that applied only to people who paid income taxes—if a rebate were to apply to all filers irrespective of whether they paid income tax, that would reach 90-plus percent of all Americans. Add to that extending unemployment insurance benefits and food stamp benefits, I think that package would really help people who need it the most.

There are various ways to put this together. I even suggested as a possibility, so as not to spend more than we should on a total package, that whereas the President is suggesting an $800 rebate for individual filers and a $1,600 rebate for couples, that could be significantly cut down, but give a bonus to households that have children so that a couple with two or three children would get an additional, say, $400 bonus per child in addition to the, say, $400 or $500 payment an individual would get or, say, an $800 check that a couple would get.

My point is, the Finance Committee is exploring different ways to make sure we do what is best. Of course, it will depend on some negotiation with the White House and both Houses of Congress. But I want to make the point clearly that we in the Finance Committee are doing our level best to try to find what works best, to get the greatest bang for the buck, with a view toward getting a stimulus package passed quickly, not loading it up with measures that are going to bog it down and prevent passage.

INDIAN HEALTH CARE IMPROVEMENT ACT

Mr. BAUCUS. Madam President, I rise to speak briefly on the next order of business, and that is the Indian Health Care Improvement Act.

In the 1939 WPA Guide to Montana, it is written:

> The Indian attitude toward the land was expressed by a Crow named Curly.

He was from the Crow Indian tribe. Here is what he said:

> The soil you see is not ordinary soil—it is the dust of the blood, the flesh, and the bones of our ancestors. You will have to dig down to find Nature's earth, for the upper portion is Crow, my blood and my dead. I do not want to give it up.

But over our long national history, we all know, sadly, the Federal Government repeatedly separated America's original inhabitants from the land they so dearly loved and continue to love. As a result of that sad and sometimes dishonorable history, as a result of treaties, statutes, court decisions,

executive orders, and moral obligations, the United States owes a singular debt to its Native Americans.

In partial fulfillment of that obligation, in 1976, Congress passed the first Indian Health Care Improvement Act. That 1976 law was the first legislative statement of goals for Federal Indian health care programs. That law established the first statutory requirements for the provision of resources to meet those goals.

In that 1976 act, the Congress found that:

Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people.

Today, when we get to the bill—I think roughly in about an hour from now—at long last, we will have before us the Indian Health Care Improvement Act of 2007. It has been a long trail that has led us here today. It is important we made the journey to get here. This bill will provide better health care for nearly 2 million American Indians from 562 federally recognized American Indian and Alaska Native tribes. We need to improve the health care of Native Americans. Native Americans suffer from tuberculosis at a rate 7½ times higher than the non-Indian population. The Native American suicide rate is 60 percent higher than in the general population.

Medicare—our program for seniors—spends about $6,800 per person a year. Medicaid—the low-income program for health care—spends about $4,300 per person. The Bureau of Prisons spends about $3,200 per person for health care. But the Bureau of Indian Affairs and the Indian Health Service spends only $2,100 for health care. That is less than a third of Medicare, less than half of Medicaid, and a third less than what the Federal Government spends for medical care for prisoners.

From the beginning of the Indian Health Care Improvement Act of 1976, Medicare and Medicaid have played a part in paying for health care delivered to Native Americans. The 1976 act amended the Social Security Act ''to permit reimbursement by Medicare and Medicaid for covered services provided by the Indian Health Service.'' Today, Medicare, Medicaid, and now the Children's Health Insurance Program are a significant source of funding for health care delivered to Native Americans.

I am proud that an important part of the Indian Health Care Improvement Act before us today is a product of the Finance Committee. That committee's provisions address health care provided to Indians through Medicare, Medicaid, and the Children's Health Insurance Program. Those provisions would increase outreach and enrollment of Indians in Medicaid and the Children's Health Insurance Program. These provisions would protect Indian health care providers from discrimination in payment for services and require States and the Secretary of HHS to consult with Indian health providers, and they would ensure that Medicaid managed care organizations pay Indian health providers appropriately.

It is a good package. It is not near enough. It is an abomination—it is a tragedy what little attention we pay to Native Americans' health care needs. I wish more people in the country would visit Indian reservations. I wish they would visit Indian Health Service hospitals. They would realize the abysmal plight of so many people in America. But this bill helps. It helps provide more resources where people need it—not near enough but more—and I strongly encourage the Senate to pass this bill when we get to it in the next hour or so. Congress should reauthorize the Indian Health Care Improvement Act.

The United States owes a debt to the Native American population whose ancestors are tied up with the very soil all Americans share. The Federal Government owes a duty to help improve the health of American Indians. And we in this Senate have the obligation to pass this act and honor the flesh, the bones, and the blood of our Indian brethren.

Madam President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DORGAN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

CONCLUSION OF MORNING BUSINESS

Mr. DORGAN. Madam President, what is the order of the Senate?

The PRESIDING OFFICER. Morning business is now closed.

INDIAN HEALTH CARE IMPROVEMENT ACT AMENDMENTS OF 2007

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of S. 1200, which the clerk will report.

The legislative clerk read as follows:

A bill (S. 1200) to amend the Indian Health Care Improvement Act to revise and extend the act.

Mr. DORGAN. Madam President, this is a piece of legislation we have reported out of the Committee on Indian Affairs in the Senate. Senator MURKOWSKI, the vice chair, and I have worked hard on these issues. We have also made some changes since reporting the bill out of the Committee on Indian Affairs and will offer a substitute that will be cosponsored by both of us. We are now clearing that substitute, and I will, at the appropriate time today, I hope, offer the substitute version.

Some might wonder why there is a separate Indian health care bill, and the answer is relatively simple: because this country has a trust responsibility—a trust responsibility that has grown over a long period of time and has been reaffirmed by the Supreme Court, affirmed by treaties with various Indian tribes—a trust responsibility to provide health care for Native Americans.

The last comprehensive reauthorization of the Indian Health Care Improvement Act was 15 years ago in 1992. The act itself has been expired for the last 7 years, and it is long past the time for this Congress to reauthorize this program. Even though the act has expired, the Indian Health Service continues to provide Indian health care, despite not having a current authorization. But with advances in medicine and in the delivery and in the administration of health care, we need to finally pass this reauthorization and give the Indian population of this country the advantage of the expansions we will do in this reauthorization bill.

This legislation reflects the voices and the visions of Indian Country. It also responds to a number of concerns that have been raised by others, including the administration. The enactment of this reauthorization has been the top priority of myself and the vice chair of the committee, Senator MURKOWSKI. I also wish to say the former vice chair of the committee, the late Senator Craig Thomas from Wyoming, at the start of this Congress, worked very hard on this legislation and cared very deeply about it. We bring this to the floor, remembering the work of Senator Thomas and recognizing his important work.

I wish to describe the need for the legislation as I begin before I describe the legislation itself. I have in the past couple weeks done some listening tours on Indian reservations, particularly in North Dakota, and we heard and saw many examples of deplorable conditions in Indian health care. It is true there are some health care providers in the Indian Health Service that are making very strong efforts to do the best they can, but they are overburdened and understaffed, underfunded. I wish to give some examples of that.

I wish to show a picture—a photograph, rather—of someone I have shown to the Senate before. This is a woman on the reservation in North Dakota, the Three Affiliated Tribes near New Town, ND. Her name is Ardel Hale Baker. Ardel Hale Baker has given me consent to use her image. She had chest pains that wouldn't quit. Her blood pressure was very high. So they went to the Indian health clinic, and she was diagnosed as having a heart attack. The clinic staff determined she needed to be sent immediately to the nearest hospital 80 miles away. She told the staff she didn't want to go in an ambulance because she knew she would end up being billed for the trip, and she didn't have the money. So she

signed a waiver declining the ambulance service, but the Indian Health Service said you have to take it anyway. We have diagnosed a heart attack happening here. You have to take the ambulance.

She arrived at the hospital and Ardel Hale Baker at the hospital was being taken out of the ambulance and transferred to a hospital gurney. As this woman, having a heart attack, was transferred to the hospital gurney, a nurse saw a piece of paper taped to her thigh and the piece of paper taped to her thigh was a piece of paper that was notifying the health care provider there wasn't going to be any money for this patient. The nurse asked this woman who was then having a heart attack what the envelope was. She pulled the envelope that was taped to her leg off her leg and asked: ''Mrs. Baker, is this yours?'' When they looked at the paper, here was the document. The document was from the Department of Health and Human Services, attached by the folks on the Indian reservation, taped to her leg as she left to be put in the ambulance, and it says:

> Understand that Priority 1 care cannot be paid for at this time due to funding issues. A formal denial letter has been issued. If and when funds become available, the health service will do everything possible to pay for Priority 1 care.

What this means is this—contract health care, which cannot be delivered on the reservation. This reservation has a clinic. It is open from 9 until 4 every day, 5 days a week. It is not a hospital, it is a clinic. For health care that cannot be delivered at that clinic, you have to refer the patient somewhere else. But that has to be paid for with contract health care funds, and they run out very quickly.

We had one reservation tell us they were out of health care contract money in January, 4 months into the fiscal year. On this reservation, they say don't get sick after June because the contract health care money is gone. This poor woman was loaded onto a hospital gurney with a piece of paper taped to her leg, saying to the hospital that if you admit her, understand that the Indian Health Service will not pay. This woman must pay. Obviously, this woman had no money. It was a way to say to the hospital that if you admit this patient, you are on your own.

Well, I visited a Sioux reservation at Standing Rock, the McLaughlin Indian Health Center, a couple of weeks ago. The Standing Rock Reservation clinic sees 10 patients in the morning and 10 in the afternoon. I believe they only have a physician assistant there. The reason given in the memorandum about the 10 and 10 was the clinic had only one medical provider and patients signed up in the morning. Anybody arriving after the quotas were made were turned away.

Harriet Archambault received her last prescription for serious hypertension and stomach medication on October 25, 2007. As the medicine ran out, she attempted five times to sign up at the clinic, leaving home early in the morning, driving 18 miles to the clinic but arriving too late each time. Her name was not on the top 10. She couldn't wait at the clinic for a possible opening because she provided day care for three of her grandchildren. So her medication ran out.

In a conversation with her sister prior to her death, she said: What do I have to do, die first before I finally get my medication? She tried five times to drive the nearly 20 miles to the clinic, and five times failed and never got her medicine, and she died a month later, November 27, 2007. Her husband told that story because he wants us to understand that delivery of health care is about life and death.

I have shown a photograph to my colleagues. I wish to do so again. It is a photo of a precious young lady who died, Ta'shon Rain Littlelight. I was at the Crow Indian Reservation in Montana when I met the grandmother of Ta'Shon Rain Littlelight. This was a beautiful 5-year-old girl. She loved to dance. This was traditional dance regalia, and she loved to go to dance contests. Ta'Shon Rain Littlelight died. Here is how she died. Her grandmother and mother and aunt told me she died, with the last 3 months of her life in unmedicated, severe pain. She went back and back and back to the Crow Tribe's Indian Health Service clinic for health problems. They began treating her for depression. Depression. During one of the visits, one of the grandparents of Ta'Shon said: Well, she has a bulbous condition on her fingertips and toes. That suggests there may be a lack of oxygen to the body, or something is going on. Can't you check that? Ta'Shon was treated for depression.

Finally, one day, August 2006, she was rushed from the Crow clinic, where she had gone once again to the St. Vincent Hospital in Billings, MT. The next day she was airlifted to the Denver Children's Hospital and was diagnosed with untreatable, incurable cancer. She lived for 3 more months after the tumor was discovered in what her grandmother said was unmedicated pain. She died in September 2006. Her parents and grandparents asked the question: If Ta'Shon's cancer had been detected sooner, would this child perhaps have lived?

When diagnosed with terminal illness, the one thing Ta'shon Rain Littlelight wanted to do was see Cinderella's castle, so Make-a-Wish sent her to Orlando. But the night before she was to see the castle, in the hotel room in Orlando, she died in her mother's arms.

The question is, for a young girl such as Ta'shon Rain Littlelight, should she have had the same opportunity in health care others have? Is this what we are willing to accept? Not me. This problem has a human face. I could tell a dozen more stories similar to Ardel Hale Baker and Ta'Shon Rain Littlelight.

I sat on Indian reservations for a total of probably 6 hours listening to stories about Indian health care. Let me talk about the statistics, if I might.

For tuberculosis, the mortality rate for American Indians and Alaskan Natives is seven times higher than the American population as a whole.

For alcoholism, the mortality rate is six times higher.

For diabetes, it is not double but triple—three times higher.

Twenty percent of American Indians and Alaskan Natives over age 45 have diabetes. There are reservations in my State where they estimate over 50 percent of the adults have diabetes.

American Indians and Alaskan Natives have higher rates of sudden infant death syndrome than the rest of the Nation.

Injuries are the leading cause of death for Native Americans ages 1 to 44. Injuries include pedestrian accidents, vehicular accidents, and suicides.

The cervical cancer rate for Indians and Alaskan Natives is four times higher than the rest of the population.

The suicide rate for American Indians and Alaska Natives between ages 15 and 34 is triple the national average. For Indian teens in the northern Great Plains, it is 10 times the national average.

I have shown my colleagues a photograph of Avis Little Wind. Avis Little Wind is a young teen who died. Avis Little Wind's relatives gave me permission to use her photograph. This is a 14-year-old girl who lay in bed in a fetal position for 90 days and then killed herself. Her sister had taken her life 2 years previous. Her dad had taken his life. For 90 days, somehow, everybody missed little Avis. The school missed wondering what happened. She lay in bed for 90 days and then took her life because she felt there was no hope and no help.

On that reservation, I went and met with the tribal council, school administrators, and her classmates to try to find out how does a kid, age 14, fall out of everyone's memory and everyone's vision? What I have discovered is there are a lot of issues, but there was not any kind of health care treatment available for a young girl, age 14, who had these kinds of problems. Even had there been health care available, there would not have been a car to drive her there. There is a basic lack of transportation. Aside from the fact they don't have the capability to provide the necessary health care treatment that is necessary to intervene, we have to do better. We have a responsibility to do better.

I wish to address the question of why it is our responsibility. Why is the plight of Native Americans a responsibility to the Federal Government? The simple answer is we are bound to follow the law set forth in the Constitution, in treaties, and in the laws of our land.

We are bound to follow the trust responsibility that has been imposed on us by the Constitution, the rulings of the Supreme Court, and by treaties.

Now, our predecessors long ago negotiated treaties with Indian tribes in which we received, as a Nation, hundreds and hundreds of millions of acres of Indian homeland to help build this great Nation of ours. In return for the enormous cessions of land by the Indians, our country promised certain things. We promised to provide things such as health care, education, and the general welfare of Native Americans.

This chart I am going to show you shows a provision from one of those treaties, and there are a lot of them, most of them broken by our country. This is with the northern Cheyenne and Arapaho. It says:

> The U.S. hereby agrees to furnish annually to the Indians who settle upon the reservation a physician.

It says we have your land and we are going to give you a reservation, but we also understand our responsibility, and we will provide health care. We have failed miserably to hold up our end of the bargain.

This bill doesn't provide health care for Native Americans simply because it is the moral and right thing to do. It is, certainly. It is a bill that requires us to keep our word. It is an active step to fulfill our responsibility, our end of the bargain, struck by our predecessors a long time ago.

In addition to the treaty obligations, the U.S. obligations to Indian tribes are set forth in hundreds of U.S. Supreme Court cases and Federal statutes.

I wish to especially refer to the next chart. In 1831, the U.S. Supreme Court, in an opinion by Chief Justice John Marshall, recognized a general trust relationship between the United States and Indian tribes. He held that the United States assumed a trust responsibility toward the tribes and their members. He explained the United States not only has the authority to deal with Indian tribes and their members, but also the responsibility and obligation to look after their well-being.

In describing Indian tribes as ''domestic dependent nations,'' he also established the relationship in that ruling between the United States and tribes as similar to one between ''a ward to his guardian.''

Now, at the time, these Supreme Court decisions were used by the United States to justify our actions toward the Indians, such as forcing Indians from homelands and placing them on reservations. But we cannot now ignore these court decisions merely because we are doing a poor job of fulfilling our obligation.

At the time of the Supreme Court's decision I described, the United States, through the Department of War, was already providing health care services to Indians on reservations. That practice began in 1803 and the United States has been providing such health care for over 200 years.

One of the initial reasons for providing health care on reservations was because we were the ones who were transmitting diseases to Indian nations and forcing them into environments where diseases would prevail. That became evident in 1912 when then-President Taft sent a special message to Congress summarizing a report that documented the deplorable health care conditions on Indian reservations.

In 1913, the Public Health Service reached a similarly distressing conclusion about the health of Native Americans. The Snyder Act was passed in 1921—I am providing the history so people understand what is the context of health care for Indian nations—one of many laws passed by the Congress over the last 100 years to try to address the health disparities between American Indians and the rest of our society: The Snyder Act of 1921, Indian Health Facilities Act of 1957, Indian Self-Determination of 1975, and the Indian Health Care Improvement Act of 1976 as it was amended in 1992.

President Nixon, in 1970, said in a message to the Congress:

> The special relationship between Indians and the Federal Government is the result of solemn obligations which have been entered into by the United States Government. Down through the years through written treaties . . . our Government has made specific commitments to the Indian people. For their part, the Indians have often surrendered claims to vast tracks of land. . . . In exchange, the Government has agreed to provide community services such as health, education and public safety, services which would presumably allow Indian communities to enjoy a standard of living comparable to that of other Americans. This goal, of course, has never been achieved.

That is in 1970 from the President of the United States, describing our responsibility.

Let me talk just for a moment about the proposed legislation, having described the reason for us to bring a piece of legislation to the floor of the Senate.

We know—and it has been like pulling teeth to find this out—we know there is full-scale health care rationing on Indian reservations. It should be front-page headline news in all the biggest newspapers in the country, but it is not. If it was happening elsewhere, it would be front-page headlines, but it is not now.

Forty percent of health care needs of Native Americans are not being met. We meet 60 percent of the health care needs; 40 percent are unmet. So it is rationed, and that is why Ardel Hale Baker, having a heart attack, is wheeled in to a hospital with a piece of paper taped to her leg saying: ''This isn't going to be paid for.'' It is health care rationing, there is no other way to describe it, no soft way to put a shine on it. It is health care rationing. It shouldn't happen, and I think it is an outrage, because it is happening on Indian reservations. It is seldom covered by the 24/7 news hour, but it should be, because it is a scandal. I hope this is the first step to begin addressing it.

This legislation will be described by some who come to the floor of the Senate as not enough. I agree with that assessment. This is a first step, at last, at long last, that should have been done a decade ago. It is a first step in the right direction, but it is a first step as a precursor to real reform because we need reform.

This is a reauthorization 10 years after it should have been done. We are reauthorizing and expanding programs that I will describe, but we need to do much more. When we move this legislation through the Senate, through the House, and it is signed by the President, I intend, with the Indian Affairs Committee, to begin immediately with new and more aggressive reforms, and it is urgent we do so.

This bill expands the types of cancer screenings that are available to American Indians. It expands the types of communicable and infectious diseases that health programs can monitor and prevent beyond tuberculosis, which now is the emphasis, to include any disease. It expands the recruitment and scholarship programs and authorizes nurses currently serving in the Indian Health Service to spend time teaching students in nursing programs. These are critical programs, given that there is a 21-percent vacancy rate for physicians in the Indian Health Service, and the entire Nation faces a shortage of nurses.

There is a new program in this legislation dealing with teen suicide on Indian reservations. I held hearings on this subject. We have worked for legislation that will provide screenings and mental health treatment, and we begin to address those issues with this legislation.

Treatment for diabetes: We held a hearing to examine the threat of diabetes to the health of American Indians. It is an unbelievable threat. Diabetes emerges as the most serious and devastating health problems of our time, and nowhere in this country is it worse than on Indian reservations. It affects the Indian population in a dramatic way.

I ask any of my colleagues, if they wonder about that, go to a reservation and see if they have a dialysis unit, and watch the people in the dialysis unit getting dialysis, some having lost limbs, having one leg cut off, another leg cut off, still trying to stay alive. The ravages of diabetes is an unbelievable scourge in Indian country. It is a serious problem for our entire country, but nowhere is it worse than among American Indians. In some communities, the prevalence reaches 60 percent of adults. In the 14-year period from 1990 to 2004, the diabetes rate among Indian kids 15 to 19 years old increased 128 percent.

We expand and enhance the current diabetes screening program. We direct the Secretary to establish an approach to monitor the disease, provide continuing care among Native Americans,

and authorize the Secretary to establish a dialysis program to treat this threatening disease.

Health service to Native American veterans: It is well documented that there is no population in this country that has participated with greater distinction or in greater numbers per capita serving in this Nation's military than Native Americans—none. Many Indians served in World War I even before our Nation recognized Indians as citizens of our country. Think of that, we had American Indians sign up to fight for this country when they were not yet considered citizens of this country.

I was checking recently, and 1962 was the last time when a State finally passed legislation allowing Indians to vote in the State. Think of that, go back to 1961 and understand, there were places in this country where American Indians were not allowed to vote in State elections. And until the early part of the last century, they were not considered citizens. Yet they were signing up to go to war for this country, to fight for this country.

I attended a ceremony on the Spirit Lake Reservation a few months ago and passed out medals—Silver Stars, a lot of medals—to three soldiers who are now elderly men who served this country in the Second World War with unbelievable valor, had fought all around this world for this country and earned these medals—Silver Star, Purple Heart, and various others. They were enormously proud of their country.

Go to a reservation and find out what percent of the population of eligible adults sign up to serve in the military on an Indian reservation and you will be surprised. There is no group of Americans who signs up in bigger numbers to serve this country in the military.

Senator MURKOWSKI and I have a provision in this bill that deals with health services to Native American veterans. More than 44,000 American Indians out of a total Native American population of less than 350,000 at that point served in World War II. Think of that. Out of a population of 350,000, 44,000 of them served in the Second World War.

We had a ceremony in this Capitol Building, honoring the Code Talkers who played a significant role in intercepting and deciphering the codes used by the Nazis. We gave the Congressional Gold Medal to those Native American Code Talkers.

We direct the Secretary of Health and Human Services to provide for the expenses incurred by any eligible Native American veteran who receives any medical service that is authorized by the Department of Veterans Affairs and administered at an Indian Health Service or tribal facility. We want the Indian Health Service to be able to get the funding to provide that health care.

This bill also provides a provision dealing with domestic violence. My colleague, Senator MURKOWSKI from Alaska, was particularly instrumental in this provision. We held a hearing to examine the causes of and solutions to stopping violence against Native American women.

We received testimony that more than one in three American Indian and Alaska Native women will be raped or sexually assaulted during their lifetime. That is pretty unbelievable. We received reports of rapes that were not investigated. We received reports of circumstances where there isn't even the basics, just a rape kit available to take evidence.

We have included in this legislation some approaches that I think will be very helpful: community education programs related to domestic violence and sexual abuse, victim support services and medical treatment, including examinations performed by sexual assault nurse examiners, and a requirement for rape kits. I think we have made significant progress. I thank Senator MURKOWSKI for her special interest in that section of the bill as well.

Finally, we have a section of the bill that deals with convenient care service demonstration projects. The reason for that is I don't want to see the rest of the country move toward convenient care, walk-in clinics with long hours, 7 days a week, only to have Indian reservations be out there with these clinics that serve at times that are not very convenient.

I have a photograph of a clinic I visited last week on the New Town Reservation. They are open, I believe, from 9 a.m. until 4 p.m., 5 days a week. Good for them. They take an hour off for the noon hour, by the way, and close it. I think it is 9 a.m., maybe 8. This is the Minne-Tohe Health Center, of the Three Affiliated Tribes. I visited there within the last week or so. They are open 6 or 8 hours a day, take an hour off for lunch and close it down. If at 5 o'clock in the afternoon, you are having a heart attack there, you are in trouble. If it is Saturday and you have a bone fracture, you are in trouble, because you are 80 miles from the hospital in Minot, ND.

My point is, why not develop a model care system of convenient care clinics open long hours, 7 days a week? Let's extend the opportunity for real health care on Indian reservations.

We have done a lot of other things in this legislation, including establishing the framework for the next approach on reforming this system completely, and that is the establishment of a bipartisan commission on Indian health care which will study the delivery of this system and recommend approaches that we will begin working on immediately in the Indian health care area in our committee.

I have described a number of items that are not positive, and I will later today describe some good news, because there are some positive things going on. One of the Indian reservations I visited in the last week has an Indian health care clinic that is dramatically underfunded. The tribal council voted to take $500,000 of the funds that belong to the tribal government and move it to try to support that clinic. That is good news. Good for them. That takes a lot of courage and commitment.

There are good things happening, and I am going to talk about that a little later today.

The fact is, we have a desperate situation with respect to health care in the Indian nation, and it cannot continue. We cannot allow it to continue. In the name of children who should not have died—Avis Little Wind or Ta'Shon Rain Littlelight or others—we cannot allow this to continue to happen. This country is better than that.

I close by quoting Chief Joseph of the Nez Perce Tribe, located in what is now Idaho. Chief Joseph, one of the great Indian leaders, was pretty upset about a lot of things. Here is what he said about broken promises:

> Good words do not last long unless they amount to something. Words do not pay for my dead people.
>
> Good words cannot give me back my children. Good words will not give my people good health and stop them from dying.
>
> I am tired of talk that comes to nothing. It makes my heart sick when I remember all the good words and all the broken promises.

This legislation on the floor of the Senate is not just some other bill. This is a step toward the completion of promises that have been made, not ''we hope to help you,'' but promises—promises that have been made in treaties, promises that have to be kept as a result of a trust responsibility that exists with American Indians.

To make the case finally, let me say this: There is a chart that shows how much we spend per person on health care, and that chart describes something I think all need to know about the commitment of Congresses and Presidents for a long period of time.

This chart shows we have a responsibility to provide health care for Federal prisoners. We incarcerate them because they committed a crime, and we stick them in prison. But in their prison cell, we have a responsibility for their health care. That is our job, and we meet that responsibility.

We also have a responsibility for health care for American Indians, because of a trust responsibility and because of treaties we signed after we expropriated massive amounts of their land. We don't meet that responsibility. In fact, this chart shows that we spend almost twice as much per person providing health care for incarcerated Federal prisoners as we do providing health care for American Indians. That is why little 5-year-old Ta'Shon Rain Littlelight dies, because she doesn't have the same access to health care that the rest of us do. It is why when a woman goes to the doctor, the doctor shows up at our committee and testifies, saying: You know, a woman came to me who had been to the Indian Health Service doctor. She had a knee

so bad—it was bone on bone—it was unbelievably painful. He said it was the kind of knee that, if it belonged to somebody in my family or yours, we would get knee replacement surgery. We would have to get knee replacement surgery because we wouldn't be able to live with it that way. You can't live with that kind of pain. But she told me she went to Indian Health Service, and they told her to wrap the knee in cabbage leaves for 4 days and it would be okay. Wrap the knee in cabbage leaves. This is a knee which we would get replaced, yet this Indian woman is told to wrap it in cabbage leaves.

Are we meeting our responsibility? People are dying. Forty percent of the health care need is unmet. I have described the conditions that exist in these health clinics and on reservations. The answer is, we are not meeting our responsibility, and at least from my standpoint, and I believe I speak for the vice chair, though she will speak for herself, it is past time, long past the time when this country should keep its promise.

Chief Joseph is long gone, but that doesn't mean we don't have a responsibility to keep our promise to the first Americans. They were here first. To this point, we have had all kinds of circumstances over many years of pushing them to reservations after we took their land, then pushing them off the reservation and saying they had to go to the city. So they got a one-way bus ticket and were told: By the way, we want you to mainstream, to get you off this reservation. So they got a ticket and were sent to the city, and then we decided that was wrong, and we brought them back.

What has been happening in this country in public policy dealing with American Indians is unbelievable, and it has to stop. Let us meet our responsibility, keep our promises, and provide decent health care to the people who were here first. That is what this bill does.

This bill is just a step in the right direction, and it will be followed by significant reform. When we do that, I will feel that, finally, at long last, this country has kept an important promise to those who were here first.

Mr. President, I yield the floor.

Mr. GREGG. Mr. President, I ask unanimous consent to speak briefly at this point. I ask unanimous consent that at the completion of the remarks of the Senator from Alaska I be recognized for up to 10 minutes.

The PRESIDING OFFICER (Mr. Salazar). Without objection, it is so ordered.

The Senator from Alaska.

Ms. MURKOWSKI. Mr. President, I so appreciate the passion and the advocacy of my colleague, the Senator from North Dakota, and working together on the Indian Affairs Committee on an issue in which I think both of us believe very strongly. Both of us believe in the commitment we have to the American Indians and the Alaska Natives, particularly insofar as providing them with a level of access to health care. That commitment is one that in far too many areas we have failed, and that is why it is so important that we are able to advance, as the first legislation of this new year, the Indian Health Care Improvement Act of 2007.

We just celebrated the birthday of Martin Luther King, and as a nation we think about that time in our history when we were not proud of how we treated one another based on color of skin and ethnicity. We know that in many parts of this country, we still have far to go, but we are making progress. Yet, as we look to how the American Indians, the Alaska Natives, and so many in our Native communities have been treated when it comes to the basics in health care, that is an area where I think we need to look very critically and say we can and we must do more.

When I first became the vice chair of this committee, Chairman DORGAN and I sat down, and he said to me: LISA, what are your priorities for the Indian Affairs Committee? What is it that you would like to see advanced? He told me what his priorities were. It is awfully nice being able to walk into that new relationship and agree that the most important thing we could do was to work together in a bipartisan effort to advance legislation that has been working through the process for a number of years, for a number of Congresses, and to successfully move that through the Congress.

We have worked on this bill through three committees of jurisdiction—the Indian Affairs Committee, the Finance Committee, and the HELP Committee—before finally bringing this here to the Senate Floor. I believe this legislation brings new hope for Indian health. It represents a step forward, a step toward the goal of providing our first Americans with health care that is on par with other Americans. It is not the end-all and be-all, but it is a first step, and I am encouraged that we have the opportunity to produce this legislation in support of that goal.

As my colleague has noted, this day has been far too long in coming. Efforts to enact comprehensive reform for the Indian Health Care Improvement Act began in 1999. This act was extended for 1 year back in 2001 through legislation introduced by Senator THUNE when he was a Member of the House of Representatives. Since then, the Indian Affairs Committee has shepherded several reauthorization bills through multiple Congresses, through multiple hearings, through multiple markups, but it has yet to be reauthorized despite the very good efforts of a great many.

This bill would reauthorize and would amend the Indian Health Care Improvement Act and applicable parts of the Indian Self-Determination and Education Assistance Act, as well as the Social Security Act.

The Indian Health Care Improvement Act provides a basic framework for delivery of health care services to American Indians and Alaska Natives. As Senator DORGAN has indicated, this is a Federal responsibility arising from the Constitution, arising from the treaties and from Federal court cases.

The act itself, first enacted back in 1976, was last comprehensively reauthorized in 1992. Think about the status of health care back in 1992 and what has changed. Certainly, in my State of Alaska, we have been able to do so much more in our remote areas because of what we are able to do through Telehealth. Well, back in 1992, I can guarantee you we were not doing then what we are doing now. It is so vitally important that we provide for this authorization to update a system by passing this bill.

We recognize there are still some outstanding issues that need to be resolved. I would like to think they are not central parts to this bill, and I am very confident we can deal with them if our colleagues work with us in the same very bipartisan way that we on the committee have done to advance this.

Now, Chairman DORGAN has given good background in terms of an overview, the need for reauthorization, and he has highlighted it with stories that touch our hearts, as they should. I wish to elaborate a little bit further on the legislation, how it developed, and give that overview as well as some of the key improvements we have in S. 1200.

To really understand the framework of the Indian health care system under this act, you have to keep in mind that there is very significant interplay between this act and the Indian Self-Determination and Education Assistance Act. The Indian Self-Determination and Education Assistance Act provides the process whereby Indian tribes and the tribal organizations contract or compact to take over administration of programs from the Indian Health Service. It is the interplay between these two statutes that provides a great deal of the backdrop for many of the principles that underlie this reauthorization.

The act essentially governs programs for the recruitment and retention of Indian health professionals, for health promotion and disease prevention, for facilities, urban Indians, and a comprehensive behavioral health system. The act also governs important authorizations which increase access to care where there is third-party reimbursement. It also sets forth the administrative organization for the Indian Health Service. Finally, it contains reporting requirements and other regulatory authority for the Secretary of the Department of Health and Human Services.

The bill is intended to improve Indian health care in three areas: First, by increasing access to health care; second, by updating the authorized

services and programs; and third, by facilitating innovative financing systems to help support Indian health.

So let's talk about the increase in access to care. In Alaska, we are talking about access to care all over the State. Geographically, as you know, we are very large, populations are very small, and providers are very limited. And this is throughout all systems, not necessarily just the Indian Health Service. This legislation includes programs to increase outreach and enrollment in Medicare, Medicaid, and SCHIP. We need to have aggressive outreach in order to ensure that the Native people who are eligible for these programs participate in them and so that they can navigate through a relatively challenging enrollment process.

We recognized the critical importance of the Medicare, the Medicaid, and the SCHIP programs for Indian patients. There was an Indian woman by the name of Ski who lives in southwestern Oklahoma. Along with her husband, she takes care of her three grandchildren and her great-granddaughter. About 4 years ago, Ski's doctor, after checking her x rays, found a large spot on her lungs. They also diagnosed her with thyroid cancer. Sadly, though, the IHS Contract Health Service, which is intended to provide for the kind of specialty care Ski needed, notified her that the funds aren't available to pay for it. This is very similar to some of the stories my colleague has mentioned.

Without this additional care, Ski, who is the primary caregiver for her grandchildren and great-grandchild, wondered if she would be around to watch her children and great-grandchild grow up. Fortunately, Ski won't have to face the prospect of living without health care because she did receive it—not through the Contract Health Service but through Medicare. It was these resources which allowed Ski to undergo the biopsy which ruled out lung cancer and to see a pulmonologist and receive testing on a regular basis for the pulmonary fibrosis she was eventually diagnosed to have. She had complete removal of her cancerous thyroid and since that time has been able to receive the follow-up treatments, the testing, and the examinations, all of which we know are very costly but which Medicare helped to cover so that Ski can continue her life raising her family.

She is fortunate and, unfortunately, somewhat of a rarity. Many Indian patients do not have Medicare or Medicaid to help them even though they may be eligible. In the legislation we have, S. 1200, it will help those Indian patients in accessing Medicare, Medicaid, and SCHIP through the outreach and the enrollment programs as well as other means.

Now, accessing third-party reimbursement also helps Indian health providers. The Makah Tribe is a good example of why we should include the provisions to assist tribes in participating in Medicare, Medicaid, and SCHIP. The Makah Tribe is in Washington State, and they are located on a very picturesque 44-square-mile Indian reservation filled with rich forests, wildlife, birds, and plant life—a very beautiful area.

From their home, tribal members can cross the Strait of Juan de Fuca and during the summers go fishing or boating in the Pacific. Although their home is a place of amazing beauty, it is also a very remote part of the State which presents some daunting challenges to the delivery of health services to the tribal members.

It has been reported that the tribe operates a small ambulatory clinic with over 2,000 users and only two doctors. Due to the remoteness of the clinic, the tribe has difficulty recruiting health care professionals, including dentists.

Over 70 miles away you have the nearest town with a full-service hospital, Port Angeles. But those 70 miles can be treacherous to negotiate. It is a winding road, a difficult road. There are several instances when the road has been washed out by storms, leaving no access to or from the reservation.

So there is no surprise that Port Angeles, being a larger town and a more accessible town, has salaries that are more attractive than the reservation.

The Makah Tribe administers the health care services through a self-governance compact for which the tribe should receive contract support costs. However, those contract support costs do not cover all of the indirect costs of health care services. So this impacts the tribe's ability to provide for competitive salaries and to provide for that full array of health care services. But despite all of those challenges, the Makah Tribe has remained resourceful. They are in the process of improving their third-party reimbursements, in particular the Medicare Part B access for eligible people on the reservation.

It is these additional reimbursements that assist the tribe in essentially hedging against the insufficient contract support costs. So when you hear of situations like what we are seeing with the Makah, recognize this legislation will serve to benefit the tribal health providers as well as the Indians who are served by allowing for, again, the additional reimbursement for improving access to care.

The legislation will also improve access by removing barriers to such enrollment such as the waivers of Medicaid copays and allowing the use of tribal enrollment documentation for Medicaid enrollment. These are very important to provisions in this legislation. I hope we will hear more of the good stories, the stories like Ski's, rather than the very damning stories we hear of the system currently.

Now, in updating health care services in Native communities, the bill establishes permanent authority for home and community-based services, and these are services which have been operating in the State of Alaska with very impressive results.

I mentioned just a few minutes ago Alaska's size. Many know Alaska Natives have to travel enormous distances away from their home communities to obtain any level of specialized care. Some people think we make this map up, just to show Alaska's shape over the continental United States—but this is actually true to size—the State of Alaska does stretch from just about Florida into Arizona and beyond, from Canada down to the southern area. Geographically, we are huge.

We have another chart that indicates how the distances for an individual coming from, let's say, Unalaska down here where Arizona is on the map. Unalaska is not only our State's largest fishing port, it is the largest, in terms of volume of fish, fishing community in the United States of America.

For an individual who is coming from Unalaska, which just has a small clinic, to come to Anchorage, which is where all of the points converge in the middle of the map, it is the equivalent of essentially going from Arizona to Kansas for your medical appointment to come to the Alaska Native Medical Center where you can see a specialist.

To give another example, the residents of Barrow, at the northern most part of the State, also have to travel to Anchorage to obtain specialty medical services in the Alaska Native Medical Hospital. That is the distance of coming from the Canadian border down to Kansas for medical services.

If you are coming out of the southeastern part of our State, in many of our island communities, again, you are moving from essentially Alabama or Florida into Kansas. The distances we deal with to provide access to care are realities for us in the State that other people cannot relate to.

We are not talking 100 miles, we are talking several hundred miles. When you put it in context that way, you recognize it is not just the time and the distance traveled, but it is the expense and the distance traveled.

Mr. President, as I was mentioning the distances that we deal with, I mentioned the time to travel, the expense to travel, but think about the situation if perhaps you are elderly, you are ill, or perhaps you do not know what is wrong, and you have to leave your village to go to our cities, our largest cities, which is very intimidating for many of our Alaska Natives in the first place.

They are away from their family, they are away from their community members, they are away from their traditional foods, they are away from their traditional activities. Many of our elders do not speak English, so they are coming into town where the language is different. Think about how well you would heal or how well you would feel in truly a strange and foreign place like this.

Well, the Yukon-Kuskokwim Health Corporation located out in Bethel,

Alaska, in western Alaska, decided this is unacceptable, to have to pull everybody from the villages so far away. And they developed a village and a regional service structure to help the elders, to help the Alaska Native patients with chronic diseases to continue living in their homes or in their community rather than being sent hundreds of miles away to receive special nursing care.

It was their pilot program to take over all home and community-based care in their region, which resulted in a reduction in service waiting time for the disabled and the elders in the region and truly improved the patients' health status level. This legislation may enable other tribal programs around the country to also engage in home and community-based care which would allow Indian patients to remain in their homes rather than face a lengthy hospital stay or nursing home stay in a distant and, again, a strange location.

Our legislation also consolidates and coordinates the various tribal health programs into a more comprehensive approach. As we well know, alcohol and drug abuse among many of our Native communities, and methamphetamine abuse, has reached epidemic proportions in some communities.

We had a gentleman, the former chairman of the Northern Arapahoe, Mr. Richard Brannan. He testified before our joint hearing before the 109th Congress, and then again during the 110th, and told us truly a heart-breaking story of the tragic and painful and terrible unnecessary death of a beautiful little Indian girl at the hands of methamphetamine-addicted individuals.

Chairman Brannan sought our help in providing both prevention and treatment for the drug and alcohol addictions that ravage Native communities. I am pleased that this bill will authorize such assistance and more to help prevent these tragedies from happening to other Indian children.

Now, also during the committee hearing on the methamphetamine plague, we received testimony from tribal leaders about the devastation this terrible drug has brought to their communities. Kathleen Kitcheyan, the former tribal chairwoman of the San Carlos Apache Tribe in Arizona, described a very personal loss, a tragic loss of a grandson to drugs. And she stated that on her reservation, they have methamphetamine users who are as young as 9 years old.

Think about what is happening to our children. Think about drug abuse and the addictions. But to know that children as young as 9 years old are being made the victims, we should all be alarmed when we hear stories like this. And what is equally horrifying are the residual effects of methamphetamine abuse on children. The former chairwoman testified how babies were being born on the reservation, born addicted to methamphetamine, with physical deformities. She stated that on her reservation a 22-year-old methamphetamine user tried to commit suicide by stabbing himself with a 10-inch knife. So many terrible stories. There were 101 suicide attempts on her reservation during the year 2004, 101 attempts that were directly related to meth.

Now, I have described that we are seeing methamphetamine users as young as 9, but it also afflicts the middle-aged as well as the elderly. Once meth has taken hold, few can escape without considerable help. The Indian Health Service estimates it takes well over 60 days in treatment programs in order to overcome these addictions. So just separating a methamphetamine addict from the drug for a period of a few weeks or even a month is not nearly enough to provide effective treatment, not nearly enough to break the addiction. The methamphetamine addicts need the long-term treatment necessary to allow their mental and their physical state to heal and to recover.

For the children, the IHS has 11 federally funded youth regional treatment centers with 300 beds overall. In addition, there are an estimated 47 or perhaps 48 tribal and urban residential programs for adults. One program, the Native American Rehabilitation Association in Portland, OR, which is an urban Indian facility, can also house the patient's family so the patient can also receive the very necessary family support during the recovery.

These programs authorized under the Indian Health Care Improvement Act, and more importantly the Indian and Alaska Natives who are suffering from meth addiction, will benefit from the updates to the behavioral health program in this bill.

Now, we heard from Chairman DORGAN that the Indian health system is funded at approximately 60 percent of the need. And with the new health hazards, whether it is methamphetamine or whatever the hazard is, that face our Native communities, we have to be innovative in finding solutions and resources in building upon the foundations that are set forth in the Indian Health Care Improvement Act.

This legislation will establish the Native American Wellness Foundation, a federally chartered foundation to facilitate mechanisms to support but not supplant the mission of the Indian Health Service. It is modeled after legislation which passed the Senate in the 108th Congress. I am pleased to say we will have an opportunity to advance it in this legislation as well.

I wish to mention two key provisions that have been briefly mentioned. This is regarding the issue of violence against Native women. In the substitute we hope to advance later, we will provide for authorization of prevention and treatment programs for Indian victims and the perpetrators of domestic and sexual violence. We will also provide critical incentives for Indian health providers to obtain certification and training as sexual assault nurse examiners or in other areas to serve victims of violence. Both these provisions build upon very important work this Congress did in the Violence Against Women Act, by addressing some of the systematic shortcomings to improve prosecutions, such as forensic examinations. I will speak on this a bit later.

One of the things we heard in testimony before the committee was that in many of our IHS facilities, they did not have rape kits available. They could not collect the forensic evidence. If you don't have the evidence, you cannot proceed with prosecution. When you hear stories such as this and ask for confirmation that, in fact, this is the situation, that we simply don't have the kits available—it is confirmed—it is no wonder women feel helpless in even seeking assistance after a violent act such as a rape. In addition, simply not having the training for the nurses at the clinics, these are areas of critical shortcomings and ways we can help to make a difference.

There are many good things in this bill, but I do wish to impress upon Members this is truly a national bill. It works to benefit Indians and Indian health programs in communities across the spectrum. I have mentioned that it has been a product that has been in the works for years, a very determined effort on the part of Native health leaders truly from all corners of our Nation. There are over 560 Indian tribes in this country, with 225 of those tribes in Alaska alone. Our Indian tribes and Indian health care system span the Nation from Maine to Florida, California to Washington, and, of course, to Alaska up North. According to recent information from IHS, over 1.6 million American Indians and Alaska Natives receive services in this system at over 600 facilities. These facilities are all over the board, in terms of what they can provide, ranging from inpatient hospitals, general clinics, and health stations.

There are some that look beautiful and there are some that you look at and say: We can do far better.

I mentioned earlier many Natives in the State travel into Anchorage from outlying areas to receive care at the Alaska Native Medical Center. As you can see behind me, it is a large, beautiful facility. It is designed to provide for that advanced level of care and specialty for Alaska Natives from around the entire State. But as one travels away from Anchorage, and you get off the road system out into the bush, the facilities vary in size and certainly in service and are certainly much more modest. We have a picture of the clinic in Atka, AK. It is a little rough around the edges, certainly, but they are able to provide for the basic needs in that region. I checked to identify some of the other challenges the folks in Atka face, in terms of their costs. This is a village where gas is selling for $5.09 a

gallon, and home heating oil is going for $4.99 a gallon.

We have a picture of the clinic at Arctic Village which is located more in the central or interior part of the State. I checked with them this weekend on the price of gas per gallon. It is 7 bucks a gallon. Their home heating oil costs are $6.36 a gallon. So it is expensive to live out there. It is expensive to heat your home. When you are ill or need help, this clinic is where you go in Arctic Village.

We know the need is extensive. The Indian health care system has to provide everything from basic medical to dental to vision services and medical support systems. It has to include the laboratory, nutrition, pharmaceutical, diagnostic imagining, medical records. Obviously, they are not providing that there at Arctic Village.

Senator DORGAN had mentioned the history of the Indian health care system. I will not take the time today to speak to that. I do, before taking a break, wish to take time to talk about some of the updates to the current Indian health care system we have in this legislation. As I mentioned, there have been enormous changes to the medical system since the last reauthorization of the Indian Health Care Act in 1992. So in order to update and provide for an improvement in the overall status of the American Indian and Alaska Native health and well-being, we have to make sure our facilities access is better.

Chairman DORGAN mentioned some of the health statistics and mortality rates we see among American Indians and Alaska Natives. We know these populations are dying at higher rates than others within the U.S. population. On tuberculosis, for American Indians and Alaska Natives the rate is 600 percent higher; alcoholism, 510 percent higher; diabetes, 229 percent higher; unintentional injuries, 152 percent higher; homicides, suicides higher. The statistics are all so troubling as we look to what we are providing and whether we are seeing improvement.

As I say that, we have seen some gains. With passage of the Indian Health Care Improvement Act of 1976, there were some pieces of good news insofar as decreases in mortality rates over the past 35 years. The average death rate from all causes for the American Indian and Alaska Native population dropped 28 percent between 1974 and 2002. We have seen gastrointestinal disease mortality reduced. Even though the death rate for Indians is 600 percent higher than the rest of the United States, we have seen tuberculosis mortality reduced 80 percent, and cervical cancer mortality has been reduced. Infant mortality has been reduced 66 percent. We are seeing good news there. The problem is, we started at such high levels. So, the statistics are still unacceptable.

In addition, we have population growth and economic factors which are creating strong pressure on American Indian and Alaska Native communities and their health care facilities. From 1990 to 2000, the population grew at a rate of 26 percent among the American Indian and Alaska Native populations. Compared to the total U.S. population, it grew by 13 percent. But we know the health care funding for Native people simply has not kept up with the expanding population and inflation.

This effective reduction in health care funding creates our current health status level. We see the survival rate improving, but all we need to do is look at the charts, look at the statistics. We know Indians and Alaska Natives still suffer disproportionately from a number of health problems. We know, for instance, in the area of diabetes, the rates are unacceptably high. While we recognize the Indian Health Service is trying to get this diabetes crisis under control—they are providing diabetes care to greater numbers of Native people than ever before, and we see some success—is it adequate? Is it sufficient?

Another area where we are seeing some success is in the area of vaccinations. We are getting higher vaccination rates for adults over 65. These have been instrumental in helping with some of our health statistics. Screenings, such as for fetal alcohol syndrome, have been helping to reduce the burden of preventable disease.

One of the aspects we face in increasing efficiencies within the delivery of the health care system, we know we have to use new technologies, new techniques, and these are contemplated and outlined in many areas of the legislation before us. I will go back to Alaska as an example of a State that faces very unique challenges in providing for quality health care to the residents in rural Alaska. The majority of the 200 rural Alaska Native villages are not connected to a road system. We don't have the roads. We are 47 out of 50 in ranking of States for the number of road miles, but we rank first out of 50 for overall land mass. We simply don't have a road system to speak of in much of Alaska. When you don't have a road system, you fly. We fly in small bush planes. During the summer months, we rely on skiffs and riverboats to get around. But for the most part, we fly. It is not luxury travel. It is a basic need.

From the chart I have behind me, you can't see the names of all the towns there, but it is there to demonstrate what we deal with as a State. When you look at the IHS budget in Alaska, you may be surprised to see the travel budgets are unusually large, oftentimes larger than staff budgets. That gets people's attention. Are we going out to conferences? No. This is how we get around in the State of Alaska and how we move our patients, those who need to get to that medical specialist. We move them by airplane. Up in the north there you see a community of Barrow. Nuiqsut is a small village outside of Barrow. They have a small clinic. Barrow has a larger one. But in order to receive any level of specialty care, an Alaska Native would have to fly about 700 miles south to Anchorage to the Alaska Native Medical Center. The cost of that particular flight is $1,100 for that person coming out of Nuiqsut.

Over to the west, out on St. Lawrence Island, an individual who is ill in Savoonga and needs to come into Anchorage for medical care is going to pay about $1,000. This is round trip, not that that makes it any better.

Down south of Anchorage, off of Kodiak Island—and if you look at the red lines, it looks as if it must be much closer to Anchorage and therefore less costly—if you are coming from Old Harbor on Kodiak Island, your airfare is going to be about $1,350 round trip to get you to and from.

So when we factor in the budgets of doing business, travel costs are enormous. This is all about access. We also recognize it is not just the cost. Oftentimes during the winter—this time of year—travel is shut down completely. For some of our communities, because of weather conditions, fuel barges have not been able to get into the community, and they have had to fly fuel in to provide for the diesel generation that provides the power in these villages.

Whether it is the ice, the wind, the snow, oftentimes it is just too dangerous to make the trip into town. Blue Cross has estimated that it is 300 times more expensive to operate a hospital or a clinic in Alaska than it is in the continental United States. These are the expenses we deal with.

In the last 10 years, we have seen access to medical specialists and health care improve. Working with my colleague, Senator STEVENS, we have seen a revolution in terms of how health care is delivered to our rural villages with the development of an advanced telehealth network. With 99 percent of the telehealth initiative coming from IHS funding and managed by the Alaska Native Tribal Health Care Consortium, the Alaska Federal Health Care Partnership is a collaboration with the Department of Veterans Affairs, the Department of Defense, and the U.S. Coast Guard. They teamed up together to develop the Alaska Federal Health Care Access Network. They developed a special telehealth cart, and they deploy these carts to small villages in rural Alaska. They are able to provide a very wide variety of clinical services, including cardiology, community health aid training, dental and oral health, dermatology, ear, nose and throat care, as well as emergency room services.

They had a demonstration cart here a couple years back to just kind of show us what it is they were doing. I had just come off a trip up north, and I was due to fly again very soon. My ears were all plugged up. I said: Well, show me how this works. Just standing right there, they put a little monitor in my ear, and they were talking to a doctor in Anchorage. He said: You just have a little inflammation there. You are fine to fly.

What we are able to do with telehealth is to connect many of our Alaska Natives in a very cost-effective way for them to have access to qualified health care specialists without necessarily leaving their village.

We continue to evaluate the cost savings we are seeing as a consequence of this telemedicine. The preliminary data suggests that 37 percent of the time, telemedicine prevented the need for a patient and family escort to travel. That saved an estimated $4.4 million in travel costs. So if you can save $4 million in travel, because we have the technology in front of us, it is a savings for all of us.

Tribal health providers in Alaska with their Federal counterparts have been extremely innovative in addressing the unique health care challenges of our State. The Alaska Federal Health Care Access Network has been working with the IHS service areas to expand quality and affordable health care to American Indians across the United States.

The new opportunities, such as expanded telehealth, found in S. 1200 serve important purposes in promoting good investments. Indian tribes and tribal organizations have performed admirably in developing their health care services and facilities. These types of efforts should be rewarded and encouraged by passage of this bill.

There are some other items I would like to speak to, and I may come back to them at another point in time. But before I conclude for now, I want to mention the importance of the program in the sanitation facilities area.

I could probably stand all day justifying the need for the reauthorization, but one area that has been demonstrated to be one of those very important functions in reducing health disparities is the Sanitation Facilities Program. This program governs the construction, operations, and maintenance of sanitation facilities providing clean water and sanitary disposal systems to Indian and Alaska Native communities.

For us in Alaska, the issue of sanitation is one we have been struggling with for far, far too many years. One in three families—one in three families—in rural Alaska has no sanitation facilities. We are not talking about upgraded sanitation facilities; we are saying no sanitation facilities. What we have in many of our villages, still, unfortunately, is a system we refer to as the honey-bucket system. It is not a very refined system. In fact, it is a system that, for those of us in the State, we look at with shame and say: For Alaska Natives, for Alaskans to have to rely on this as their sanitation system is offensive. It is close to Third World conditions, and here we are in the United States of America, and you have a system where human waste is collected in a bucket and hauled outside and dumped in a collection facility. In some areas, it is less than a collection area; it is dumped in a lagoon. You can walk through some of these communities, and you have waste that is spilled along the wayside.

I have in the Chamber this picture of these two little Native boys. It is like the equivalent of taking out the trash—taking out the honey bucket. If you do not think this does not contribute to some of our health issues in rural Alaska, you have not looked at the facts.

In testimony before the committee, we had Steven Weaver. He is from the Alaska Native Tribal Health Consortium. Steve Weaver has been very instrumental working with us in order to eliminate the honey bucket. But he spoke at that hearing to the challenges families face in communities without sanitation facilities. He said: Other folks in America have the convenience of running water and inside flushing toilets, but in too many of our Native communities we have to haul the clean water into the homes and then haul the honey buckets out of the homes as part of the household chores, part of the daily living.

I was in a community several years back and visited the health clinic there. It was a very small health clinic. It was one of the villages that still do not have running water. There was a honey bucket in the corner of the health clinic. When you think about the need for sanitation, particularly in your clinic, and you realize there is no running water and the human waste must be discarded by walking it out the door, the health consequences in communities without running water, without sewer are very real.

The Alaska Native Tribal Health Consortium reported that infants in communities without adequate sanitation are 11 times more likely to be hospitalized for respiratory infections in comparison to all U.S. infants and 5 times more likely to be hospitalized for skin infections than those in communities with adequate sanitation.

We have about 6,000 homes without potable water, about 18,650 homes that need improvements or upgrades for water, sewer, or solid waste.

This legislation, S. 1200, will maintain the Sanitation Facilities Program. For us in a State such as Alaska, this is vitally important.

Mr. President, at this time I am prepared to defer to Senator GREGG. He has been waiting some time. I do have additional comments I will make throughout the day, but I yield the floor at this time.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mr. GREGG. Mr. President, I ask unanimous consent that Senator STEVENS be recognized for up to 10 minutes following my remarks.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Mr. President, is the request for a presentation on the bill without amendment?

Mr. GREGG. Mr. President, I have no knowledge of what the request is other than a request for 10 minutes of remarks.

Mr. DORGAN. Mr. President, I will agree to that request with the understanding it is on the bill without an amendment. I would also like to add to the request that Senator BINGAMAN be recognized to offer an amendment immediately following the presentation by Senator STEVENS.

The PRESIDING OFFICER. Is there objection to the request, as modified?

Without objection, it is so ordered.

The Senator from New Hampshire.

Mr. GREGG. Mr. President, I wish to speak on a subject which is not related to this bill. I congratulate the managers for bringing this bill forward.

STIMULUS PACKAGE

Mr. President, the subject I rise to speak about is one that is fairly topical to today's events, obviously, with what is happening in the international markets and in the stock market and with the Federal Reserve System, and that is the issue of how we as a Congress should proceed relative to what has been called a stimulus or growth proposal.

I want to put down what I would call a red flag of reason, let's call it, as we move forward on this stimulus package. Let's first understand what the problem is we are confronting.

The economy has a serious overextension of credit. This overextension of credit occurred because, as often occurs, there was a period of exuberance in the credit markets.

Now, I have had the good fortune to be involved in Government and in the private sector for a number of years, and I have seen this type of situation arise at least two major times during my career, once when I was Governor of New Hampshire. What happens is people who make loans suddenly find they have a lot of cash available to them to make loans, and they go out and start making loans based on speculation that it can be repaid rather than on the capacity of the individual they are lending the money to to repay it or based on speculation that the collateral for that loan will always maintain its value as originally assessed when, in fact, that collateral may be overstated.

This usually comes at the end of what is known as a business cycle, when basically you have a lot of people out there who probably have not been through a downturn before in their lives who basically put out credit at a rate that is irrationally exuberant—to use the terms of Mr. Greenspan on another subject of the late 1990s bubble—and as a result, credit is put out that, in this instance, was put out at a rate and to individuals who basically did not have the capacity to repay it under the terms of the credit, and with collateral that did not support it.

This exuberant expenditure of credit or promotion of credit was compounded by the fact that we had an inverted pyramid created. That item of credit, that loan that was made, which was

made on collateral which didn't support it and which was made to an individual who probably didn't have the ability to repay it under the terms that it was made on, that item was then sold and it was sold again, and then it was turned into some sort of synthetic instrument which was multiplied and created more sales of the item. So you have basically an inverted pyramid, where that initial loan, which had problems in and of itself on the repayment side and on the collateral side, was compounded by a reselling of the loan over and over again in a variety of different markets and through a number of different instruments, which essentially exaggerated the implications that that loan should not be repaid. So that is what has happened. The loans can't be repaid, in many instances, or the collateral isn't there, in many instances, so these loans start to get called and they start to be foreclosed on. Because they can't be repaid, the lenders find themselves in a situation where they have to obtain liquidity from somewhere else. So they start to contract their lending to basically people who can repay because they must maintain a strong balance sheet, they must maintain their capital reserve, and as a result it feeds on itself and you have a liquidity crisis.

That is a classic business cycle. It is a classic end to a business cycle, and that is what we are in today. It is unfortunate and it causes great personal harm and trauma and it obviously disrupts the economy and people and it affects people's lives. People are damaged by this. Its roots basically go to the fact that there were people lending money to people who should not have been lent money under the terms they were lent it without the collateral they needed for support.

So how do we react to that? How do we keep that from snowballing into a massive slowdown in the economy or a possible potential recession? Well, the discussion is to stimulate the economy through some sort of fiscal policy and the Federal Government taking action—what is known as fiscal policy. There is also, of course, the monetary side. Today the Federal Reserve cut the rates by 75 basis points, and as a result, the market reacted, although it was hugely down when they started. I haven't looked at it recently. I don't know that it reacted in a positive way to that cut in rates.

On the fiscal side, there is a lot of discussion about stimulating the economy. I guess my red flag of reason I am putting out here is, if we are going to stimulate the economy through fiscal policy, let's at least do it correctly. Let's not do it in a way that damages the economy or the future or that basically gets you a short-term political headline but doesn't get you the impact you need, which is to help people through a difficult economic period.

The proposals which are out there, most of which I have seen, have fallen into two categories. One is stimulate the economy by giving people money to spend and the other is to stimulate the economy through energizing small business and large business to invest in economic activity. The problem we have with a stimulative event, which is basically giving people $100, $200, $300, $400, whether you give it to them directly or whether you give it to them through the tax laws, is that money will be spent, but does it stimulate our economy? I am not so sure. So much of the product we buy in America today, that we consume in America today is produced outside the United States: Maybe it stimulates the Chinese economy, but I am not so sure it stimulates our economy. What may be raising the Chinese economy may raise the national economy and that helps us out, but as a practical matter, I am not sure it gets a big bang for the bucks expended, and, most importantly, what happens when you take that sort of action is you borrow this money. This money doesn't appear from nowhere that you are going to put out into the marketplace and say: Here, American citizen, we are going to return you X dollars through a direct payment—probably an inverted tax payment of some sort, for people of low income who aren't basically paying taxes are going to get some sort of payment; middle-income people will get a lesser payment or some marginal payment. That money has to be borrowed. That money gets borrowed from our children. The practical effect of borrowing that money, if it is a $150 billion one-time event, is it compounds because there is interest on top of that and it grows into a lot more money. Then our children and our children's children end up having to pay it back. So do you get the value? Is there a value there that is large enough to justify putting this debt on our children's backs for this type of stimulus event? I think we have to look at that very seriously.

There are proposals out there that we should essentially waive the Social Security payment, for example; that we should say we are not going to require people to make their Social Security withholding payment for 1 month or 2 months or whatever the number would be that we would settle on. That, as a policy matter, has very serious implications for our children and our children's children. Essentially, the Social Security system is supposed to be an insurance system, where you as a working American pay into the system so when you retire, you have paid into the system money which is then returned to you through Social Security payments for your retirement. It is and historically has been viewed as an insurance policy approach, with the Federal Government managing the insurance. Yes, nobody is going to argue the fact that the Social Security system in the outyears does not have the resources to repay the liabilities that are on the books. That is a big issue for us and it is a function of the retirement of the baby boom generation. But you only radically, quite honestly, aggravate that problem by borrowing from the Social Security Administration to essentially fund the short-term fix of a stimulus package.

First, you have created a brandnew event, which has never happened in my knowledge, of taking Social Security dollars and moving them over for the purposes of an expenditure which is a day-to-day operation of Government expenditure. You are basically formally saying the Social Security dollars which are paid in, in taxes, can be used for something other than the purposes of creating obligations which will be paid back in the form of retirement payments. You are saying Social Security dollars will go directly—without any obligation being shown on the Social Security balance sheet—will be taken off the Social Security balance sheet and put directly into the day-to-day operation of Government for the purposes of paying people a stimulus event of $500 or $600. The implications of that are huge, from a public policy standpoint.

We are basically totally readjusting our approach as a nation toward Social Security. You are basically saying Social Security is a dollar in, dollar out purpose, with absolutely no fund and that there is no offsetting balance being set up for Social Security payments, which is used later to pay down the Social Security responsibility. That is a terrible precedent. It may be a theoretical debate, but it is one heck of a big precedent to create that sort of new paradigm relative to Social Security.

Again, what do you get for it? You get a momentary stimulus which may or may not help our economy, because as we all know, most of that consumer event is going to occur with the purchase of products produced outside the country, to a large degree, and you don't get any long-term action which is essentially going to improve the financial viability of the Social Security system. In fact, you significantly aggravate it because, again, you compound that event, and compounding interest has an amazing effect in the area of what will end up as the total cost of that one-time event. Ask the notch babies about that. So this is a policy choice which I think would be truly destructive to the historical role of Social Security in our Government and would be equally probably nonproductive as a stimulus to our economy and probably do more damage than good.

There is also the proposal that we extend unemployment insurance for another 2 weeks, 3 weeks, 4 weeks. Well, that has some arguably positive benefits if you are into a recession, but we are not in a recession. We have essentially what has historically been deemed full employment in this country, which is we are at about 5 percent of unemployment. When you extend unemployment and you have full employment, you are basically creating an atmosphere where people who are on

unemployment have no incentive to go out and find a job, even though there may be a job available because you are at pretty much a full economy. So are you being destructive to the system or are you actually reducing productivity to the system when you make that choice? I would say that is a very debatable issue and one which needs to be looked at before we take this action.

I understand that politically it is a great press release: We are going to extend unemployment for 2 weeks for people who are out of work. Yes, that is a great press release, but if you have earned literally at full employment, which is where we appear to be right now, or pretty close to it, then to extend unemployment at this time could be counterproductive, significantly counterproductive to keeping the economy going, because it would not allow people to go out and find jobs for whom jobs may be available.

Now, if we do move into recession, which is——

The PRESIDING OFFICER. The Senator from New Hampshire has used his allotted 10 minutes.

Mr. GREGG. I ask unanimous consent for an additional 5 minutes.

Mr. DORGAN. Mr. President, Senator STEVENS is to be recognized following Senator GREGG and then Senator BINGAMAN, both of whom I believe are here. Certainly, if the Senator wishes I would not object, but both I think have been waiting for some period of time on the bill.

Mr. GREGG. I appreciate that, and I will try to make this brief and wrap up in less than 5 minutes.

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

Mr. GREGG. So we have that issue, which is fairly significant. The real goal of a stimulus package should be to create an atmosphere where we actually improve the underlying pillars of the economy, and that means we improve productivity, we improve the incentive of people to be productive and go out and create jobs, and that can be done if we need to do this, and that is very much an issue—that can be done through initiatives which are productive, or which are on the productive side of the ledger rather than just on the spending side of the ledger.

I know, historically, people have said: Well, inject money into the economy and that will make it move. That was before we got to an international economy, where essentially injecting money into the economy so consumers can spend money basically moves the Chinese economy, not necessarily ours. What makes much more sense is if we are going to inject money into this economy through some sort of Federal initiative, we should do it in a way where we create economic benefit to our economy, by making it more productive and thus creating more jobs and creating more incentive for entrepreneurs. There are a lot of ways to do that. As we proceed down this road to discuss this issue of stimulus, I will continue to discuss that point and get specific on ways we could do that.

So I wished to raise this sort of red flag of reason before we step on to this slippery slope of a stimulus package which could easily end up being primarily a spending package, for the purposes of addressing whatever anybody happens to deem to be a good political spending issue, that before we step on that slope, we take a hard look at what we will end up with in the way of producing benefit for people today versus producing debt that our children will have to repay and maybe undermining our economy generally for the long term.

I yield the floor at this time.

The PRESIDING OFFICER. The Senator from Alaska is recognized.

Mr. STEVENS. Mr. President, I am pleased to speak today in support of my colleague, Senator MURKOWSKI, and explain my strong support for the passage of S. 1200 which will reauthorize the Indian Health Care Improvement Act.

It has been 15 years since the Indian Health Care Act was reauthorized and almost 10 years during which reauthorization bills were introduced in the Congress but received no action. Great advances in the models for the delivery of health care have occurred during this time which need to be incorporated into the Indian health care system. This bill does that. The health needs of Alaska Natives in our State and American Indians throughout the country continue to grow. It is important we pass this bill.

Ten years ago, we opened the Alaska Native Medical Center in Anchorage. It is the only tertiary care hospital in the Indian health care system. At the same time, we created the Alaska Native Tribal Health Consortium, and Alaska Natives took over the management of the entire Native health care system in our State.

I believe much has been done in the last decade. Alaska now has the best health care system in the entire country. The reason, in my judgment, is that the system is operated by the Alaska Native people, who have shaped it to fit their own needs. But Alaska Native health leaders across our State have told me again and again that they believe this legislation needs to be passed because it contains new provisions to aid delivery of health care to the Indian people. It is necessary to continue their critically important work.

This Indian Health Care Improvement Act is a comprehensive bill. Every aspect of what it takes to improve a true system of care to the Alaska Natives and the American Indians is in this bill.

The health status of Alaska Natives and American Indians is poorer than that of the average American. It is poorer than what the average American receives. Many of our people live in remote communities with little economic base, high unemployment rates, and low income levels. These conditions create a ''perfect storm'' of health care obstacles for Alaska Native people. These people must travel farther than others throughout our country to receive health care services. They are less healthy than the average American, and they have more medical issues they face because of the circumstances under which they live.

In Alaska, many communities are not served by roads. For instance, a pregnant woman living in Adak, way out on the Aleutian chain—almost 1,200 miles from Anchorage—must travel by air to deliver her child. She must fly to Anchorage to do that. As she does, she will have flown more than 5 hours, and she will be flying on a plane that is only available 2 to 3 days a week. As it is almost everywhere in Alaska, the weather conditions are really great problems and can delay the start of such a trip for a week or more. Of course, all of these concepts increase the cost of health care, but it is the availability of health care that counts, and it is really difficult for our people to get to the areas where health care can be provided to them.

The Alaska Native Tribal Health Consortium and the Native health organizations in our State have worked hard to improve the health status of our Native people. Rates for diseases, such as tuberculosis, have dropped dramatically, and we have improved access to health care and basic public health measures, such as childhood vaccinations, and installation of water and sewer systems in rural Alaska has also improved our health care. Between 1950 and 2007, Alaska Native life expectancy rose from 46 years to 64 years of age. Those are improvements brought about by health care.

However, in Alaska, as in other parts of the country with Indian populations, many infectious diseases have increased, and other health problems have taken the place of those we have eliminated. Respiratory illness outbreaks threaten the lives of Native babies and toddlers and fill our hospital beds in the Yukon-Kuskokwim area of our State every winter. Noninfectious conditions, such as suicide, violent injury, and intentional injury, still plague Alaska Natives at a very high rate. As the population ages, rates of cancer, heart disease, and diabetes threaten the gains we have made in life expectancy.

The Alaska Native health system has been innovative and pioneered access to and delivery of health services to the Native people in Alaska. Yet huge disparities continue to exist. This bill needs to be passed and funding increased to address these health disparities to save and improve lives in Alaska and to reduce the cost of health care throughout our area and Indian Country.

Title I of this Indian health care bill provides support for Native people to receive training as health workers. Each year, Alaska Natives and American Indians complete their education,

supported in part by programs authorized under title I, and return back to their home to take positions as nurses, doctors, social workers, behavioral health specialists, and administrators—all to improve the health care system.

The Alaska Community Health Aide Program, which is an important example, is an outstanding example of innovation in the delivery of health care in remote communities.

When I came to the Senate, there was hardly any health care in our Alaska villages. They received their health care by the wife or a spouse of the superintendent of the Indian school or native school, calling in to Anchorage, their one central hospital. There were no health aides. We created and pioneered the concept of community health aides.

Through the many years since that time, Alaska Native health leaders worked with the Indian Health Service to train community members to provide tuberculosis treatment during epidemics in Alaska, and the program has provided more than 500 community health aides, with all levels of health care in over 178 remote villages where there is no other type of health care provider.

Recently, the Community Health Aide Program was expanded by the Alaska Native health system, making specifically trained behavioral and dental health aides available to people living in villages. Today, Alaska's telemedicine system, with installations in 235 sites across Alaska, allows the community health aides to have direct access to physicians and dentists in regional hub hospitals in Anchorage and Fairbanks. They can use telemedicine to contact outside specialists who can assist them in the various clinics throughout the country. I will speak of a few of these people.

Jennifer Kalmakof, a community health aide from Chignik Lake, is an example of how important the aides are in their communities. Jennifer won the 2007 Vaccine Alaska Coalition's Excellence in Immunization Award, presented to her at the Alaska Public Health Summit this past December. She made it her mission to increase and improve and maintain immunizations at the local level. She started her own system to keep track of infants, children, elders, and adults, using her own money to buy tackle boxes in which she organized clinic vaccines and kept them in her own refrigerator. She pioneered keeping track of the type of assistance these people need in terms of immunizations and various types of vaccinations.

Title II of the bill addresses the range of services authorized, recognizing the change which has already occurred in our non-Native health system, where the emphasis has shifted from health care to home- and community-based care—such as provided by the young woman I mentioned—especially for long-term care services. All Alaska Natives need to have access to these home-based services, and the assisted living and nursing homes that recognize the cultural needs of Alaska Native elders need to also be available.

Title III of the bill addresses safe water and sanitation needs. There continues to be enormous unmet needs for investment in safe water and sanitation systems in Alaska Native communities. Currently, 26 percent of rural Alaska Native homes lack adequate water and wastewater facilities.

For instance, Andrew Dock lives with his large family in Kipnuk, AK. In his household, there are two adults, six boys, and three girls. The youngest child is 1, and the oldest is 22. There is no piped-in water in this village and not even a central watering point. In the winter, water is obtained by chopping ice from tundra ponds with a steel ice pick and hauling it to his home in three 30-gallon gray garbage cans in a sled pulled by a snow machine. In the summer, he obtains water by collecting rainwater from domestic rooftops. It is also possible to haul water from a lake at Tern Mountain, which is a 13-mile boat trip. Hauling water is a daily chore—one to three trips a day to support drinking, cooking, and washing clothes. He hauls over 1,000 gallons of water per week to just keep safe water for the Dock household.

In Kipnuk, sanitation is accomplished by 5-gallon honey buckets in each home. I know Senator MURKOWSKI talked about this. Buckets are self-hauled twice a day through the living space of the family and deposited in a collection hopper nearby. Buckets must be emptied into another bucket when they become too full to carry without spilling in the home.

Collection of the hoppers is often delayed, and there can be as many as five buckets waiting next to the hopper to be emptied.

More than 6,000 homes in rural Alaska are without safe drinking water, and nearly 14,000 homes require upgrades or improvements to their water, sewer, or solid waste systems to meet minimum sanitation standards.

There is also an immense unmet need for health care facilities throughout the Indian Health Care system, including in remote parts of Alaska. In Barrow, the northernmost point in the United States, $143 million is needed to build the only hospital in an area the size of Idaho. And in Nome, $148.5 million is needed to build the only hospital in an area the size of Virginia.

Other parts of the bill address the ability of native health organizations to bill third parties for health care services delivered to native beneficiaries also covered under public or private insurance programs. These funds provide critical additional funds to make up for shortfalls in Indian Health Service funding, including for emergency care.

While the typical emergency response time from emergency 911 call to hospital care is generally clocked in minutes, in Alaska it is clocked in hours. In 2005, a young man in Bethel, Alaska, was stabbed in the stomach during an early morning fight and needed to be air-ambulanced to Anchorage, more than an hour away by jet. Due to weather and mechanical issues, the patient finally arrived at the hospital in anchorage about 7 hours after the first emergency call. A one-way air ambulance flight from Bethel to Anchorage costs more than $13,000.

Finally, the bill addresses behavioral health needs of native people. The life expectancy of people with mental health issues is 25 years less than those without mental health issues. In Alaska that means that while we continue to make strides towards improving life span, we have not yet been able to adequately address this issue due to program and funding limitations.

The combination of substance abuse and mental illness is associated with much higher rates of multiple diseases and early death. One in eleven Alaska native deaths is alcohol-induced, and alcohol was the fourth leading cause of death from 1993 to 2002 in Alaska. Alcohol contributed to 85 percent of reported domestic violence cases and 80% of reported sexual assault cases between 2000 and 2003. Suicide among Alaska natives remained steadily at two times the non-native rate in Alaska from 1992 to 2000.

Integrated behavioral health programs can make a difference in this picture. Maniilaq, the native health organization in northwest Alaska, operates a very successful behavioral health program called the Mapsivik Treatment Camp, which provides alcohol treatment for families in a remote location. It is a year-round program that integrates the family into cultural and behavioral health treatment models. The camp has been successful in reducing recidivism and helping to heal whole families. And the Raven's Way program operated by the Southeast Alaska Regional Health Consortium for adolescents has now graduated more than 1,000 kids. Many of these graduates have gone on to lead healthier lives, become hardworking adults, and some have even become native leaders.

In conclusion, the need to pass this legislation now is clear, and I urge my colleagues to support passage of the bill.

The PRESIDING OFFICER. The Senator from New Mexico is recognized.

Mr. BINGAMAN. Mr. President, the Indian Health Care Improvement Act was first enacted in 1976. It has enabled us to develop programs and facilities and services that are models of health care delivery with community participation and with cultural relevance.

We have accomplished a substantial amount under the Indian Health Care Improvement Act. American Indians and Alaska Natives today have lower mortality rates from diseases, such as heart disease and cerebrovascular disease, malignancy, and HIV infection,

than they did before. Under the Indian Health Care Improvement Act, the infant mortality rate has decreased since 1976 from 22 per 1,000 to 8 per 1,000.

In spite of the notable improvements, there are still shocking health disparities that remain for Indian people. Let me give you some examples from my home State of New Mexico.

First, let me say that over 10 percent of our population in New Mexico is American Indians. We have the second highest percentage of Native Americans of any State in the country.

Native American women in New Mexico are three times as likely to receive late or no prenatal care compared to national rates. Native American New Mexicans are more than three times more likely to die from diabetes compared to other New Mexicans. Death rates for Native American New Mexicans from motor vehicle crashes are more than double those of non-Indians. That is largely explained because American Indians on tribal lands have accidents that are far from trauma centers, and therefore they do not have rapid access to lifesaving care.

These disparities in mortality rates contribute to a shortened life expectancy for Indians compared to other Americans. National statistics show that Indians live, on average, 6 years less than do other Americans. That discrepancy is as high as 11 years for some South Dakota tribes.

The Indian Health Service is one of the primary sources of health care for Native Americans. For years, the Indian Health Service has struggled to meet the needs of the Indian population, but in doing so they have faced enormous challenges. There are aging facilities, staff shortages, funding shortfalls, and all of these present challenges to the Indian Health Service. When facilities and staff are not sufficient to meet the needs, contract health services need to be purchased at the prevailing rates. Funds supporting contract health services generally run out by about midyear, and that leaves the Indian Health Service with no alternative but to ration care. Life-and-limb saving measures are selected by necessity over such things as health promotion and disease prevention.

So what resources would be adequate to meet these challenges? To answer that question, I call my colleagues' attention to information that has been provided by the Congressional Research Service.

Let me put up a chart that makes the comparison that I think is useful. This is a graphic illustration of 10 years of health care expenditures per person in various of the programs we support. The top line, the red line, is Medicare, primarily individuals 65 or older in this country. Medicaid is the level of funding per capita we provide under Medicaid. The Indian Health Service number is this blue line which is the lowest line on the chart. The sum of all public and private sources of health care dollars divided by the number of users nationally, or the average health care expenditure per American, is depicted in the green line. So we can see that the average American gets substantially more per recipient spent on them for health care services than does the average Indian American.

In 2004, the U.S. Commission on Civil Rights produced a report entitled ''Broken Promises: Evaluating the Native American Health Care System.'' This report contained four important findings.

No. 1, they found annual per capita health expenditures for Native Americans are far less than the amount spent on other Americans under mainstream health plans. That is exactly what this chart says.

No. 2, they find annual per capita expenditures fall below the level provided for every other Federal medical program. And, again, that is demonstrated very well on this chart.

No. 3, they found annual increases in Indian Health Service funding have failed to account for medical inflation rates or for increases in Indian population.

And, No. 4, they found that annual increases in Indian health care funding are less than those for other health and human services components.

This 2004 report concluded:

> Congress failed to provide the resources necessary to create and maintain an effective health care system for Native Americans. The Indian Health Care Improvement Act has not been reauthorized since.

That report was done in 2004. Reauthorization of this legislation is long overdue. As many of my colleagues have already said, we need to act now to ensure its swift passage because of the very serious funding shortages within the Indian Health Service.

Senator THUNE and I are offering an amendment to provide for an expansion of section 506 of the Medicare Modernization Act, which protects Indian Health Service contract health services funding. This contract health services funding is utilized by the Indian Health Service and tribes to purchase health care services that are not available through the IHS and tribal facilities. These are health services such as critical medical care and speciality inpatient and outpatient services.

Nationally, the Indian Health Service and tribes contract with more than 2,000 private providers in order to get these services. Unfortunately, because of the very low funding levels available for contract health services, funding often runs out in midyear, as I indicated before.

Making this problem even worse, prior to section 506 of the Medicare Modernization Act, there was no limitation on the price that could be charged for contract health services. In many instances, providers were charged commercial rates or even higher rates for those services, far in excess of the rates that were being paid by Medicare, by Medicaid, by the Veterans' Administration, and by other Federal health care programs.

Section 506 of the Medicare Modernization Act provided that Medicare participating hospitals had to agree to accept contract health services patients and had to agree that Medicare payment rates would serve as a ceiling for contract health services payment rates to those hospitals.

AMENDMENT NO. 3894

Mr. President, I send a Bingaman-Thune amendment to the desk and ask for its consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from New Mexico [Mr. BINGAMAN], for himself and Mr. THUNE, proposes an amendment numbered 3894.

Mr. BINGAMAN. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To amend title XVIII of the Social Security Act to provide for a limitation on the charges for contract health services provided to Indians by Medicare providers)

At the end of title II, add the following:

SEC. _____. LIMITATION ON CHARGES FOR CONTRACT HEALTH SERVICES PROVIDED TO INDIANS BY MEDICARE PROVIDERS.

(a) ALL PROVIDERS OF SERVICES.—

(1) IN GENERAL.—Section 1866(a)(1)(U) of the Social Security Act (42 U.S.C. 1395cc(a)(1)(U)) is amended by striking ''in the case of hospitals which furnish inpatient hospital services for which payment may be made under this title,'' in the matter preceding clause (i).

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply to Medicare participation agreements in effect (or entered into) on or after the date that is 1 year after the date of enactment of this Act.

(b) ALL SUPPLIERS.—

(1) IN GENERAL.—Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

''(n) LIMITATION ON CHARGES FOR CONTRACT HEALTH SERVICES PROVIDED TO INDIANS BY SUPPLIERS.—No payment may be made under this title for an item or service furnished by a supplier (as defined in section 1861(d)) unless the supplier agrees (pursuant to a process established by the Secretary) to be a participating provider of medical care both—

''(1) under the contract health services program funded by the Indian Health Service and operated by the Indian Health Service, an Indian Tribe, or Tribal Organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act), with respect to items and services that are covered under such program and furnished to an individual eligible for such items and services under such program; and

''(2) under any program funded by the Indian Health Service and operated by an urban Indian Organization with respect to the purchase of items and services for an eligible Urban Indian (as those terms are defined in such section 4),

in accordance with regulations promulgated by the Secretary regarding payment methodology and rates of payment (including the acceptance of no more than such payment rate as payment in full for such items and services.''.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply to items and services furnished on or after the date

that is 1 year after the date of enactment of this Act.

Mr. BINGAMAN. Mr. President, the Bingaman-Thune amendment would build on section 506 to ensure that these requirements, the requirements that 506 apply to hospitals that were contracted with by the IHS, apply not just to hospitals but to all participating Medicare providers and suppliers. In other words, the amendment would ensure that scarce contract health services dollars are used more efficiently, providers would be ensured a greater likelihood of receiving contract health services payments and would be provided continuity in the payment levels with other Federal programs.

The Bingaman-Thune amendment is supported by a wide range of Indian health advocates, including the National Indian Health Board, the Navajo Nation, and First Nations Community Health Source in New Mexico.

I urge my fellow Senators to join Senator THUNE and myself in supporting this important amendment.

In conclusion, I underscore that passage of this overall legislation, the Indian Health Care Improvement Act, is critically needed and long overdue. I congratulate the Senator from North Dakota for his persistence in getting this legislation brought to the floor, and I congratulate and thank our majority leader, Senator REID, for scheduling this as the first item of business in this second session of this Congress. It speaks volumes about the importance Senator REID attaches to this legislation.

I hope my fellow Senators will join me in strongly supporting passage of the legislation once the Bingaman-Thune amendment has been adopted.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. CARPER). The Senator from North Dakota.

Mr. DORGAN. Mr. President, I thank the Senator from New Mexico for offering the amendment. I know he offers it on behalf of himself and Senator THUNE from South Dakota. I fully support the amendment. This amendment will provide maximum opportunity to stretch the Indian health care dollars. The amendment is a thoughtful amendment that will, in my judgment, strengthen the underlying bill.

I am very interested in supporting it. We are working to see if we can get a vote on this amendment today. I believe the majority leader wishes to begin voting today, and I hope perhaps we can arrange consent to have a vote on this amendment later this afternoon.

I also thank the majority leader for bringing this bill to the floor of the Senate. When I was vice chairman of the Indian Affairs Committee and Senator JOHN MCCAIN was chairman, we worked on this bill. We tried very hard to get it to the floor, but we were not successful. This is the culmination of lot of work and important work, in my judgment, to get it to the floor. I appreciate the cooperation of the majority leader for giving us the opportunity to get it to the floor.

My hope is we will have the cooperation of other Members of the Senate. If there are amendments to be offered, we wish they would come and offer those amendments. We would like to get amendments and time agreements and try to find a way to complete this legislation.

I also failed to mention earlier that the Senate Finance Committee had a referral on this bill. They did some very important work. Senator BAUCUS, Senator GRASSLEY, and other members of the Senate Finance Committee were very helpful, as has been Senator KENNEDY and Senator ENZI on the HELP Committee, and Senator KYL and others.

This bill is bipartisan. We are trying very hard to get this legislation completed. As I indicated earlier, this is long past the time when this should have been done. People are literally dying for lack of decent health care that most of us take for granted, most of us expect and receive. That is not the case with respect to Native Americans. We desperately need to change this situation.

My hope is, if there are those who are intending to offer amendments today, that they come to the floor and offer the amendments. We know of a number of amendments. I appreciate the cooperation of Senator BINGAMAN in offering his amendment now. If there are others, I hope we can proceed.

Mr. President, I wish to briefly speak about another issue we have been dealing with. My colleague from New Hampshire spoke briefly, and I think in the absence of others being in the Chamber, I wish to speak as in morning business for 5 minutes.

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

THE ECONOMY

Mr. DORGAN. Mr. President, some of my colleagues have spoken today about the difficulty in the economy. I am concerned about it, as are virtually all Americans at this point. The stock market seems to be bouncing around like a yo-yo. The economy is slowing and consumer spending is down. Recently, there was a substantial increase in unemployment in a single month—and a whole series of items that suggest there are real economic problems.

My colleague from New Hampshire said: I am concerned about a stimulus package. So am I, but in my judgment, we need to err on the side of taking action rather than err on the side of doing nothing. The Federal Reserve Board this morning cut interest rates by 75 basis points. That is a blunt instrument of monetary policy to try to address what is seen as a serious weakness in this economy.

I want to say this: No matter what we do—and we almost certainly will produce some sort of stimulus package—I believe a stimulus package should provide some tax rebates to middle and lower income people. It also ought to provide an extension of unemployment benefits. We have done that during previous economic downturns. I think a stimulus package should provide investment tax credits for businesses with an end date and other temporary tax incentives to persuade businesses to make capital investments now when the economy would benefit most from it. So we should do two things: We should put money in the hands of consumers, middle to lower income consumers, and we also should stimulate businesses to make needed capital investments earlier rather than later in order to prime the pump with respect to the economy.

I also think it is important to consider, even as we talk about stimulus, making investments in this country's infrastructure. There is nothing that puts people back to work more quickly than money that goes to building roads and bridges and making other improvements in this country's infrastructure that are so desperately needed. Many of us are working on and talking about that issue. But that ought to be a part of a second phase of a stimulus package. To ignore that, in my judgment, is to ignore significant job-creating opportunities at a time when we desperately need those opportunities.

Having said all of that, I believe we need to act to provide confidence to the American people about the future—after all, that is what the business cycle is about. If people are confident about the future, they manifest that confidence. They take the trip they wanted to take. They buy the car they wanted to buy. They do the things that manifest confidence in the future. That represents expansion.

If they feel as if the future has some troublesome aspects, they say: I am going to defer taking the trip, I am going to defer buying that car or piece of equipment, I am going to defer purchasing that piece of furniture, and then the economy contracts.

There are some in Washington with an overinflated sense of self who think this is a ship of state with an engine room. And you get out of the engine room and you dial the knobs and the switches and the levers—M–1 B, taxes and all of these things—and somehow the ship of state just sails right on forward.

That is not the case at all. This ship of state moves or fails to move based on the people's expectation about the future. If they are optimistic, they do things that express that optimism, and the economy expands.

I wish to talk for a moment about some of the fundamentals. We can genuflect here and even do some dancing in the Senate Chamber about the issue of stimulus packages, but if we don't address the fundamentals, we are not going to get out of this problem.

Every single day, 7 days a week, all year long, we import $2 billion more in goods than we export. So we run up a

bill of $700 billion plus a year in trade deficits. Our trade situation is an abysmal failure. Do you think the rest of the country doesn't know that? Do you think that has no impact on the falling dollar? Of course it does. It is one of the reasons the dollar is falling.

In addition to that, we have a fiscal policy that has been reckless. Last year, we had a $196 billion request from the President in front of us, none of it paid for—add it to the debt, he says—for Iraq and Afghanistan and restoring military accounts. Well, that is $16 billion a month, $4 billion a week, and none of it paid for. That is on top of the yearly deficit, which is understated. It uses all the Social Security money as if it were other revenue in order to show a lower deficit.

The American people know better and so do the financial markets. They see the combination of a reckless fiscal policy and a trade policy that is deeply in debt. They see a country whose fundamentals are out of line. These electronic herds, called the currency buyers or currency traders, when they see these things and they run against the currency, a country is in trouble. We have to get our fundamentals in order. We need to fix our trade policy, stop these hemorrhaging deficits, and we need to fix our fiscal policy.

We can't say yes to a President who says let's fight a war and do tax cuts for wealthy Americans at the same time. Let's fight a war, spend a lot of money doing it—two-thirds of a trillion at this point but heading north—and none of it paid for; all of it borrowed. This from a conservative President. This Congress has to stop saying yes to that. This reckless fiscal policy has helped set the stage and table for part of what we have seen the last couple of weeks, the jitters and concerns about where this country is headed and the economic difficulty we are now in.

Let me talk about something my colleague from New Hampshire talked about, and that is the underlying issue of the so-called subprime loan scandal. That is a fascinating thing. Someday somebody will do a book about that and just about that issue. Here is what happened, and we know better. Everybody knows better.

You wake up in the morning and go to brush your teeth and perhaps you have a television set on. You are sort of getting ready for work and you see a television ad. We see them every morning, and the ads say: Do you have bad credit? Do you have trouble getting a loan? Have you been missing payments on your home loan? Have you filed for bankruptcy? It doesn't matter. Come to us; we will give you a loan.

We have all seen these ads, and you think to yourself: Well, how can they do that? How can they advertise that if you have bad credit you can borrow money from them? The fact is, you can't do that. But that is what we were doing all across this country. Here is what was happening. Mortgage brokers were making a fortune in big fees by selling subprime mortgages. The companies that were writing these mortgages, the largest of which was Countrywide Financial, were saying to people: You know what, take our low-interest mortgage, with a teaser rate at 2 percent. It won't reset for 3 years. By the way, if you have an existing home loan, so you can get rid of that and we will lend you money you can pay back at a 2-percent interest rate, and it will not reset for 3 years, during which time the market is going to go up and you can flip it and sell it. In any event, what we will do is decide that on your home loan you don't have to make any principal payments at this point, just interest. We will add the principal later on.

Or they will say, borrow this money from us, and we will make the first 12 months' payments. For the first year, you make no payments at all.

OK, that practice was totally, completely and thoroughly irresponsible by a bunch of greedy folks. They are talking to people, cold-calling them and saying, we would like to put you in a better mortgage but not telling them, of course, there is a prepayment penalty. They are telling you monthly mortgage payments that didn't include real estate taxes, insurance costs, and so forth. So they were quoting borrowers 2 percent teaser rates with prepayment penalties that didn't include the escrow. So they put these people in these loans.

Now, were the victims partly at fault? Sure. By victims, I am talking about those who took these loans out. But these were high-powered salespeople working for big companies that were putting bad products in the hands of a lot of unsuspecting people.

Then what do they do? They have these subprime loans packaged up with other loans. It is sort of like the old days when they used to put sawdust in sausage in the meat plants and mix it all up as filler. Then they would cut it up and you would never know where the filler was and where the sausage was. Well, similar to that, they would take the good loans and the subprime loans and they would mix them all together and put them in securities—securitize them. Then they would sell the securities to these hedge funds, among others. So hedge funds were buying securities. They didn't have the foggiest idea what they were buying because the rating agency said it looked okay. These agencies were dead from the neck up.

Everybody was greedy, and now the whole tent comes collapsing down. Now, you say, how could that be? Well, it was because people were loaning money to people who were never going to be able to repay it. The CEO of Countrywide, the largest company doing this, made hundreds of millions of dollars selling the stock back. It looks like Countrywide is going to go belly up, so Bank of America comes in and buys Countrywide. No idea why, but the big guys, they all waltz off smiling ear to ear, sparkling teeth and big smiles. Why? Because they made a lot of money—hundreds of millions of dollars. Meanwhile, all these folks can't repay their mortgages and are left to try to pick up the pieces and then we wonder what on Earth happened here.

In the midst of all this, this morning I was listening to a TV show with a man named Jim Cramer, who talks about stock prices. He has a TV show. Half the time he is yelling. I don't have the foggiest idea why he thinks that is the approach to use to thoughtfully talk about stock prices, but apparently it is successful. So he says this morning that one of the ways we should deal with the problem in the economy is to start trying to provide some recompense or some money to the insurers of bonds and other things that are going to get hit—derivatives, he said. And I thought, I understand that language. He is talking about credit default swaps.

That sounds like a flatout foreign language, but it can't be because I don't speak a foreign language. Credit default swaps. So what Jim Cramer was talking about on the television this morning is that in order to bail out this country, his approach is we ought to provide about 50 percent of taxpayer money to the losses for those who have credit default swaps. Let me talk a moment about what this means because, as I said, it sounds completely foreign.

Hedge funds in this country are largely unregulated. I, Senator FEINSTEIN, and many others have tried for a long time to say that is dangerous for this country. Hedge funds are somewhere around $1 to $1.5 trillion. Now, that is not so much, considering mutual funds are about $9 trillion. The total of the stocks and bonds in the stock market and bond funds are about $40 billion. So hedge funds are about $1 to $1.5 trillion. But hedge funds represent one-half of all the trades on the stock market. Think of that—$1 trillion plus unregulated—and they comprise half the trades on the stock market.

Now, because of the very heavy use of the leverage, it is a fact that hedge funds can lose much more than they are worth. If somebody goes into a casino in Las Vegas with a pocketful of money and grinning, thinking they are going to win a lot of money but end up losing it all, in most cases the only thing they lose is the money they have. That is not the case with heavily leveraged hedge funds.

That is why the episode with Long-Term Capital Management, a hedge fund that had the smartest people working for them, was so important that over a decade ago the Federal Reserve Board had to try to save Long-Term Capital Management. That hedge fund was unbelievably leveraged, over $1 trillion. Its collapse would have affected the entire American economy.

So here is what we have. We have this language now called credit default

swaps. The credit default swap is a derivative, and it is an insurance policy on a bond or some other instrument. The person who sells the swap is actually writing a policy that collects a premium, and it says if nothing goes wrong with the underlying instrument, the person who sold the swap gets the premium and looks like a genius. If, however, the bond or the underlying instrument collapses, then the swap seller has to make good. The notional amount—understand this—the notional amount, the aggregate of bonds, loans, and other debt called by credit default swaps in the United States, is now $26 trillion.

I have spoken before on the floor of the Senate about creating a house of cards, every child has done it, and then pulled out a card on the bottom. Everyone understands what happens to the house of cards. We now have roughly $1-$1.5 trillion in hedge funds, as I understand it, doing one-half of the stock trades on the stock exchanges. In most cases, hedge funds have a notional value of $26 trillion in credit default swaps, and the question is: Where is all this exposure? How much exposure? We don't know. Most hedge funds are unregulated, and a whole lot of folks in this Chamber have wanted to keep it that way, despite the efforts of some of us who believe it is dangerous to our economy to pretend this kind of risk does not exist.

It is interesting to me that we are in this situation and troubling to me we are in a situation that all of us knew was going to be difficult. You can't run a $2-billion-a-day trade deficit without consequence. Warren Buffett always pointed out with the housing bubble that every bubble bursts. It is one of the immutable laws. The question isn't whether, it is when. He makes the same point about the trade deficit. The trade deficit is unsustainable. The question isn't whether we will see consequences, the question is when will those consequences exist.

The consequences are beginning to exist now, with the declining value of the dollar and the combination of all the other issues—the highest deficits in human history, the trade deficit, a fiscal policy that is completely and thoroughly reckless, combined with the scandal that exists with respect to subprime loans and the massive amount of unregulated hedge fund credit swap defaults. I mean it is staggering to see what we have done. Again, the credit default swap is a notional derivative whose value is dramatic and the consequences of which could be dramatic for the entire economy.

Most regulators were looking the other way and doing so deliberately. If ever one wonders whether thoughtful and effective regulation is necessary, look at all this. If anyone has ever wondered whether you can get by with a trade deficit of $2 billion a day, look at where we find ourselves now. If anyone ever wonders if you can spend money you don't have on things you don't need, look at this country's fiscal policy and its consequences for the country.

Having said that, all of us want the same thing for this country's future. We want a country that grows and provides economic opportunity. We want a country where the fundamentals are fair and put in order. That means a trade deficit that is eliminated, or at least close to eliminated, and a trade policy that works for this country's interest. It means a fiscal policy that pays our bills, and it means effective regulation in areas where you have substantial potential risk for the entire economy, and that means regulation of certain hedge funds' transactions and derivatives now well outside the view of public regulators.

So I think this is going to be a very difficult time for this country. It is one thing for us to take a shower in the morning, put on a suit and drive to work and talk about it, it is another thing for the people who go home tonight and say: Sweetheart, I have lost my job, not because I didn't do a good job, but they are laying people off where I work. That is a consequence for that family in which unemployment is 100 percent.

We face some pretty daunting challenges. My hope with this President and with Republicans and Democrats working together, as the Speaker of the House and the majority leader of the Senate said last week, with all of us working together, combined with the Federal Reserve's monetary policy, that we can develop some thoughtful approaches in fiscal policy that might lead us in a constructive direction to say to the American people we believe you can honestly look at the future and have a positive view. But they won't believe that if they feel we are not serious about the fundamentals. The American people aren't going to be fooled. If we don't fix our trade policies and get rid of these unbelievable deficits, if we don't put our fiscal house in order and stop doing what the administration suggests we do, we are in big trouble.

We had a Treasury Secretary named Paul O'Neill—the first Treasury Secretary under this President. If ever there was a straight shooter in Government, it was Paul O'Neill. He came here as an executive from an aluminum company. He was blunt-spoken, an interesting guy, and I happened to like him a lot. Paul O'Neill got fired. In fact, DICK CHENEY is the one who fired him, at the request of the President. When fired, he was told that deficits don't matter. Deficits don't matter.

Well, we now understand they do matter and we have to do something about it. This fiscal policy is out of control. Our trade policy is broken and we have had regulators who looked the other way while we had grand theft in this area of the subprime scandal, and it is time we tell the American people we are serious about addressing these issues and we are going to do it now.

I yield the floor and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Ms. STABENOW. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Ms. STABENOW. Mr. President, I rise today in strong support of the Indian Health Care Improvement Act. I, first, wish to thank our chairman, Senator DORGAN, for his passion and commitment. I have had the opportunity to listen to some of the floor debate and opening comments and very much appreciate the way you have laid out the incredible need for this legislation and the fact it is long overdue.

It is a promise that has not been kept, and hopefully today we are going to move forward in keeping that. Also, thank you to my friend and ranking member, Senator MURKOWSKI, for her eloquence as well in laying out the legislation. It is wonderful to see the partnership that has happened on this legislation.

I also wish to remember our colleague, former Senator Craig Thomas, who I know was a wonderful friend to Indian Country and cared very deeply about these issues. We certainly take a moment again to remember him and send our best wishes to his family in remembrance of his leadership on this issue as well.

Just over 31 years ago, this bill, the original bill, was signed into law by the late President Gerald R. Ford, who I am proud to say resided and represented the great State of Michigan. It had the purpose of bringing the health status of Native Americans up to the level of other Americans.

This program, the Indian Health Services Program, funds health services to about 1.8 million Native Americans from our Nation's more than 500 federally recognized American Indian and Alaskan Native tribes. I am proud to have many of them in Michigan.

The Federal Government provides those health care services based on our trust responsibility to Indian tribes derived from Federal treaties, statutes, court rulings, Executive actions, and from our own Constitution, which assigns authority over Indian relations to the Congress.

Reauthorization of the various Indian health care programs has languished for 15 years in this body, so our work today is vital. It is a vital component, it is long overdue, as our chairman has reminded us over and over again in bringing this issue forward for years.

It is a vital component in improving and updating health care services in Indian Country. The Indian Health Care Improvement Act will modernize and improve Indian health care services and delivery. We know this is an incredibly important step. We know more

needs to be done, but we know this is an incredibly important step.

The bill will also allow for in-home care for Indian elders and will provide much-needed programs to address mental health and other issues related to the well-being of Indian communities.

More importantly, the Indian Health Care Improvement Act will address many health care disparities in Indian Country. For example, infant mortality rates are 150 percent greater for Indians than for Caucasian infants.

Those in the Indian communities are 2.6 times more likely to be diagnosed with diabetes. Tuberculosis rates for Native Americans are four times the national average. The life expectancy for Native Americans is nearly 6 years less than the rest of the U.S. population.

What this bill, unfortunately, cannot do is mandate the necessary funding from our budget every year to uphold our country's trust responsibility to provide adequate health care to our tribal members. But we intend to make sure that happens.

As it stands, the Indian Health Services annual funding does not allow it to provide all the needed care for eligible Native Americans. That is what we are speaking to today, that sense of urgency we have in making that happen.

As of today, funding levels are only at 60 percent of the demand for services each year, which requires IHS tribal health facilities, organizations, and urban clinics to ration care so the most critical care and the needs are funded first and foremost, which, in turn, results in the tragic denial of needed services for too many men, women, and children, old and young in Indian country.

As unbelievable as it may sound, health care expenditures to Native Americans are less than half of what America spends on Federal prisoners.

Preventative health care is so important for Indian Country due to the high incidence of chronic diseases such as diabetes and obesity within these communities. IHS funding shortfalls for medical personnel have only further contributed to the severe gaps in health care delivery in Indian Country. In 2005, there were job vacancy rates of 24 percent for dentists, 14 percent for nurses, 11 percent for physicians and pharmacists, according to IHS data.

I am very pleased and proud to be a cosponsor of this important legislation, as it establishes objectives to address these health disparities between Native Americans and other members of the American community. It will enhance IHS ability to attract and retain qualified health care professionals for Indian Country.

As a government, I am also hopeful we will commit the additional resources to Indian health care for this year and every year in the future. The time has long passed for this reauthorization. I am very proud our leader, Senator REID, has determined this to be a priority for the Senate. I am proud of the work that has been done. It is truly time to get this done now.

I yield the floor and I suggest the absence of a quorum

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. VITTER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. VITTER. Mr. President, I ask unanimous consent to call up my amendment at the desk, Vitter amendment No. 3896.

The PRESIDING OFFICER. Is there objection to setting aside the pending amendment?

Mr. DORGAN. Mr. President, I have not had a chance to visit with the Senator from Louisiana. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. VITTER. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. VITTER. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mrs. MCCASKILL). Without objection, it is so ordered.

AMENDMENT NO. 3896

Mr. VITTER. Madam President, I ask unanimous consent to call up amendment No. 3896 at the desk.

The PRESIDING OFFICER. Is there objection to setting aside the committee amendment?

Without objection, it is so ordered.

The clerk will report.

The bill clerk read as follows:

The Senator from Louisiana [Mr. VITTER] proposes an amendment numbered 3896.

Mr. VITTER. I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To modify a section relating to limitation on use of funds appropriated to the Service)

Strike section 805 of the Indian Health Care Improvement Act (as amended by section 101(a)) and insert the following:

"SEC. 805. LIMITATION RELATING TO ABORTION.

''(a) DEFINITION OF HEALTH BENEFITS COVERAGE.—In this section, the term 'health benefits coverage' means a health-related service or group of services provided pursuant to a contract, compact, grant, or other agreement.

''(b) LIMITATION.—

''(1) IN GENERAL.—Except as provided in paragraph (2), no funds or facilities of the Service may be used—

''(A) to provide any abortion; or

''(B) to provide, or pay any administrative cost of, any health benefits coverage that includes coverage of an abortion.

''(2) EXCEPTIONS.—The limitation described in paragraph (1) shall not apply in any case in which—

''(A) a pregnancy is the result of an act of rape, or an act of incest against a minor; or

''(B) the woman suffers from a physical disorder, physical injury, or physical illness that, as certified by a physician, would place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself.''.

Mr. VITTER. Madam President, I offer an important amendment with regard to abortion and the pro-life cause. It is a very appropriate day that we talk about this because as we speak tens of thousands upon tens of thousands of people, particularly young people, from all around the country are marching in Washington, on the Mall, at the Supreme Court, in a positive, vibrant march for life. In offering this amendment, I also want to thank all of my original amendment cosponsors: Senators ALLARD, BROWNBACK, THUNE, and INHOFE.

This amendment is very simple. This amendment codifies, solidifies the Hyde amendment policy in this important Indian Health Care Improvement Act. It establishes, reasserts, the policy of the Hyde amendment with regard to the Indian Health Care Improvement Act and puts that Hyde amendment language in the authorization language for this important part of Federal law.

Let me explain why it is necessary. For many years the Hyde amendment has been honored, including in this Federal program, but in a very roundabout and precarious way. For many years this program and this authorization have included language that says: This program will be governed by whatever abortion language is contained in the current Health and Human Services appropriations bill. And for those years, Congress has included Hyde amendment language in that appropriations bill to which this program points. That has worked, sort of, in accomplishing having the Hyde amendment in Federal law with regard to Indian health care, but it puts it in a tenuous and precarious posture. It puts it up for debate and possible change of policy every year, every time we debate a new Health and Human Services appropriations bill. Therefore, it doesn't make the policy very solid, very secure, or very clear.

My amendment is very simple. It would simply place that Hyde amendment language directly in the Indian health care language and say: No Federal funds in this program will be used to perform abortions except in the rare exceptions delineated in the original Hyde amendment.

This is very appropriate. Why should we go to this in such a roundabout and tenuous and precarious way? I think we should place that clear policy, which has been accepted over many years, since the original Hyde amendment debate, directly in the Indian Health Care Improvement Act and not have it sort of get there maybe every year through such a torturous and tenuous and precarious route.

It is very simple. On this day, where tens of thousands upon tens of thousands of Americans, particularly young

people—and that is so heartening—are marching on Washington in a positive march for life, will we clearly reaffirm that Hyde amendment language in the Indian Health Care Improvement Act? I suggest all of us should do that. I suggest that would be a positive statement for life, for positive values for the future. Voting for the amendment will accomplish just that.

I have talked to the chairman of the committee, and he has indicated that a vote will be forthcoming further on in the debate of this bill. I welcome that. I welcome everyone on both sides of the aisle joining together around this consensus amendment to make a positive statement for life, to reaffirm what has been Federal policy for several years, the Hyde amendment, and to move forward, hopefully together, in a positive spirit, making that positive statement for life.

In closing, this is a very important issue and a very important amendment, a very important vote to millions of people around the country who care deeply about life. Because of that, this will be a vote focused on and graded by several key national groups; specifically, the National Right to Life Committee, Concerned Women of America, and the Family Research Council.

I have letters from all three of these groups making clear their strong support of the Vitter amendment and also making clear that this vote on this amendment will be graded in their activity monitoring the Congress. I ask unanimous consent that three letters be printed in the RECORD.

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

NATIONAL RIGHT TO LIFE COMMITTEE, INC.,
Washington, DC, October 23, 2007.

Re Vitter Amendment to S. 1200 (abortion funding).

DEAR SENATOR: The Senate is expected to soon consider S. 1200, the Indian Health Care Improvement Act Amendments of 2007. The National Right to Life Committee (NRLC) urges you to vote for an amendment that Senator Vitter will offer, which would codify a longstanding policy against funding of abortions with federal Indian Health Service (IHS) funds (except to save the life of the mother, or in cases of rape or incest).

For Medicaid, federal funding of abortion was restricted beginning in 1976 by enactment of the Hyde Amendment to the annual HHS appropriations bill. However, because the IHS is funded through the separate Interior appropriations bill, which has never contained a ''Hyde Amendment,'' the IHS continued to pay for abortion on demand long after the Hyde Amendment was enacted. The Reagan Administration curbed the practice administratively in 1982, as a temporary fix. Subsequently, in an IHS reauthorization bill in 1988, Congress enacted 25 U.S.C. §1676, which said that any abortion funding limitations found in the HHS appropriations measure in effect at any given time will also apply to the IHS. That requirement, which would be continued by Section 805 of S. 1200 as reported, provides no real assurance that federal IHS funds will not be used to pay for abortion on demand in the future, because the language of future HHS appropriations bills depends upon a host of legislative and political contingencies. Rather than merely extending such a convoluted arrangement, NRLC urges adoption of Senator Vitter's amendment, which would simply codify the longstanding policy: No federal funds for abortion, except to save the life of the mother, or in cases of rape or incest. The substance of Senator Vitter's amendment is based directly on the version of the Hyde Amendment that has been in effect since 1997, which appears as Section 508 in the current Labor/HHS appropriations bill (H.R. 3043).

In short, if you are opposed to direct federal funding of abortion on demand, you should support the Vitter Amendment. Rejection of the Vitter Amendment would have the effect of leaving the door open to future federal funding of abortion on demand by the IHS.

We anticipate that the roll call on the Vitter Amendment will be included in NRLC's scorecard of key pro-life votes of the 110th Congress. Thank you for your consideration of NRLC's position on this important issue.

Sincerely,

DOUGLAS JOHNSON,
Legislative Director.

OCTOBER 29, 2007.

Hon. DAVID VITTER,
U.S. Senate,
Washington, DC.

DEAR SENATOR VITTER: The 500,000 members of Concerned Women for America are grateful for your continued commitment to the sanctity of life. We appreciate your work to eliminate federal funding of abortions through the Indian Health Care Improvement Act (S. 1200). This amendment will benefit many women and save innocent lives as Indian Health Services (IHS) funds will be prohibited for use for abortions.

Thank you for your work to codify a longstanding policy and ensure that despite the change in partisan politics, this nation will stand for life. A permanent adoption of this policy to the IHS program will be a positive step in the direction of upholding our nation's claim to the sanctity of life.

The Hyde amendment of 1976 restricted the federal funding of abortion through Medicaid, but this policy did not apply to the IHS due to its receiving funding through a separate Interior Appropriations bill. The IHS continued to pay for abortion on demand until 1982. This was six years too long. Though the Reagan administration administratively curbed the practice, future administrations have not been and will not be barred from paying for abortion on demand using IHS funds.

Senator Vitter, that is why we are grateful for your pro-life amendment to S. 1200. Legislative policies are needed to ensure that the sanctity of life is not subject to partisan politics. We appreciate your commitment to prohibit the federal government from funding abortion on demand.

Sincerely,

WENDY WRIGHT,
President,
Concerned Women for America.

FAMILY RESEARCH COUNCIL,
Washington, DC, January 14, 2008.

U.S. SENATE,
Washington, DC.

DEAR SENATOR: On behalf of Family Research Council and the families we represent, I want to urge you to vote for the amendment offered by Senator David Vitter (R–LA) to the Indian Health Care Improvement Act of 2007 (S. 1200) which would prevent Indian Health Service funds from being used for abortion. Exceptions would include cases where the life of the mother is at risk, or in the case of rape or incest with a minor. We strongly support this amendment.

Current federal law since the 1988 Indian Health Care reauthorization limits Indian Health Service funds from being used to perform abortion. It does so by referencing the Hyde provision in the annual LHHS appropriations bill, which prohibits such funding for abortion. S. 1200 in Section 805 reiterates this reference to the Hyde provision. However, if the Hyde provision were removed from the LHHS appropriations bill, funding of abortion under Indian Health Services would ensue.

Senator Vitter's amendment language is similar to the Hyde provision and would simply codify this long-standing policy in the Indian Health Care Improvement Act. As such, federal Indian Health Service funds would not be used for abortions, no matter what happens with the Hyde provision in future appropriations cycles.

Your support for the Vitter amendment will uphold the long-standing policy that United States taxpayers should not subsidize abortion. FRC reserves the right to score votes surrounding this amendment in our scorecard for the Second Session of the 110th Congress to be published this fall.

Sincerely,

THOMAS MCCLUSKY,
Vice President for Government Affairs.

Mr. VITTER. Again, in closing, I welcome all of our colleagues to support this commonsense, pro-life, positive amendment. I look forward to any further debate on it, to answer any questions that might arise, and to an important vote before we conclude consideration on this bill.

I yield the floor.

Mr. DORGAN. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. SPECTER. I ask unanimous consent that the order for the quorum call be rescinded.

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

(The remarks of Mr. SPECTER pertaining to the introduction of S. 2539 and S. 2540 are located in today's RECORD under ''Statements on Introduced Bills and Joint Resolutions.'')

The PRESIDING OFFICER. The Senator from Minnesota is recognized.

Ms. KLOBUCHAR. Madam President, I come to the floor today to talk about my support for the reauthorization of the Indian Health Care Improvement Act. I am a cosponsor of this bill because there is a vital need for our Native American communities to have access to modernized health care.

Today, the health disparities between our tribal communities and the rest of the country are shocking. According to the Indian Health Service, the average life expectancy for Native Americans is almost 2½ years below any other group in the country. The incidence of sudden death syndrome among tribal communities is more than three times the rate of nontribal infants. If you are a Native American, you are 200 percent more likely to die of diabetes, you are 500 percent more likely to die from tuberculosis, you are 550 percent more

likely to die from alcoholism, and you are 60 percent more likely to commit suicide.

These may seem like nothing but statistics, but behind them are real people who are in real need of modernized health care services.

The suicide rate among Native American youth is the highest of any racial group in the Nation. In fact, suicide is the third leading cause of death among Native American youth. One of the country's most recent victims is a 12-year-old Red Lake boy who hanged himself last October. This young boy's suicide only added to the heartache of the Red Lake Indian Reservation, which is located in my State of Minnesota. This Indian reservation, the people there had already suffered a lot. Back in March of 2005, at the Red Lake High School, a troubled teenager named Jeff Weise went on a shooting rampage, killing nine people before turning the gun on himself. Most of the news reports highlighted the troubled teen's past, including a history of depression and suicide attempts and the daunting socioeconomic conditions in his reservation community. This calamity serves as a tragic reminder of the importance of increasing efforts to effectively address mental health issues in Indian Country and elsewhere. I know my colleague, Senator DORGAN, has been leading this effort, this bipartisan effort, to make sure we reauthorize this important act.

We know the negative impact mental health issues have on our communities, but we also know access to modern mental health care resources can make a difference. That is why it is so critical to reauthorize the Indian Health Care and Improvement Act.

Reauthorizing this bill will provide tribal communities with the tools needed to build comprehensive behavioral health prevention and treatment programs—programs that emphasize collaboration among alcohol and substance abuse, social services, and mental health programs, and programs that will help communities such as Red Lake prevent further tragedies.

Reauthorizing this bill will also help tribal communities attract and retain qualified Indian health care professionals and address the backlog in needed health care facilities on Indian reservations. I have visited the facilities. I visited the reservations throughout my State, and I know they are in need of this help. The lack of availability of nearby health care facilities and specialized treatment is a major concern for tribal communities, especially those with large reservations.

On the Minnesota White Earth Indian Reservation, which is the largest reservation in our State, spanning 200 miles and home to almost 10,000 people, elective surgeries are not even an option—in an area that spans 200 miles—due to a lack of modernized health care resources and facilities. Currently, these White Earth tribal members are unable to undergo elective surgery on the reservation. These are people who need a hip replacement or a knee replacement or a simple cataract surgery, but they are unable to get the health care they deserve because there is a lack of doctors, adequate medical facilities, and basic insurance coverage.

The Federal Government has a trust responsibility to provide health care for our tribal communities. I cosponsored the Indian Health Care Improvement Act because we made a commitment to our tribal communities. We must ensure our tribal communities have access to convenient, preventive, and modern health care. I urge my colleagues to join me and support reauthorizing this important bill.

I yield the floor, and I note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. DORGAN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. DORGAN. Madam President, I believe Senator NELSON of Florida is on his way. Before that, the legislation we brought to the floor from the Committee on Indian Affairs has been worked on for a long while. It is long past due to be considered by the Congress. It deals with the urgent need for Indian health care.

I want to especially say we worked with the National Indian Health Board on this legislation and Sally Smith, chair of the board; with the Tribal Leaders Steering Committee on Indian Health, Buford Rollin, cochair, and Rachel Joseph, cochair. We worked closely with the National Congress of American Indians, Joe Garcia, president, and Jackie Johnson, executive director. We held listening sessions at many Indian reservations to talk about the challenges and what we need to do to resolve these issues.

I wish to mention as well today we have from the White House a statement of administration policy in which the White House is talking about a potential veto of this legislation. That is not particularly unusual. The White House has been talking about vetoing almost anything and everything for the last several months. So I am not particularly surprised. My hope is we can work with the White House. This is a bipartisan piece of legislation. We expect to pass it through the Congress, and my hope is the President will sign it.

I wish to address one of the issues the White House is concerned about—the Indian urban health care program. The President has requested we not have any funding for it, that we discontinue the urban Indian health care program. My colleague, Senator MURKOWSKI, and I and many others have disagreed with that. We believe there is a need for the urban Indian health care program.

I wish to describe that need by describing one person, a Native American, the late Lyle Frechette. This is a photograph taken after he finished high school. He was a member of the Menominee Tribe of Indians in Wisconsin. He was a proud veteran, who went into the Marine Corps right after high school, when this picture was taken. After serving his country as a U.S. marine, he came home to the Indian reservation to find life had significantly changed. That was at a time in this country when we were going through what is called ''termination and relocation.'' The policy in this country was to say to American Indians that we want to get you off the reservation and to a city someplace.

In fact, the official policy of the Federal Government was to terminate government-to-government relationships with 109 Indian tribes during that period, the early 1950s. It was suggested, well, let's terminate relationships with tribes and say to these Indians: Go to the city and leave your reservation. So many did, and Lyle Frechette did. The movement from a tribal reservation, where there was some Indian health care, although inadequate, to the major cities meant that Lyle Frechette was leaving an area that had vast forests and timber resources that represented financial stability for the Menominee Tribe. Yet the Federal Government thought this was a great candidate for termination. So they took steps to terminate the tribal status.

That termination had catastrophic effects on the lives of many of the tribal governments and the people who were members of the tribes. It required many of the young tribal members, such as Lyle Frechette, to either stay on the reservation and live in abject poverty, with no further health or any benefits that had long been promised to them, or participate in the Federal urban relocation program. Often, they were given a one-way bus ticket and told good luck; they ended up in cities with substantial limitations on what they could do.

Lyle Frechette had a young wife and a child and they relocated to Milwaukee, WI, 3½ hours from the reservation. He no longer had access to health care on the Indian reservation. There were very few urban clinics and the relocated Indians only qualified for private sector insurance for 6 months, and that was over. Health care is essential. Many of these folks, including this young man, left the reservation because of the termination and relocation program and discovered they were not able to access health care programs.

Then, over a period of years, urban health care programs were established to try to be helpful to those whom we had literally forced off the reservations. The fact is it has been a life-saving experience for many urban Indians to be able to access that which was guaranteed them as part of the trust responsibility of the Federal Government to American Indians, even being

able to access that in some of our urban areas. The President has wanted to shut down that program. We have said we don't support that, on a bipartisan basis. Congress has said the urban health care programs for American Indians has worked very well.

I wished to describe that issue because the President indicated that is one of the issues in his letter and the statement of administrative policy today in which he suggests he may well veto this legislation. I hope he will not and that we will work on a bipartisan basis to convince the President doing this is the right thing to do.

I know my colleague from Florida is here ready to speak. At this point, I yield the floor, and my colleague wishes to be recognized.

The PRESIDING OFFICER. The Senator from Florida is recognized.

Mr. NELSON of Florida. Madam President, I wish to say to the very distinguished Senator from North Dakota he has always been one of the foremost advocates for improving Indian health on the tribal lands, and I intend to support him. I thank him for his advocacy.

In my State of Florida, we have a number of very prominent Indian tribes, the Seminoles, the Mikasukis, and others. The good fortune is they do not have the health problems other tribes have throughout other parts of the country. Yet there are some problems in Florida as well. This is a matter we cannot continue to close our eyes to. We need to help them. I intend to support the Senator from North Dakota on this bill. I look forward to its passage and, hopefully, working out the problems with the White House so they will not veto this legislation.

Madam President, I wish to talk about this. We are now obviously in a recession: the gyration of the stock market, the weakness of the dollar, the roiling markets around the world, the emergency meeting of the Federal Reserve, the cutting of the rate three-quarters of a percent, from 4¼ to 3½, the likelihood they will meet again next week and cut the interest rate further. We are in a full-scale recession.

I have returned from my State of Florida and this recess having done town hall meetings all over the State, in which the town halls were packed, with standing room only. They were out into the hallways. They were hungry to be heard, and that is the way I conduct those town hall meetings. I go in and say: This is your meeting, and I want to hear what is on your mind, what your concerns are, and I want to know how you are hurting, so we can try to help you. We pick up huge numbers of cases for our caseworkers as a result of these outreach town hall meetings all over my State.

Let me remind you my State is the fourth largest in the Union and by 2012 it will surpass New York and will be the third largest in the Union. In that midst of 18 million people who are as diverse as America, indeed becoming as diverse as the Western Hemisphere, people are hurting. In addition to the global and national economies, our people are triply hurting by getting the double whammy of increased real estate taxes, as well as huge increases in homeowners insurance. We talked about this crisis many times on the floor—about an appropriate Federal role to assist the States with regard to insurance markets that have gone out of control, jacking the rates to the Moon, in the anticipation of another catastrophe following Katrina in New Orleans and the previous year, 2004, four hurricanes that hit Florida within a 6-week period.

All those things have come together, so that I can tell you in these 15 town hall meetings I did, from literally one end of Florida, Key West, to the other, Pensacola, people are hurting. You take a very upscale, increasingly hot economy, such as Fort Myers, Lee County, they are in the economic doldrums. They are hurting. Go to your rural areas. We always talk about rural health care. It is certainly true there. But the rural areas are depressed. The jobs have diminished. Unemployment has gone up. The people are concerned about their investments. The main investment the average Florida family has is their home. If they need cash and need to sell their home, now they cannot sell their home because there is a complete flat market; and if they need cash, trying to get an additional loan because of equity, the banks are not loaning. So you get the picture of what is happening in Florida. Indeed, Florida is the microcosm of America. This is happening all over America.

Now, what we have already voted on in the Senate is a first step. But it is a small step. We have voted on, and I have supported, mortgage forgiveness debt relief so if a bank were to forgive part of the loan, we want to change the Tax Code so the homeowner doesn't have to pay income tax on that reduction in the amount of the loan the bank grants them, to try to keep them solvent so they can continue to pay off the loan.

We are also supporting property tax relief, which is that 32 million homeowners, or 70 percent of taxpayers, do not itemize their real estate property taxes, and of that 70 percent, 32 million of those are homeowners. What we are suggesting is that we give them a standard deduction, so if you own real estate property and you don't itemize your deductions, there will be a standard deduction that will be available.

And then in December the Senate passed, and this Senator voted for, the Federal Housing Administration Modernization Act. It was intended to help homeowners in the risky subprime mortgages to be able to refinance them through the FHA into more reliable mortgages. These are all attempts at getting at the problem. But that was December and this is now late January and the economy has slipped further and deeper into recession. So we need to come out in a bipartisan way with a fix that will help stimulate the economy and try to get us back on track: increasing unemployment compensation perhaps from the 26 weeks to as many as 46 weeks; the ability to go in and put money quickly in somebody's pocket, such as a reduction of the payroll taxes, that in those every 2-week paychecks, they will see an increase in that take-home pay; perhaps for those who are hurting the most at the lower end of the economic scale, additional food stamps; infrastructure support that would get money into the economy, stimulating and turning over those dollars into the economy if it is invested in items that can be spent immediately in the much needed repair of roads and bridges.

Whatever the ideas are, there is going to be an ideological divide. Let's hope it does not come down to this question of taxing the poor and giving the tax breaks to the more well off. That is not going to give the economic stimulus this country needs. And then approaching this question of all these defaulted loans or the ones that are about to be defaulted, over and above what we have already attempted to do in December, is something that we must address. What is the appropriate action, not to reward those who were gaming the system, but for those who are genuinely hurting because they either did not know or they were deceived into signing a mortgage that lulled them along with cheap interest rates and then all of a sudden has an escalation of that interest rate that they cannot pay.

A combination of all these actions is what we ought to think about and come up with a stimulus package very soon in a bipartisan way. Let's in the Senate rise above the petty partisan politics that has so dominated this Chamber now for the last several years. Let's rise and come together and help our people with a quick passage of a stimulus package that will get America back on the economic track.

FLORIDA PRIMARY

I end by saying a word or two about a completely different subject. It has been painful for this Senator to see the Democratic candidates for President stay out of my State of Florida because they had to sign a pledge that was insisted upon by the four first privileged States—Iowa, New Hampshire, Nevada, and South Carolina—even though it was a Republican State legislature, signed into law by a Republican Governor of Florida, moving the primary 1 week before super Tuesday, February 5, to the Florida primary date of January 29, those four privileged States insisted that the candidates sign a pledge or else suffer the consequences in those early four States.

The pledge was that they would not campaign in Florida, they would not hire staff in Florida, they would not open an office, they would not make telephone calls, they would not make advertisements, they would not, can you believe, have press conferences.

This Senator thinks that the first amendment protections have been shredded. Nevertheless, that is what the Democratic candidates did, and they have stayed out of Florida.

The Republican National Committee, not taking away all the delegates as the Democratic National Committee did from Florida, took away half the Republican delegates from Florida but did not extract such a pledge. Thus, since the South Carolina primary was already held for the Republicans, and it is still to be held this Saturday for the Democrats, we see the Republicans en masse in Florida campaigning, much to the chagrin of Florida Democrats who do not see their candidates.

What is going to happen is that next Tuesday, Florida is going to vote; Florida, 18 million people, the first big State to vote, the first State that is representative of the country as a whole in almost any demographic that we line up with the country, it is going to vote, and it is going to cast its ballots for President of both parties, and it is going to be reported how Florida votes. It is definitely going to have an effect 7 days going into super Tuesday when 22 States vote.

Senator LEVIN of Michigan and I have filed a bill that will bring some order out of this chaos. There should not be a person in America who thinks this is the way to nominate a President of the United States for their party. If we continue to allow this kind of chaos going on, the States will continue to leapfrog each other, and the first primary will be at Halloween.

This is not a good way of selecting nominees. Senator LEVIN and I have suggested a more orderly system that I will describe in detail at a later time but that would have six primaries: the first in March, two in April, two in May, and the last one in June, through which the States, large and small, geographically distributed, would each, according to the sequence of which they would draw out of a hat one to six, proceed on that order. Four years later, they would rotate. The ones second would go first, and the ones first would go to the last primary in June, 4 years down the road in the next Presidential cycle.

We have to bring order out of this chaos. In the meantime, I am here as Florida's senior Senator to say and to let all those Presidential candidates know that Florida takes its vote very seriously. Florida will express herself in both parties. Florida will have the influence of the first big State, and by the time we get to the conventions in August and September, the entire Florida delegation will be seated and voted.

So I ask the Presidential candidates to consider the frustration and the consternation on the Democratic side as we approach our Florida Presidential primary on January 29.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas.

AMENDMENT NO. 3893

Mr. BROWNBACK. Madam President, I ask unanimous consent that the pending business be set aside and that my amendment, No. 3893, be called up.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Kansas [Mr. BROWNBACK] proposes an amendment numbered 3893.

Mr. BROWNBACK. Madam President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To acknowledge a long history of official depredations and ill-conceived policies by the Federal Government regarding Indian tribes and offer an apology to all Native Peoples on behalf of the United States)

At the end, add the following:

TITLE III—MISCELLANEOUS

SEC. 301. RESOLUTION OF APOLOGY TO NATIVE PEOPLES OF UNITED STATES.

(a) FINDINGS.—Congress finds that—

(1) the ancestors of today's Native Peoples inhabited the land of the present-day United States since time immemorial and for thousands of years before the arrival of people of European descent;

(2) for millennia, Native Peoples have honored, protected, and stewarded this land we cherish;

(3) Native Peoples are spiritual people with a deep and abiding belief in the Creator, and for millennia Native Peoples have maintained a powerful spiritual connection to this land, as evidenced by their customs and legends;

(4) the arrival of Europeans in North America opened a new chapter in the history of Native Peoples;

(5) while establishment of permanent European settlements in North America did stir conflict with nearby Indian tribes, peaceful and mutually beneficial interactions also took place;

(6) the foundational English settlements in Jamestown, Virginia, and Plymouth, Massachusetts, owed their survival in large measure to the compassion and aid of Native Peoples in the vicinities of the settlements;

(7) in the infancy of the United States, the founders of the Republic expressed their desire for a just relationship with the Indian tribes, as evidenced by the Northwest Ordinance enacted by Congress in 1787, which begins with the phrase, ''The utmost good faith shall always be observed toward the Indians'';

(8) Indian tribes provided great assistance to the fledgling Republic as it strengthened and grew, including invaluable help to Meriwether Lewis and William Clark on their epic journey from St. Louis, Missouri, to the Pacific Coast;

(9) Native Peoples and non-Native settlers engaged in numerous armed conflicts;

(10) the Federal Government violated many of the treaties ratified by Congress and other diplomatic agreements with Indian tribes;

(11) the United States should address the broken treaties and many of the more ill-conceived Federal policies that followed, such as extermination, termination, forced removal and relocation, the outlawing of traditional religions, and the destruction of sacred places;

(12) the United States forced Indian tribes and their citizens to move away from their traditional homelands and onto federally established and controlled reservations, in accordance with such Acts as the Act of May 28, 1830 (4 Stat. 411, chapter 148) (commonly known as the ''Indian Removal Act'');

(13) many Native Peoples suffered and perished—

(A) during the execution of the official Federal Government policy of forced removal, including the infamous Trail of Tears and Long Walk;

(B) during bloody armed confrontations and massacres, such as the Sand Creek Massacre in 1864 and the Wounded Knee Massacre in 1890; and

(C) on numerous Indian reservations;

(14) the Federal Government condemned the traditions, beliefs, and customs of Native Peoples and endeavored to assimilate them by such policies as the redistribution of land under the Act of February 8, 1887 (25 U.S.C. 331; 24 Stat. 388, chapter 119) (commonly known as the ''General Allotment Act''), and the forcible removal of Native children from their families to faraway boarding schools where their Native practices and languages were degraded and forbidden;

(15) officials of the Federal Government and private United States citizens harmed Native Peoples by the unlawful acquisition of recognized tribal land and the theft of tribal resources and assets from recognized tribal land;

(16) the policies of the Federal Government toward Indian tribes and the breaking of covenants with Indian tribes have contributed to the severe social ills and economic troubles in many Native communities today;

(17) despite the wrongs committed against Native Peoples by the United States, Native Peoples have remained committed to the protection of this great land, as evidenced by the fact that, on a per capita basis, more Native Peoples have served in the United States Armed Forces and placed themselves in harm's way in defense of the United States in every major military conflict than any other ethnic group;

(18) Indian tribes have actively influenced the public life of the United States by continued cooperation with Congress and the Department of the Interior, through the involvement of Native individuals in official Federal Government positions, and by leadership of their own sovereign Indian tribes;

(19) Indian tribes are resilient and determined to preserve, develop, and transmit to future generations their unique cultural identities;

(20) the National Museum of the American Indian was established within the Smithsonian Institution as a living memorial to Native Peoples and their traditions; and

(21) Native Peoples are endowed by their Creator with certain unalienable rights, and among those are life, liberty, and the pursuit of happiness.

(b) ACKNOWLEDGMENT AND APOLOGY.—The United States, acting through Congress—

(1) recognizes the special legal and political relationship Indian tribes have with the United States and the solemn covenant with the land we share;

(2) commends and honors Native Peoples for the thousands of years that they have stewarded and protected this land;

(3) recognizes that there have been years of official depredations, ill-conceived policies, and the breaking of covenants by the Federal Government regarding Indian tribes;

(4) apologizes on behalf of the people of the United States to all Native Peoples for the many instances of violence, maltreatment, and neglect inflicted on Native Peoples by citizens of the United States;

(5) expresses its regret for the ramifications of former wrongs and its commitment to build on the positive relationships of the

past and present to move toward a brighter future where all the people of this land live reconciled as brothers and sisters, and harmoniously steward and protect this land together;

(6) urges the President to acknowledge the wrongs of the United States against Indian tribes in the history of the United States in order to bring healing to this land by providing a proper foundation for reconciliation between the United States and Indian tribes; and

(7) commends the State governments that have begun reconciliation efforts with recognized Indian tribes located in their boundaries and encourages all State governments similarly to work toward reconciling relationships with Indian tribes within their boundaries.

(c) DISCLAIMER.—Nothing in this section—

(1) authorizes or supports any claim against the United States; or

(2) serves as a settlement of any claim against the United States.

Mr. BROWNBACK. Madam President, I thank my colleague from North Dakota, the chairman of the Indian Affairs Committee, who has been a sponsor of this bill that I put in amendment form and am calling up now as an amendment, as an official apology to Native Americans in the United States for past issues. It is an amendment with a lot of history to it.

The bill has been brought up this Congress, the last Congress, and it has passed the Indian Affairs Committee both Congresses. It is an amendment with an issue of a lot of history to it. The chairman and myself are from Plains States where there is a lot of Native American history, as there is throughout the United States. It is a history that is both beautiful, difficult, and sad at the same time.

I have four tribal lands in my State, four areas where there are tribal lands, some that are tribal but don't have a resident tribe in the State. This has been an issue that has been around for some time—the relationship between the Federal Government and the tribes.

What we have crafted in this amendment, a previous bill that is now in amendment form, is an official apology. It does not deal with property issues whatsoever, but it recognizes some of the past difficulty in the relationship.

It says that for those times the Federal Government was wrong, we acknowledge that and apologize for it. Apologies are difficult and tough to do, but I think this one is meritorious and, as I present my case, I hope my colleagues will agree and support this amendment.

I rise today to speak about this issue that I believe is important to the well-being of all who reside in the United States. It is an issue that has lain unresolved for far too long, an issue of the United States Government's relationship with the Native peoples of this land.

Native Americans have a vast and proud legacy on this continent. Long before 1776 and the establishment of the United States of America, Native peoples inhabited this land and maintained a powerful physical and spiritual connection to it. In service to the Creator, Native peoples sowed the land, journeyed it, and protected it. The people from my State of Kansas have a similar strong attachment to the land.

Like many in my State, I was raised on the land. I grew up farming and caring for the land. I and many in my State established a connection to this land as well. We care for our Nation and the land of our forefathers so greatly that we too are willing to serve and protect it, as faithful stewards of the creation with which God has blessed us. I believe without a doubt citizens across this great Nation share this sentiment and know its unifying power. Americans have stood side by side for centuries to defend this land we love.

Both the Founding Fathers of the United States and the indigenous tribes that lived here were attached to this land. Both sought to steward and protect it. There were several instances of collegiality and cooperation between our forbears—for example, in Jamestown, VA, Plymouth, MA, and in aid to explorers Lewis and Clark. Yet, sadly, since the formation of the American Republic, numerous conflicts have ensued between our Government, the Federal Government, and many of these tribes, conflicts in which warriors on all sides fought courageously and which all sides suffered. Even from the earliest days of our Republic there existed a sentiment that honorable dealings and a peaceful coexistence were clearly preferable to bloodshed. Indeed, our predecessors in Congress in 1787 stated in the Northwest Ordinance:

The utmost good faith shall always be observed toward the Indians.

Many treaties were made between the U.S. Government and Native peoples, but treaties are far more than just words on a page. Treaties represent our word, and they represent our bond. Treaties with other governments are not to be regarded lightly. Unfortunately, again, too often the United States did not uphold its responsibilities as stated in its covenants with Native tribes.

I have read all of the treaties in my State between the tribes and the Federal Government that apply to Kansas. They generally came in tranches of three. First, there would be a big land grant to the tribe. Then there would be a much smaller one associated with some equipment and livestock, and then a much smaller one after that.

Too often, our Government broke its solemn oath to Native Americans. For too long, relations between the United States and Native people of this land have been in disrepair. For too much of our history, Federal tribal relations have been marked by broken treaties, mistreatment, and dishonorable dealings. I believe it is time to work to restore these relationships to good health. While the record of the past cannot be erased, I am confident the United States can acknowledge its past failures, express sincere regrets, and work toward establishing a brighter future for all Americans. It is in this spirit of hope for our land that I am offering Senate Joint Resolution 4, the Native American Apology Resolution, as an amendment to the bill currently before us. This resolution will extend a formal apology from the United States to tribal governments and Native peoples nationwide—something we have never done; something we should have done years and years ago.

I want my fellow Senators to note this resolution does not—does not—dismiss the valiance of our American soldiers who fought bravely for their families in wars between the United States and a number of the Indian tribes, nor does this resolution cast all the blame for the various battles on one side or another.

Further, this resolution will not resolve the many challenges still facing Native Americans, nor will it authorize, support or settle any claims against the United States. It doesn't have anything to do with any property claims against the United States. That is specifically set aside and not in this bill. What this resolution does do is recognize and honor the importance of Native Americans to this land and to the United States in the past and today and offers an official apology for the poor and painful choices the U.S. Government sometimes made to disregard its solemn word to Native peoples. It recognizes the negative impact of numerous destructive Federal acts and policies on Native Americans and their culture, and it begins—begins—the effort of reconciliation.

President Ronald Reagan spoke of the importance of reconciliation many times throughout his Presidency. In a 1984 speech to mark the 40th anniversary of the day when the Allied armies joined in battle to free the European Continent from the grip of the Axis powers, Reagan implored the United States and Europe to ''prepare to reach out in the spirit of reconciliation.''

Martin Luther King, whom we recognized and celebrated yesterday, who was a true reconciler, once said:

The end is reconciliation, the end is redemption, the end is the creation of the beloved community.

This resolution is not the end, but perhaps it signals the beginning of the end of division and a faint first light and first fruits of the creation of beloved community. This is a resolution of apology and a resolution of reconciliation. It is a step toward healing the wounds that have divided our country for so long—a potential foundation for a new era of positive relations between tribal governments and the Federal Government.

It is time—as I have stated, it is way past time—for us to heal our land of division, all divisions, and bring us together. There is perhaps no better place than in the midst of the Senate's consideration of the Indian Health Care Improvement Act reauthorization to do

this. With this in mind, I hope my Senate colleagues will support this amendment. I would ask their consideration on it. I would ask for their positive vote for it.

I hope a number of my colleagues in the Senate will join me as a cosponsor of the amendment itself so we can show a united front and that it is time for us to heal. I ask they give us that consideration. I simply ask my colleagues to look for this, and I hope they can vote for it as well.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Madam President, I thank the Senator from Kansas. I am a cosponsor in support of the amendment he has offered.

If one studies the history in this country with respect to Indian tribes, it is a tragedy. It is very hard for someone to study it, understand it, and not wish our country to apologize for it. We entered into treaties with the tribes; agreements, signed treaties, with the tribes. We took tribal homelands and pushed them onto reservations and made agreements, including trust agreements, to provide for their health care and many other things.

Then we decided we wanted to push them off reservations and move them into urban areas. Then we decided we would discontinue a government-to-government relationship with 109 tribes. We terminated the tribal status of 109 tribes, and we told these folks to leave the reservations and here is a one-way ticket. We want you to go to the cities to be assimilated into the cities. So we sent them off to the cities, far away from families and health care facilities. Then we sent them off to boarding schools and terminated their governmental status. We took lands off protected trust status and then turned, once again, and began to revitalize tribal language and culture and governments.

When you understand what this country has done, in terms of abrogating agreements and treaties it has made, one can understand the words of Chief Joseph. Here is what Chief Joseph said:

> Good words do not last long unless they amount to something. Good words do not pay for my dead people. Good words cannot give me back my children. Good words will not give my people good health and stop them from dying. I am tired of talk that comes to nothing. It makes my heart sick when I remember all of the good words and then all of the broken promises.

Chief Joseph was an honorable Indian leader. He negotiated face-to-face with the leaders of our country. And while he lived, he saw promise after promise after promise broken. U.S. Supreme Court Justice Hugo Black wrote:

> Great nations, like great men, should keep their word.

That is all Chief Joseph and so many other Indian leaders asked, and it was never granted. We are trying now, in some small and some significant ways, to remedy and address these issues. The Indian Health Care Improvement Act is one step in the right direction to say this country will start to keep its promise, its promise, as a trust responsibility, to provide health care for American Indians.

I say to my colleague from Kansas, I used a chart earlier today to say the American people, the American Government, is responsible, because of treaty obligations and a trust obligation, a trust obligation we have for American Indians, to provide health care to two groups of people. One group is incarcerated Federal prisoners. That is our charge. We put them in prison for crimes, we are required to provide for their health care in Federal prisons. We also have a responsibility for health care for American Indians because of the trust responsibility and treaties by which we made that promise.

Compare the two. We spend twice as much money providing health care for incarcerated prisoners in Federal prisons as we do providing health care to American Indians. And that is why today it is likely somewhere on an Indian reservation someone is dying who shouldn't have to die. Some young child is suffering who shouldn't have to suffer because the health care we expect for our families is not available to them.

If I might, for another minute, say once again that I showed a picture this morning of a young girl named Ta'Shon Rain Littlelight. She died at the age of 5. Ta'Shon Rain Littlelight didn't get the health care most of us would expect for our children. She was a beautiful young child on the Crow reservation, and she spent the last 3 months of her life in unmedicated pain. Finally, she was diagnosed with a terminal illness. And when she was, and I talked about this earlier, she asked to go to see Cinderella's castle, and so the Make-A-Wish Foundation sent her and her mother to Orlando. In the hotel, on the night before she was to see Cinderella's castle, she died in her mother's arms. As she lay in her mother's arms, she said: Mommy, I will try not to be sick. Mommy, I will try to get better.

This young girl, time after time after time, had been taken to the clinic and was diagnosed and treated for depression at the age of 5 when, in fact, she had terminal cancer and she is now dead. A beautiful young girl—Ta'Shon Rain Littlelight. This is happening across our country, and we have to stop it. It is our responsibility to stop it.

My colleague from Kansas offers a resolution that talks about past abuses, and they are unbelievable. But some of them continue, and that is the purpose of this bill and the reason I appreciate his support for the underlying bill. But I did wish to say I am a cosponsor of the amendment offered by Senator BROWNBACK. It is the right thing for our country to do. I am proud to cosponsor what he is suggesting to the Senate today. He is offering it now as an amendment. I have previously cosponsored it as a bill when he has introduced it in the Senate.

So my thanks to the Senator from Kansas. And after he speaks, Madam President, I know the Senator from Ohio wishes to be recognized. But I suspect the Senator from Kansas wishes to say a word, at which point I am happy the Senator from Ohio is here and wishes to speak on this bill.

The PRESIDING OFFICER. The Senator from Kansas.

Mr. BROWNBACK. Madam President, I wished to thank my colleague from North Dakota, and I would ask the amendment be referred to as the Brownback-Dorgan amendment, if that would be acceptable to my colleague. We will put it forward that way because he has been lead sponsor of this for the past several Congresses, and I appreciate his hard work.

I appreciate his heart and his practicality on the current situation. We do have to get better health care on the reservations and for the Native tribes. I appreciate the effort to get that done, and I think that is an important effort for us and a very practical and necessary thing, so the examples he talks about, and unfortunately so many others, don't continue to happen across this country.

The amendment put forward by my colleague from Louisiana, Senator VITTER, is also important, his view about codifying a situation regarding abortions with Native Americans. I would hope that would be something we could see passed as something that is a hopeful sign in pushing to the future, rather than a sign of despair and the killing of children, which I think is completely wrong for us to see taking place and for us to be funding it as well.

I am delighted this bill is coming up. I think this is an important issue for us to debate, and I am glad to support it.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Madam President, Wall Street and international markets are clearly concerned or worse over a possible U.S. recession. Congress is formulating, as we know—the President, both parties' leadership, the Members of the House and Senate—an economic stimulus package, which is the right thing to do, but there are several pieces to this puzzle. The economy is faltering, to be sure, and we have those concerns about our economy as a whole. Equally important, I would argue more importantly, more Americans are losing access to basic necessities because of it.

A stimulus package should do two things. First of all, a stimulus package needs to stimulate the economy so we can pull ourselves more quickly and more vigorously, if you will, out of this recession. A stimulus package also, equally or more importantly, needs to help those people who have been most victimized by the recession.

I rise to urge this body to take responsibility for helping those who are

without food, without adequate heat, and without adequate housing; those for whom the economic crisis is not just a source of anxiety, in some sense it is a thief in the night who has robbed Americans of basic human needs.

In December, I spoke about the crisis food banks across our Nation face. It was the lead-up to Christmas, a time when the spirit of giving is at its peak. The holidays are now over and we are deep into January. Not surprisingly, food bank donations have fallen off precipitously. Yet the need for food grows as the economic crisis deepens.

Across this country more Americans are in need of food assistance and less food is available. The result is hunger. In the wealthiest Nation in the world, people are waiting in line for a subsistence level of food, food that runs out too often before the lines run out. People who live in the communities we serve are facing increasing food insecurity. In too many cases, people don't know from where their next meal will come.

Increasingly, these are families with children. Food banks in Ohio and Virginia and Arizona and California and in the Presiding Officer's home State of Missouri, in Colorado and every State in the Union are underfunded, overextended. The unemployed, the sick, the aged, the homeless, the mentally ill—these are the individuals who typically seek food banks and food pantries for assistance. And now more working families are also being forced to seek food assistance as factories close and as gas prices and transportation prices—the cost of transportation goes up for people driving to work, wages stagnate, food prices go up, and daily necessities become more expensive.

Five years ago, the Food Bank of Southeast Virginia reported serving 95,000 people—95,000 people in 2002. In 2007, that food bank served 203,000. Forty-two percent of their recipients are categorized as working poor, a population that is on the rise.

In Warren County, OH, a generally affluent county northeast of Cincinnati—the county seat is Lebanon, which I visited last week—in that county, 90 percent of people who go to food pantries have jobs, 90 percent of them are working. They are working often in part-time jobs, often in full-time jobs without benefits, always in jobs that cannot pay their bills.

For many years, one of my constituents, Tim, and his wife donated time and money to Cleveland-area food banks and soup kitchens. But over time, cash for Tim and his wife became tight. They stopped giving money to the food bank; they continued to donate their time to the food bank. This year, after months of rationing food in their own household, Tim and his wife were forced to use the food bank themselves. It took great humility, Tim recalls. Tim says he used to be middle class, but he does not see himself as middle class anymore. He says his wages have not kept pace with subsistence expenses. What he gets from the food bank is not enough either. The groceries he receives last his household about 1 week. Food distributions are limited to once a month.

In Ohio, 70 percent of food pantries do not have enough food to serve everyone in need. This problem is not unique to Ohio. It is affecting cities across the country, with Denver and Orlando and Phoenix particularly hard-hit. American's Second Harvest, the nationwide food bank network, projected a food shortage of 15 million pounds—11.7 million meals—by the end of 2007.

Congress must act swiftly to alleviate the current food shortage. That is why I introduced last month legislation that would allocate $40 million in emergency assistance—$40 million is all. Just to put it in perspective, we are spending $3 billion a week on the war in Iraq. We are asking for $40 million in short-term emergency funding for the Emergency Food Assistance Program, so-called TEFAP.

With legislators still negotiating the details of the farm bill, critical TEFAP funding, which provides food at no cost to low-income Americans in need of short-term hunger relief, has dried up at the worst possible time. This bill will provide the funding necessary to keep food banks funding intact until the farm bill is signed into law.

On a cold December morning about a month ago in southeast Ohio, in the town of Logan, at 3:30 in the morning—3:30 in the morning—people began to line up at a food bank at the Smith Chapel United Methodist Church pantry. By 8 o'clock, about 4½ hours later, when volunteers began distributing food, the line of cars stretched for more than a mile and a half. By early afternoon of this cold December day, more than 2,000 residents had received food. That is 7 percent of the local population in a county where people drove 20 or 30 minutes to get there. Seven percent of the local population in 1 day, in one church, came to this food pantry for food. Just 8 years ago, that pantry served 17 families a month—17 families a month. One December day, 2,000 families, that is a crisis.

In the Los Angeles Times yesterday, a grateful recipient of scant food donations said: I eat anything they give me.

In the Virginia Pilot in southeast Virginia yesterday, a recipient admitted: What I get here lasts all month. I kind of stretch it.

Of the shortages at the food banks, Tim from Cleveland asked: How hard is it to give a can of tuna?

In a nation as wealthy as ours, no one who works hard for a lifetime—as most of these people who have gone to food banks do and have worked a lifetime to provide for their families, to get along, try to join the middle class—no one who works hard for a lifetime should ever have to make statements like those statements.

This is a national crisis. In a faltering economy, more people descend into crisis. It is inevitable. The need for economic stimulus goes hand in hand with the need for a caring community. Again, the economic stimulus package needs to stimulate the economy. It also needs, equally, maybe more importantly, to help those who have been victimized by this recession.

Our Nation has always been a caring community. More children are hungry today. More elderly Americans cannot pay their heating bills. More middle-class families now consider themselves among the working poor. Americans do not turn their backs on fellow Americans in need. As individuals, Americans do not; as a government, we should not.

The economic stimulus package should revive the economy and reaffirm our bonds with each other. This economic stimulus package is an opportunity to demonstrate our economic and moral strength. Let us take that opportunity. Let us act immediately to prevent more Americans from going to bed hungry.

The stimulus package needs to include food banks, food pantries, extension of unemployment compensation, and help for those elderly Americans who simply cannot pay their heating bills.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Madam President, I wish to commend my friend and colleague from Ohio for addressing this issue on the challenges we are facing in terms of our economic situation here in the United States. The world is aware of this, as is anyone who watches the early morning programs. But most of all, we have been seeing this develop over a period of time, as the Senator has pointed out, and it is really shocking to me that it has really taken this long for the administration to come up and develop its own program.

I join with him in urging early action. We cannot delay. We cannot wait. The time is now on this issue. And I just thank him for telling us how it was out in the State of Ohio because the conditions he has described out in his State are very similar to the conditions in my State of Massachusetts. We will hear from many of our colleagues that they are feeling this as well. So we look forward to working with him and others here in the Senate and helping to fashion this program that is absolutely essential for the well-being of working families in this country.

I am always reminded, as the Senator is, that the American people who are so adversely affected did not do anything wrong. They have been working hard, playing by the rules, and trying to provide for their families. The responsibility to do something about it is right here with the administration and with the Congress. So many Americans' lives have been turned upside down, in many respects shattered. It adds a very special responsibility for all of us. So I thank him for his very useful and important contribution.

In recent weeks, the headlines have been filled with bad economic news. Two weeks ago, it was an alarming increase in the unemployment rate. Last week, it was rising prices for basic essentials such as food and gasoline. Week after week, there is more bad housing news. Foreclosures are skyrocketing. Bankruptcies are rising. Yesterday, the Washington Post discussed challenges facing the more than 1.3 million Americans who have been actively looking for a job for more than 6 months—for more than 6 months without success. It is a tragic tale. College-educated professionals and people who have worked for decades are now forced to drain their retirement accounts and rely on charity to make ends meet. It seems that every day there is new information showing that the economy is headed in the wrong direction, that no one will be spared.

These are not statistical trends or indicators. Every bad number reflects a real hardship in real people's lives. When food prices increase by 5 percent, that means average families will pay over $400 more next year to put meals on the table. When the unemployment rate rises 1.5 percent, it pushes a typical family's wages down $2,400. Each higher cost or lower paycheck adds up to big problems for working Americans. Parents are giving up time with their families to work longer hours or take a second job. Employees are struggling with credit card debt and skyrocketing interest rates. Young couples are losing their first homes because they cannot pay the mortgage, and parents are pulling their children out of college because they cannot pay the bills. For these families, a recession is not just part of the business cycle; it is a life-changing event from which they may never fully recover.

I have heard from many in Massachusetts who are struggling in these tough times. There is Teresa in Everett. She is a single mom with three children aged 10, 6, and 3. She is proud that she has worked her way out of welfare, but her life as a working mother is increasingly hard. Her bills are out of control, and each day she is faced with impossible decisions: Do I feed myself or feed my children? Can I turn on the heat or just put on an extra layer of clothing and try to get by? In Teresa's household, a $4 gallon of milk has become a luxury she cannot afford.

Teresa's family is not alone. A looming crisis is now facing tens of millions of American families. Economists across the spectrum, from former Treasury Secretary Larry Summers to Federal Reserve Chairman Ben Bernanke, and even President Bush himself, all agree that we are facing tough times to come and the Government must act.

But even more importantly than advice from these noted scholars is the clear message of the American people. They are struggling. They need our help now. They elected us to make their lives and their children's lives better, and now is the time.

We need a simple, effective plan to stimulate the economy and also put back in workers' pockets resources and money to give them the support they need to weather the storm. This plan should be built on one fundamental principle: People do not work for the economy; the economy should work for the people. If we want an economic recovery that works, if we want real opportunities and sustainable growth, that effort must start and end with working families.

Putting people first means targeting our stimulus efforts to meet three essential goals.

First, we must act quickly to provide immediate help for those in crisis. The declining economy may be a current issue in the newspapers, but working families have been suffering for some time; 7.7 million Americans are already unemployed. There have been almost 2 million foreclosure filings in the last year alone, including 225,000 last month. The number of families facing bankruptcy has risen by 40 percent in the past year. For these Americans, the recession is already here, and they need help now to get back on their feet.

Second, we must do the most for those who need help the most. Targeting families at the very bottom of the economic ladder is essential because it also provides the biggest economic boost. Every dollar a low-income household receives is spent on basic needs, putting money back into the local economy right away. In regions with many struggling families, such spending is critical to help keep entire communities afloat.

Finally, we must find solutions that will make a real difference in people's lives. It is not enough just to tinker at the margins. Our economic problems are getting worse every day, and we need a strong medicine to make things right.

There are a number of short-term steps we can take to achieve these goals and restore hope and opportunity to families across the country. They are simple. They build on existing programs. They are effective. We should pass them, and we should pass them now.

For workers who are struggling to find a job, we must support them in the difficult process of finding work. It becomes harder and harder to find a good job in today's economy. The Nation is enduring profound changes as we adapt to the global economy. Entire industries are disappearing, leaving workers and communities devastated in their wake. Madam President, 1.3 million workers have been getting up early every morning, day in and day out, looking for a job for more than 6 months. That number will only rise as the recession deepens. Just last week, Goldman Sachs economists predicted that the unemployment rate would reach 6.5 percent by the beginning of 2009 compared to 5 percent today.

This is a dual challenge. We now have projections about what we are going to have in terms of unemployment. No matter what we do in terms of stimulating the economy—we have to stimulate the economy—we also have to be mindful that we are going to have significant unemployment even in the outyear of 2009 as Goldman Sachs has predicted. We have both challenges, the economy and the fact that people are going to be unemployed.

To help these unemployed men and women weather the storm we need to extend unemployment benefits and expand access to benefits. As workers, they have paid into the system and they deserve help when they need it. We should also provide transitional health care assistance. People who receive unemployment compensation have paid into the fund. The problem now is many of them, even though they paid into the fund, are unable to benefit from it. That is wrong. We should address that. We have legislation to do so. It passed the House of Representatives, and we should pass it as part of a stimulus program at the present time.

Most importantly, we should do more to help unemployed workers find good jobs they are seeking. We have open jobs, 93,000 in Massachusetts alone. We certainly have jobs that are available, and we have more than 178,000 unemployed workers. So we have the jobs that are available, and we have the unemployed workers. What is missing? Training programs. How many applicants do we have for every training program? We have 21 applicants for every training program. We have good jobs with good benefits, and we have the people who want them. The only ingredient missing is training, and these workers want the training. They will sacrifice for training. But they haven't got it because we have cut back on training programs in recent years. We ought to be able to address those issues, and we ought to do it now.

It is not just those who have lost their jobs and are facing a crisis. Millions more families are living on the brink of disaster because they are struggling to pay bills. Since President Bush took office, the cost of health insurance has risen 38 percent. Housing prices are up 39 percent. A tank of gas is up 78 percent; tuition, 43 percent; and wages are stagnant, up 6 percent. This is the pressure families are feeling today, a sense of insecurity.

Security is an issue that is of major importance and consequence to families. They are concerned about security overseas. They are concerned about homeland security. But they are also concerned about job security and health security and education security. They are also concerned about energy security. They are concerned about their long-term security, what is going to happen to pensions, as they see the safety net for pensions increasingly fragmented. They are concerned about unemployment insurance security as they have seen that safety net fragment. They are deeply concerned. They are all worried deeply about it.

It is interesting. I don't know how many times during the course of the debate on the stimulus that we will take a moment and think of what is the cost of the anxiety that these families have, when they are worried primarily about their children or grandparents. That doesn't appear on the bottom line of any sheet we will have on the floor of the Senate, but it is out there and being felt now, and it is very real. We ought to understand that—real anxiety, real frustration, real suffering, real worry every day, every night, primarily by parents as they are concerned about their children. They worry about their loved ones and their families, immediate family, and less about themselves. They worry about others. We have the ability to deal with that, and we must.

We need a boost in basic support programs to help working families cope with the relentless pressure of everyday life during this time. This means expanding home heating assistance. A typical household may have to spend as much as $3,000 on heating oil this winter, probably closer to $4,000 in Massachusetts. Fuel assistance will cover less than a third of these costs. Of the 35 million households eligible for fuel assistance nationwide, only 5 million receive such benefits. Six of seven families in need receive no help at all because the States run out of funds.

Last week, the White House released $450 million in emergency assistance to States across the Nation, including $27 million for Massachusetts. The reality is, when oil prices are surging past $3.30 per gallon, and households will need at least 800 gallons of heating oil this winter, it is just not enough.

Bob Coard of Action for Boston Community Development, one of the largest community action agencies in the Northeast, says the emergency funds will barely cover enough to make a 100-gallon delivery to ABCD clients, and the 100-gallon delivery will cost about $300 and will provide a family with heat for about 2 to 3 weeks. Talk about something that will have a direct impact. A week ago Massachusetts was notified that it was going to receive approximately $30 million, and they were, within a 2-week period, able to get the oil tankers up to find those who are eligible for that program to deliver 100 gallons of fuel oil to needy families. That will only last 2 weeks. It is out there. We know what the need is. We know what these individuals suffer. So we can do things that can have an immediate impact. Certainly this is something to which we should be attentive.

The people who are receiving this fuel assistance are in danger of this perfect storm that we refer to in New England where they have extraordinary increases in prices generally. One part of the storm is an increase in the cost of fuel oil to heat their homes. A second part is their ability to afford to pay their mortgage. If they cannot pay the mortgage, this is what happens. They make a judgment about whether they are going to pay the fuel or pay the mortgage. With children in the picture, they pay their fuel and they end up losing their home. So the fact that they don't get maybe 100 gallons, 200 gallons, 300 gallons of oil means they lose their home.

The cost in Massachusetts of providing services to a homeless family can be thousands of dollars a year. You can provide the oil for a fraction of that and keep people in their homes.

These are the kinds of things that make a difference. We should give focus and attention to them.

In our hearing this last week, I heard from Margaret Gilliam who takes care of her grandchildren in Dorchester and has already spent more on heating oil this heating season than she did all of last year. We still have many weeks of cold weather ahead, and she wonders what is going to happen to her grandchildren and to her home. Diane Colby, a single mother of two in Lynn, MA, keeps the thermostat at only 62 degrees to stretch out the heating oil as long as possible. She has to sit down and decide which bills get paid and which don't. Otherwise she can't afford to keep the heat on. We must ensure that these families have the help they need through the winter. This is part of the challenge we are facing.

In the proposals we have had from the President, we find that he proposes a tax break and a stimulus program that would completely leave out the poorest Americans. That is bad policy. Not only are low-income families the ones who suffer most in a recession, helping them is the best way to be certain that any stimulus goes directly into the economy and benefits our country the most. We can't keep repeating the mistakes of the past. Any tax rebate we pass now should be for everyone so that everyone can get back on their feet. The President's tax cuts for business are ill-advised. Past experience shows that such corporate tax breaks do not provide an effective stimulus. The problem with our economy today is a lack of demand, not of capacity. Businesses will not produce more until they know that customers are ready to buy. That is extremely important.

We heard at our Joint Economic Committee hearing economists talk about the lack of demand, not a lack of capacity. Since there is a lack of demand, it doesn't make a lot of sense to increase capacity if there is not demand for it. Yet that is what the administration is attempting to do.

Personal tax cuts targeting middle- and low-income families and funding boosts for programs such as unemployment insurance and food stamps are a better stimulus than business tax cuts because they encourage consumers to start spending. The economy is at a crossroads, and we must act carefully to choose the right path for the future. I am confident we can do that. I am certain we must do it to get America back on track.

Finally, I want to review a few of the charts I have that spell out exactly where we are globally on this issue. Americans are deeply anxious about the economy. In a survey from just two weeks ago, Madam President, 61 percent of Americans say the condition of the economy is bad; one in five think things are very bad. This is an indication of the attitude of the American people. Here is one of the reasons.

We see a significant increase in the unemployment rate in December, going to 5 percent. Among unemployed workers, 17.5 percent are long-term unemployed. If you look at 2001 as we approached the last recession, it was only 11 percent. Now it is 17.5 percent, up 55 percent. These are individuals who are out there, workers who want a job and have been spending month after month after month looking for one, unable to get a job. That has a devastating impact, particularly when you terminate the unemployment compensation for them which these individuals should be eligible to receive and which they have paid into.

This shows the prediction from economists that unemployment will skyrocket next year. We heard this in testimony in the Joint Economic Committee hearing last week. Assuming we have a stimulus program, they say the economy can improve, but even with the economy improving, we are going to have a continued increase in the numbers of unemployed. That is something we have to be aware of.

We still have job openings that are here, but nearly 8 million unemployed workers competing for 4 million jobs. It is a real problem. Not being able to get these jobs is a result of administration cuts to training programs all of these years. This is a pretty good indicator of what happens with the limitations.

Americans cannot access job training programs. Opportunities are limited for workers to improve their skills. In Massachusetts alone, as I mentioned, for every available slot in a job training program, there are 21 workers on a waiting list. I have in the Chamber a picture of workers waiting on a waiting list. These people want to work. They want to provide for their families. They have the skills, the training programs to be able to get the job done, but they cannot afford that. We have had training programs, the kind the administration has cut back. Last year, it was close to half a billion dollars.

This chart shows what has been happening with the unemployment rate. It has been going steadily up. High unemployment drives down wages. A 1.5-percent increase in the unemployment rate would decrease the average family's income by $2,400 because of the downward pressure it puts on wages. So for every family—we know from Goldman Sachs; this is not our estimate, we have it from financial institutions—economic indicators indicate we are still going to have high unemployment.

What that means is a real reduction for average working families in their purchasing power by $2,400. That is what is going on.

We have seen what is happening as to the kinds of products that families are used to purchasing. The price of food is rising far faster than the rate of inflation. We have milk going up 16 percent, eggs going up 78 percent, and beef going up some 13 percent.

In our part of the country, still, about 75 percent of all the homes are heated with home heating oil. Look what has happened. There has been a 40-percent increase in the cost of home heating oil since last year. And a great many of our people in my part of the country who own their homes are living on fixed incomes. They are getting this kind of increase. Social Security, for the average person, went up only 2.3 percent from last year. But here we have a 40-percent increase in the cost of home heating oil, and it has been a cold winter.

So these charts indicate, in different ways, how the average family is facing more and more difficulties. Too many middle-class families could not pay the essential expenses in the event of a job loss or other financial hardship. Seventy-seven percent of middle-class families do not have enough assets to pay the essential expenses for 3 months.

What is happening is many people are relying on their credit cards to do it, and then they are unable to meet their ends with their credit cards. That directly affects their credit standing for the rest of their lives—under the last bankruptcy bill we passed here, which was such an unfortunate action that we took in the Senate.

We find out parents are listing credit cards in the names of their children—young children—in order to be able to heat their homes. It is affecting so many hard-working Americans who are facing that whammy—the fact they are in danger of losing their homes because of the mortgage challenge. They cannot afford heating oil, and then they find out, when they resort to using credit cards, they lose all of their potential for credit for years to come.

This chart is a reflection of what is happening with people losing their homes. Foreclosures have gone up 181 percent from 2005. Millions of American families face losing their homes. Make no mistake about it, many who lose their homes have in the past paid their mortgages each month, and yet now they lose their home. We have to ask: What are we going to do about it?

Just a final two points I will make. There has been a 40-percent increase in bankruptcies. This is a result of the kind of economic squeeze these families have been under. There has been a 40-percent increase in bankruptcies. With the way that last bankruptcy act was enacted, they will find out, once the hooks get into these families, they will never get free from them. Families are going to be indebted for a very considerable period of time. That is now happening to working Americans.

The final chart I will put up is that in looking at the stimulus program we ought to look at what gets the biggest bang for the buck. Targeted stimulus programs deliver far more bang for the buck. As to unemployment benefits, for every $1 we invest, there is $1.73 in economic growth; for aid to the States, $1.24; for income taxes, it is only 59 cents. These are the areas the administration is talking about: business write-offs, 24 cents; capital gains tax cuts, 9 cents.

If we are going to pass a stimulus package—which we should do—let's look at the areas that will have the greatest impact, the greatest stimulus that will help the working families of this country in the most meaningful way. That is what we should do. That is what should be the first order of business in the Senate. I hope we will get about the business of helping working families in America.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. CARDIN). The clerk will call the roll of the Senate.

The assistant legislative clerk proceeded to call the roll.

Mr. DORGAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. DORGAN. Mr. President, I ask unanimous consent that the pending amendment be set aside.

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

AMENDMENT NO. 3899

(Purpose: To provide a complete substitute.)

Mr. DORGAN. Mr. President, I have a substitute at the desk and ask for its consideration.

The PRESIDING OFFICER. The clerk will report the amendment.

The assistant legislative clerk read as follows:

The Senator from North Dakota [Mr. DORGAN] for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR, proposes an amendment numbered 3899.

(The amendment is printed in today's RECORD under ''Text of Amendments.'')

Mr. DORGAN. Mr. President, I ask unanimous consent that the amendments previously considered be conformed to the substitute I have just offered.

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

Mr. DORGAN. Mr. President, I suggest the absence of a quorum.

I withhold that suggestion.

The PRESIDING OFFICER. The assistant majority leader is recognized.

Mr. DURBIN. Mr. President, I ask unanimous consent to speak as in morning business for 5 minutes.

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

(The remarks of Mr. DURBIN are printed in today's RECORD under ''Morning Business.'')

Mr. DURBIN. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DORGAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. DORGAN. Mr. President, we have had a lot of discussion and debate today about the Indian Health Care Improvement Act. We, on behalf of myself and Senator MURKOWSKI, sent the substitute to the desk. The substitute is something we worked on that amends and changes somewhat what we had originally moved out of the committee. We have refined it, improved it, and changed it a bit. The substitute was agreed to by Senator MURKOWSKI and myself and other Senators with whom we have worked. So we have made some progress by laying down the substitute which perfects this bill. We have a number of amendments pending.

What I would ask—and so would Senator MURKOWSKI—is if there are others who have amendments to this bill, they come to the floor and offer them. We want to finish this piece of legislation. It is not as if we haven't had a lot of discussion and debate. We have pretty much filled the time today. But we do want additional amendments to be offered. What we would like to see is if those Senators who have amendments would contact us, we could schedule them and hopefully we can get some time agreements, so when we finish this evening and come back on this bill, we could get a list of amendments, work through those amendments and finish the bill and send it along to the House. Because there is an urgency here.

There are some things we do that are not particularly urgent. I understand that. If anyone thinks the issue of Indian health care is not urgent, I urge them to go to the nearest Indian reservation and have a visit about what is happening with respect to the Indian Health Service. I know there are a lot of good people working in the Indian Health Service, but I am telling you, go sit and listen for awhile, listen to a discussion about what happens when you ration health care, when health care is not a right and not only not a right but when health care is absolutely rationed. There are people dying. There are people living in pain. There are people who don't have access to any kind of health care facility. There are people who are having emergencies at 5 in the afternoon, when their local clinic closed their doors at 4, and they are 100 miles from the nearest hospital. That is what is happening on Indian reservations across this country.

We have a responsibility, a trust responsibility to provide for that health care. The Congress, this country has not owned up to that responsibility, and we must. That is why we have brought this bill to the floor of the

Senate, and I am hoping very much for the cooperation of my colleagues. Let's complete the amendments, raise them with us, let us work with you on getting them up and getting votes on them so we can at least indicate our support to do what we are required to do as American citizens: honor our treaties, meet our trust responsibilities, and keep the promises we have made to the first Americans.

UNANIMOUS CONSENT AGREEMENT—H.R. 4986

Mr. DORGAN. Mr. President, I ask unanimous consent that at 5:30 p.m. today, the Senate proceed to the immediate consideration of H.R. 4986, the Department of Defense authorization, with no amendments in order to the bill; that the bill be read a third time, and without further action, the Senate proceed to vote on passage; that upon passage, the motion to reconsider be laid upon the table.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. DORGAN. Mr. President, I yield the floor and I make a point of order that a quorum is not present.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. LEVIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

NATIONAL DEFENSE AUTHORIZATION ACT

Mr. LEVIN. Mr. President, in a few moments we are going to vote on the Defense Authorization Act for fiscal year 2008.

The bill before us today is the same bill we passed by a 90-to-3 vote a little more than a month ago, except for minor changes.

This bill will provide essential pay and benefits for our men and women in uniform. It includes a 3.5-percent pay raise for the troops.

It includes the Wounded Warrior Act, the greatest reform in the law relative to medical care for our troops in more than a decade. It will address the substandard living conditions, poor outpatient care and bureaucratic roadblocks and delays faced by injured soldiers. These provisions will dramatically improve the management of medical care, disability evaluations, personnel actions, and the quality of life for service members recovering from illness or injuries incurred while performing their military duties and begin the process of fundamental reform of DOD and VA disability evaluation systems.

The Wounded Warrior Act will require the Secretary of Defense and the Secretary of Veterans Affairs to work together to develop a comprehensive policy on the care, management, and transition of severely injured service members, including Active Duty, National Guard, and Reserve members, from the military to the Veterans Administration or to civilian life. It will require the use of a single medical examination where appropriate, and require and fund the establishment of centers of excellence for the signature wounds of the wars in Iraq and Afghanistan—post-traumatic stress disorder and traumatic brain injury.

To improve the disability evaluation system, the bill will require the military departments to use VA standards when making disability determinations, authorizing deviation from these standards only when it will result in a higher disability rating for the service member, and will require the services to take into account all medical conditions that render a member unfit for duty.

The bill will also increase the severance pay for military personnel who are separated for medical disability with a disability rating of less than 30 percent and will eliminate the requirement that this severance pay be deducted from VA disability compensation for disabilities incurred in a combat zone or combat-related operation.

The bill also includes essential management reforms for the Department of Defense, including the Acquisition Improvement and Accountability Act of 2007. Some of the reforms included are: establishment of a defense acquisition workforce development fund to ensure that DOD has the people and the skills needed to effectively manage its contracts; strengthening of statutory protections for contractor employees who blow the whistle on waste, fraud, and abuse in DOD contracts; and tightening of the rules for DOD acquisition of major weapons systems and subsystems, components and spare parts to reduce the risk of contract overpricing, cost overruns, and failure to meet contract schedules and performance requirements. These and other provisions should go a long way toward addressing the contracting waste, fraud and abuse that we have seen altogether too frequently in recent years.

Our legislation will also address a major failure in Iraq—the failure to exercise control over private security contractors. It will require for the first time that private security contractors hired by the State Department and other Federal agencies to work in a war zone comply with directives and orders issued by our military commanders as well as with DOD regulations.

On December 17, 2007, we sent the defense authorization act to the President for his signature. The following weekend, the White House staff notified us that they had identified a problem with one provision that would lead the President to veto the bill. While the administration had previously expressed concerns about this provision, no administration official had ever indicated that the President would consider a veto. Quite the opposite, this provision was not on the list of potential veto-causing problems.

I remain disappointed by the administration's failure to work with us to address this provision until after the bill had passed both Houses of Congress and was sent to the President for signature. It does not serve anybody's interest when we fail to address issues like this in a timely manner. The veto of the National Defense Authorization Act sent the wrong message to our soldiers, sailors, airmen and marines at a time when many of them are risking their lives on a daily basis in Iraq, Afghanistan, and elsewhere.

I am pleased that we have been able to work out language to address the administration's concerns on a bicameral and bipartisan basis. The bill that is before us today contains modifications that have been agreed upon by the White House and by the bipartisan leadership of the House and Senate Armed Services Committee. I understand that these changes are also acceptable to Senator Lautenberg and other Members who worked with him to put together the provision in the earlier bill.

Let me briefly explain the White House's problem, and how we have addressed it.

Section 1083 of the bill clarifies the law that permits U.S. nationals and members of the U.S. Armed Forces who are victims of terrorist acts to sue state sponsors of terrorism for damages resulting from terrorist acts in the U.S. courts. The provision also strengthens mechanisms to ensure that victims of terrorism can collect on their judgments against such State sponsors of terrorism. U.S. courts have previously entered such judgments against Iran, Libya, and Saddam Hussein's Iraq.

After the bill was passed and sent to the President for signature, the administration informed us that Iraq currently has more than $25 billion of assets in this country that could be tied up in litigation if section 1083 were enacted into law and that such restrictions on Iraq's funds could take months to lift. The White House stated that restrictions on Iraqi funds would interfere with political and economic progress in Iraq and undermine our relations with Iraq.

We have addressed these concerns with new language which authorizes the President to waive the applicability of section 1083 to Iraq, if he determines that a waiver is in the national security interest of the United States; that the waiver will promote Iraqi reconstruction, the consolidation of democracy in Iraq, and U.S. relations with Iraq; and that Iraq continues to be a reliable ally of the United States and a partner in combating international terrorism.

The revised language also expresses the sense of Congress that the President, acting through the Secretary of State, should work with the Government of Iraq on a state-to-state basis to ensure compensation for any meritorious claims based on terrorist acts

committed by the Saddam Hussein regime that cannot be addressed in the U.S. courts due to a Presidential waiver.

We expect that the Department of State will actively pursue such compensation from Iraq.

As one of the authors of the new section 1083, I want to assure the Senate that the new language authorizes the waiver of section 1083, only as it applies to Iraq. The new subsection (d), which we have added to the bill, specifies that the President may waive any provision of section 1083 ''with respect to Iraq'' and not with regard to any other country. We explicitly reaffirm in this bill that other cases against state sponsors of terrorism, including both Iran and Libya, may proceed to judgment and collection under section 1083, unaffected by any Presidential waiver.

Over the last 2 weeks, concerns have been expressed about the possible impact of this provision on innocent third parties entering joint ventures with Libya or Iran. The concern was that these companies would find their own property seized to satisfy judgments against those countries. Our language does not allow for that result, because that is not our intent. This is not a new issue: the question has been raised by the language of the Lautenberg amendment ever since it was first approved by the Senate last fall.

We specifically addressed the problem of joint ventures in our conference on the Defense authorization bill, previously approved by the Congress. We added language to the bill making it clear that the courts are authorized to compensate victim of state-sponsored terrorism out of Libya's—or other states'—assets, while separating and shielding the assets of companies engaged in joint ventures with those States. In the accompanying statement of managers, we specifically urged the courts to make use of this authority. This language was the strongest action that we could take to protect innocent third parties without also shielding the offending governments from liability for their own actions.

We have included a provision to ensure that the statement of managers on our previous conference report will apply to this new bill in this and all regards.

Outside of the modification of section 1083, the bill remains virtually unchanged. We have, however, taken steps to ensure our men and women in uniform will not lose a penny as a result of the delayed enactment of this bill. Toward that end, we have revised a number of provisions in the bill to make pay increases and bonus provisions retroactive to January 1 and avoid any gap in these authorities. These changes have been worked out with the Department of Defense and agreed to by the two Armed Services Committees on a bipartisan basis.

Other than these few changes, the bill before us today is identical to the conference report that the Senate overwhelmingly passed last month. It is my hope that the bill will receive similar support when we vote on it again later today.

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2008

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

The legislative clerk read as follows:

A bill (H.R. 4986) to provide for the enactment of the National Defense Authorization Act for fiscal year 2008, and for other purposes.

Mr. FEINGOLD. Mr. President, I oppose the fiscal year 2008 Defense authorization bill because it authorizes $189.5 billion for the war in Iraq but does nothing to end the President's misguided, open-ended Iraq policy. That policy has overburdened our military, weakened our national security, diminished our international credibility, and cost the lives of thousands of brave American soldiers.

There are certain provisions of the bill that I support strongly, including a pay raise for military personnel, Senator WEBB's amendment creating a Commission on Wartime Contracting to examine waste, fraud, and abuse in Iraq and Afghanistan, and Senator LAUTENBERG's amendment to create a Special Investigator General for Afghanistan Reconstruction.

But on balance, I cannot vote to support a bill that defies the will of so many Wisconsinites—and so many Americans—by allowing the President to continue one of the worst foreign policy mistakes in the history of our Nation.

Mr. LAUTENBERG. Mr. President, I rise to applaud the chairman and ranking members of the Senate Armed Services Committee, Senators LEVIN and MCCAIN, respectively, on passage of the National Defense Authorization Act for fiscal year 2008.

Specifically, I would like to express my gratitude to the bill conferees for their inclusion of four amendments that I authored and which were unanimously adopted by the Senate during its initial consideration of this bill. These provisions will increase oversight of our country's economic and security assistance to Afghanistan by creating a Special Inspector General for Afghanistan Reconstruction, section 1229; help victims of state sponsored terrorism to achieve justice through the U.S. courts, section 1083; prevent military health care fees through the TRICARE program from rising, sections 701 and 702; and increase accountability and planning for safety and security at the Warren Grove Gunnery Range in New Jersey, section 359.

First, I was proud to be joined by my cosponsors, Senators COBURN, DODD, HAGEL, FEINGOLD, WEBB, and MCCASKILL, in creating a Special Inspector General for Afghanistan Reconstruction. I wrote this legislation because I believe that while a democratic, stable, and prosperous Afghanistan is important to the national security of the United States and to combating international terrorism, I am concerned that we are not achieving all of our goals there. The United States has provided Afghanistan with over $20 billion in reconstruction and security assistance. However, repeated and documented incidents of waste, fraud, and abuse in the utilization of these funds have undermined reconstruction efforts. I therefore believe that there is a critical need for vigorous oversight of spending by the United States on reconstruction programs and projects in Afghanistan.

I would like to emphasize that the Government Accountability Office and the departmental Inspectors general have provided valuable information on these activities. However, I believe that the congressional oversight process requires more timely oversight and reporting of reconstruction activities in Afghanistan. Oversight by this new Special Inspector General would encompass the activities of the Department of State, the Department of Defense, and the U.S. Agency for International Development, as well as other relevant agencies. It would highlight specific acts of waste, fraud, and abuse, as well as other managerial failures in our assistance programs that need to be addressed.

This new position will monitor U.S. assistance to Afghanistan in the civilian and security sectors, as well as in the counternarcotics arena, and will help both Congress and the American people better understand the challenges facing U.S. programs and projects in that country. I am pleased that this provision has been included in this final bill.

Second, this bill includes my legislation to provide justice for victims of state-sponsored terrorism, which has strong bipartisan support. I believe this legislation is essential to providing justice to those who have suffered at the hands of terrorists and is an important tool designed to deter future state-sponsored terrorism. The existing law passed by Congress in 1996 has been weakened by recent judicial decisions. This legislation fixes these problems.

In 1996, Congress created the ''state sponsored terrorism exception'' to the Foreign Sovereign Immunities Act, FSIA. This exception allows victims of terrorism to sue those nations designated as state sponsors of terrorism by the Department of State for terrorist acts they commit or for which they provide material support. Congress subsequently passed the Flatow Amendment to the FSIA, which allows victims of terrorism to seek meaningful damages, such as punitive damages, from state sponsors of terrorism for the horrific acts of terrorist murder and injury committed or supported by them.

Congress's original intent behind the 1996 legislation has been muddied by

numerous court decisions. For example, the courts decided in Cicippio-Puleo v. Islamic Republic of Iran that there is no private right of action against foreign governments—as opposed to individuals—under the Flatow Amendment. Since this decision, judges have been prevented from applying a uniform damages standard to all victims in a single case because a victim's right to pursue an action against a foreign government depends upon State law. My provision in this bill fixes this problem by reaffirming the private right of action under the Flatow Amendment against the foreign state sponsors of terrorism themselves.

My provision in this bill also addresses a part of the law which until now has granted foreign states an unusual procedural advantage. As a general rule, interim court orders cannot be appealed until the court has reached a final disposition on the case as a whole. However, foreign states have abused a narrow exception to this bar on interim appeals—the collateral order doctrine—to delay justice for, and the resolution of, victim's suits. In Beecham v. Socialist People's Libyan Arab Jamahiriya, Libya has delayed the claims of dead and injured U.S. service personnel who were off duty when attacked by Libyan agents at the Labelle Discothèque in Berlin in 1986. These delays have lasted for many years, as the Libyans have taken or threatened to take frivolous collateral order doctrine appeals whenever possible. My provision will eliminate the ability of state sponsors of terrorism to utilize the collateral order doctrine. My legislation sends a clear and unequivocal message to Libya. Its refusal to act in good faith will no longer be tolerated by Congress.

Another purpose of my provision is to facilitate victims' collection of their damages from state sponsors of terrorism. The misapplication of the ''Bancec doctrine,'' named for the Supreme Court's decision in First National City Bank v. Banco Para El Comercio Exterior de Cuba, has in the past erroneously protected the assets of terrorist states from attachment or collection. For example, in Flatow v. Bank Saderat Iran, the Flatow family attempted to attach an asset owned by Iran through the Bank Saderat Iran. Although Iran owned the Bank Saderat Iran, the court, relying on the State Department's application of the Bancec doctrine, held that the Flatows could not attach the asset because they could not show that Iran exercised day-to-day managerial control over Bank Saderat Iran. My provision will remedy this issue by allowing attachment of the assets of a state sponsor of terrorism to be made upon the satisfaction of a ''simple ownership'' test.

Another problem is that courts have mistakenly interpreted the statute of limitations provision that Congress created in 1996. In cases such as Vine v. Republic of Iraq and later Buonocore v. Socialist People's Libyan Arab Jamahiriya, the court interpreted the statute to begin to run at the time of the attack, contrary to our intent. It was our intent to provide a 10-year period from the date of enactment of the legislation for all acts that had occurred at anytime prior to its passage in 1996. We also intended to provide a period of 10 years from the time of any attack which might occur after 1996. My provision clarifies this intent.

My provision also addresses the problems that arose from overly mechanistic interpretations of the 1996 legislation. For example, in several cases, such as Certain Underwriters v. Socialist People's Libyan Arab Jamahiriya, courts have prevented victims from pursuing claims for collateral property damage sustained in terrorist attacks directed against U.S. citizens. My new provision fixes this problem by creating an explicit cause of action for these kinds of property owners, or their insurers, against state sponsors of terrorism.

Finally, in several cases the courts have prevented non-U.S. nationals who work for the U.S. Government and were injured in a terrorist attack during their official duties from pursuing claims for their personal injuries. My provision fixes this inequity by creating an explicit cause of action for non-U.S. nationals who were either working as an employee of the U.S. Government or working pursuant to a U.S. Government contract.

I also want to make special mention of the inspiration for this new legislation. On October 23, 1983, the Battalion Landing Team headquarters building in the Marine Amphibious Unit compound at the Beirut International Airport was destroyed by a terrorist bomb killing 241 marines, sailors, and soldiers who were present in Lebanon on a peacekeeping mission. In a case known as Peterson v. the Islamic Republic of Iran, filed on behalf of many of the marine victims and their families, the U.S. District Court ruled in 2003 that the terrorist organization Hezbollah was funded by, directed by, and relied upon the Islamic Republic of Iran and its Ministry of Information and Security to carry out that heinous attack. The judge presiding over this case, Judge Royce Lamberth, referred to this as ''the most deadly state sponsored terrorist attack made against United States citizens before September 11, 2001.'' In September of this year Judge Lamberth found that Iran not only is responsible for this attack but also owes the families of the victims a total of more than $2.6 billion for the attack. Congress's support of my provision will now empower these victims to pursue Iranian assets to obtain this just compensation for their suffering. This is true justice through American rule of law.

However, President Bush's veto of the initial version of the National Defense Authorization Act for fiscal year 2008, H.R. 1585, on New Year's Eve required that my provision to provide justice for victims of state-sponsored terrorism be amended. The President chose to take this extraordinary action without warning after asserting that he had not been aware of the provision's potential impact on the Government of Iraq. The President contended that this provision would hinder Iraqi reconstruction by exposing the current Iraqi government to liability for terrorist acts committed by Saddam Hussein's government and vetoed the entire Defense Authorization bill on that basis.

To address the President's concerns that the Government of Iraq could be made liable, the revised provision grants the President the authority to waive the terror victim's provision only for cases in which Iraq or its agencies, instrumentalities, or governmental actors are named defendants. The provision does not give the President the authority to waive any part of the provision for any case in which a government, its agencies, instrumentalities, or governmental actors are named defendants other than Iraq.

By insisting on being given the power to waive application of this new law to Iraq, the President seeks to prevent victims of past Iraqi terrorism—for acts committed by Saddam Hussein—from achieving the same justice as victims of other countries. Fortunately, the President will not have authority to waive the provision's application to terrorist acts committed by Iran and Libya, among others.

In addition, my new provision includes a Sense of the Congress that the Secretary of State should work with Iraq, on a state-to-state basis, to resolve the meritorious claims made against Iraq by terror victims. It is crucial that the victims of these terrorist acts be included in such discussions. Their approval of agreements made between the two governments on their behalf is critical to ensuring that justice is served.

Third, this Defense authorization bill includes my provision to prevent proposed increases in enrollment fees, premiums, and pharmacy copayments for TRICARE, the military community's health plan. The principal coauthor of this provision is Senator HAGEL.

Both career members of the uniformed services and their families endure unique and extraordinary demands and make extraordinary sacrifices over the course of 20-year to 30-year careers in protecting freedom for all Americans. I believe they deserve the best retirement benefits that a grateful nation can provide. Proposals to compare cash fees paid by retired military members and their families to fees paid by civilians fails to adequately recognize the sacrifice of military members. We must be mindful that military members prepay the equivalent of very large advance premiums for health care in retirement through their extended service and sacrifice.

The Department of Defense and our Nation have a committed obligation to

provide health care benefits to Active Duty, National Guard, Reserve, and retired members of the uniformed services, their families, and survivors, that considerably exceed the obligation of corporate employers to provide health care benefits to their employees. Ultimately, the Department of Defense has options to constrain the growth of health care spending in ways that do not disadvantage current and retired members of the uniformed services, and it should pursue any and all such options as a first priority. Raising fees excessively on TRICARE beneficiaries is not the way to achieve this objective.

Finally, I thank the conferees for including my amendment to require increased oversight and accountability, as well as improved safety measures, at the Warren Grove Gunnery Range in New Jersey. I wrote this provision with Senator MENENDEZ because a number of dangerous safety incidents caused by the Air National Guard have repeatedly impacted the residents living nearby the range.

On May 15, 2007, a fire ignited during an Air National Guard practice mission at Warren Grove Gunnery Range, scorching 17,250 acres of New Jersey's Pinelands, destroying 5 houses, significantly damaging 13 others, and temporarily displacing approximately 6,000 people from their homes in sections of Ocean and Burlington Counties in New Jersey.

My provision will require that an annual report on safety measures taken at the range be produced by the Secretary of the Air Force. The first report will be due no later than March 1, 2008, and two more will be due annually thereafter. My provision will also require that a master plan for the range be drafted that includes measures to mitigate encroachment issues surrounding the range, taking into consideration military mission requirements, land use plans, the surrounding community, the economy of the region, and the protection of the environment and public health, safety, and welfare. I believe that these studies will provide the type of information that we need to ensure that there is long-term safety at the range, both for the military and the surrounding communities.

Mr. SPECTER. Mr. President, I have sought recognition to address the pay raise given to members of the U.S. military. On December 28, 2007, President Bush vetoed the National Defense Authorization Act for Fiscal Year 2008 because of a disagreement over a provision in the Justice for Victims of State Sponsored Terrorism Act of 2007.

The disagreement over language in the Justice for Victims of State Sponsored Terrorism Act has affected far more individuals than the legislation itself addresses. By holding up the signing of the National Defense Authorization Act for Fiscal Year 2008, it jeopardized the pay raise which was promised to our Nation's servicemen and servicewomen.

On January 4, 2008, the President issued Executive Order 13454, which gave all members of the military a 3-percent pay raise effective January 1, 2008. I commend the House for its January 16, 2008, decision to make retroactive to January 1, 2008, a 3.5-percent pay raise for members of the uniformed services. This was the number that the House and the Senate agreed upon before we sent the bill to President Bush in December; I think it is only fair this be the number we return to when we again submit the bill to the President. The men and women of the military should not be made to suffer for disagreements between the Congress and the White House.

Mr. REID. Mr. President, in a few minutes, I am going to ask unanimous consent to take up the authorization bill for the Department of Defense for fiscal year 2008. But before we proceed to consider and pass this important legislation, I want to take just a moment to advise my colleagues of the unfortunate and troubling path that this legislation has taken since the Senate last voted to pass it on December 14.

On December 19, the same day the other body adjourned its first session, the Congress sent to the President legislation, H.R. 1585, that was identical to the bill we are about to take up and pass, with one substantive difference regarding section 1083 and several associated technical corrections necessary due to the delay of the bill's enactment.

What I want to focus on today is the manner in which the President chose to exercise his veto prerogative. As the Chair and our colleagues are well aware, the Framers of our Constitution deliberately gave the President only a limited or qualified veto power, one that could be overridden by Congress if it could muster a two-third vote in both Houses—a formidable challenge. But President Bush was not satisfied simply to veto the bill and risk an override, as contemplated under our constitutional process.

Rather, on December 28, the President issued a memorandum of disapproval stating that, because the other body had adjourned its first session, while the Senate remained in session to protect its advise-and-consent prerogative, he considered the bill pocket vetoed, relying upon the constitutional provision that protects against the Congress's adjourning in order to prevent the President from exercising his veto power. But the President did not actually pocket the bill. Instead, using the mechanism provided in the rules of the other body for such periods as the December holidays, the White House returned the bill, with the President's veto message, to the Clerk of the House, for transmission to the full body when it reconvened last week. The President said that he was returning the bill ''to avoid unnecessary litigation'' and ''to leave no doubt'' that he was vetoing the bill.

The Constitution does not provide for double vetoes: A bill is vetoed either by being returned or, if return is prevented by Congress's adjournment, by being pocketed. Here, the President returned the bill to the other body through delivery to the Clerk. Obviously, the adjournment did not prevent the bill's return. Accordingly, the bill was not subject to a pocket veto. Had the President not returned the bill within the 10 days—excluding Sunday—prescribed by the Constitution, the bill would have become law without his signature. That fact explains why the President returned the bill.

Indeed, in 1983, President Reagan attempted to pocket veto a military aid appropriations measure during an analogous adjournment—the break between the first and second sessions of the 98th Congress. On a bipartisan basis, the Senate joined a group of Members of the other body to challenge that attempted misuse of the pocket veto in a Federal court case called Barnes v. Kline. Although the decision was subsequently vacated because the fiscal year for the military aid bill had expired in the meantime, thereby mooting the case, the Court of Appeals for the District of Columbia Circuit rejected the Executive's attempt to pocket veto the bill and held that, because it could have been returned to the House, under the Constitution the bill had become law. The court held that three factors, when taken together, establish that adjournment of the first session of a Congress does not prevent the President from returning a bill under the Constitution: First, ''[t]he existence of an authorized receiver of veto messages''; second, ''the rules providing for carryover of unfinished business'' in the second session of a Congress; and third, ''the duration of modern intersession adjournments.''

In that decision, the court of appeals built upon the foundation laid by our colleague, the senior Senator from Massachusetts, who, a decade earlier personally had argued and won the case Kennedy v. Sampson in the same court, thereby establishing the President's duty to return bills to Congress, through its appointed officers, during intrasession adjournments. As the court made clear, during both types of adjournments, the application of the pocket veto clause has necessarily been guided from the beginning by its ''manifest purpose.'' And that purpose is solely to ensure that the Congress cannot deprive the President of his right to exercise the qualified veto, not to permit the President to accomplish what the Framers of our Constitution denied him—by transforming the qualified veto into an absolute veto.

I have gone into some detail in explicating the background and history of the pocket veto controversy because of its importance to our constitutional system of separation of powers and checks and balances between the branches. The President should abandon the strange and unseemly practice

of maintaining that he cannot return a bill to Congress, while simultaneously returning the bill. Such game-playing is unworthy of the Office of the President and breaks faith with the brilliant, carefully crafted system that the Founders bequeathed to us and future generations.

However, much as part of me would like to see Congress take the opportunity provided by the President's action here to establish definitively the Congress's constitutional power to override a veto exercised during its adjournment, the Nation's security and the care of our troops and wounded warriors demands that we get this bill signed into law as soon as possible. This bill provides important congressional authorizations and guidance for the Nation's defense budget, a 3.5-percent 9 pay raise and key bonuses for the troops, legislation to improve the system of care for our wounded warriors, and authorization to establish a war profiteering commission. The President's veto of this bill in December has already delayed these provisions for too long.

I also want to reiterate that it is my belief that the Government of Iraq should take responsibility for what has taken place there in years past, including the brutal torture of American POWs. Congress has gone on record repeatedly—most recently, in overwhelmingly passing section 1083 of the conference report to H.R. 1585 last year in both the House and Senate and sending it to the President—to support the efforts of these Americans who have suffered so much for their country to hold their torturers accountable. This administration has been fighting for years to oppose efforts to win compensation for these American soldiers, which is, frankly, a disgrace.

In light of the President's veto over this issue, I call on him and his administration to work with the POWs and their family members to facilitate negotiations with the Government of Iraq. It is my understanding that the administration has been working with Iraq to settle gulf war commercial debts with foreign corporations such as Mitsubishi of Japan and Hyundai of Korea through issuance of Iraqi bonds. This mechanism takes no funds from the reconstruction of Iraq. It is beyond me why the administration would refuse to do at least that for the POWs. The administration needs to make this right.

The bill (H.R. 4986) was ordered to a third reading and was read the third time.

Mr. LEVIN. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The question is on passage of the bill.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from New York (Mrs. CLINTON), the Senator from New Jersey (Mr. MENENDEZ), and the Senator from Illinois (Mr. OBAMA) are necessarily absent.

I further announce that, if present and voting, the Senator from New Jersey (Mr. MENENDEZ) would vote ''yea.''

Mr. KYL. The following Senators are necessarily absent: the Senator from Arizona (Mr. MCCAIN), the Senator from South Dakota (Mr. THUNE), and the Senator from Virginia (Mr. WARNER).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 91, nays 3, as follows:

[Rollcall Vote No. 1 Leg.]

YEAS—91

Akaka	Dole	McCaskill
Alexander	Domenici	McConnell
Allard	Dorgan	Mikulski
Barrasso	Durbin	Murkowski
Baucus	Ensign	Murray
Bayh	Enzi	Nelson (FL)
Bennett	Feinstein	Nelson (NE)
Biden	Graham	Pryor
Bingaman	Grassley	Reed
Bond	Gregg	Reid
Boxer	Hagel	Roberts
Brown	Harkin	Rockefeller
Brownback	Hatch	Salazar
Bunning	Hutchison	Schumer
Burr	Inhofe	Sessions
Cantwell	Inouye	Shelby
Cardin	Isakson	Smith
Carper	Johnson	Snowe
Casey	Kennedy	Specter
Chambliss	Kerry	Stabenow
Coburn	Klobuchar	Stevens
Cochran	Kohl	Sununu
Coleman	Kyl	Tester
Collins	Landrieu	Vitter
Conrad	Lautenberg	Voinovich
Corker	Leahy	Webb
Cornyn	Levin	Whitehouse
Craig	Lieberman	Wicker
Crapo	Lincoln	Wyden
DeMint	Lugar	
Dodd	Martinez	

NAYS—3

Byrd	Feingold	Sanders

NOT VOTING—6

Clinton	Menendez	Thune
McCain	Obama	Warner

The bill (H.R. 4986) was passed.

The PRESIDING OFFICER. The motion to reconsider is considered made and laid on the table.

The majority leader is recognized.

UNANIMOUS CONSENT REQUEST—S. 2541

Mr. REID. Mr. President, I am glad we have a large number of Senators here today. I want to go over the schedule for this week.

First of all, I am going to ask unanimous consent, and I will do that now, that the Senate proceed to the consideration of S. 2541, which is a 30-day extension of the Foreign Intelligence Surveillance Act we are going to be dealing with; that the bill be read three times, passed, the motion to reconsider be laid upon the table, with no intervening action or debate.

The reason I ask consent on this legislation is that this bill expires on February 1. The House has not acted on this bill yet, so when we pass this bill, the House has to pass their bill, and there has to be a conference. I hope we could have this extension. I need not belabor the point. I asked this consent before we left; I ask it again.

The PRESIDING OFFICER. Is there objection? The Republican leader.

Mr. MCCONNELL. Mr. President, reserving the right to object, and I will be objecting, let me say, my good friend, the majority leader, and I have discussed this issue. There is a significant amount of time left this month to pass this bill in the Senate. A conference may or may not be necessary. Back in August, when we did an extension of the FISA bill, the House simply took up the Senate-passed bill and passed it, and it went down to the President for signature. So I think the discussion of extension, particularly when, hopefully, we will turn to this bill in the very near future in the Senate, is not timely and, therefore, I object.

The PRESIDING OFFICER. Objection is heard.

The majority leader.

Mr. REID. Mr. President, for all Members here, we are on the Indian health bill now. I hope we can complete that bill tomorrow. The Republicans are having a retreat. They are having theirs tomorrow; we are going to have ours in 10 days or so. There will be activities on the Senate floor tomorrow, but there will be no votes. If there are any votes tomorrow, it will be after they finish their retreat, after 6 o'clock tomorrow night.

So we hope some work can be done on this bill tomorrow. We know the Republicans will be absent, so that makes it very difficult.

We have to finish FISA this week. Everyone should be aware of that point. We have to finish it this week. I know there are important trips people want to take. We have the very important economic conference in Davos that Democrats and Republicans alike would like to go to.

I say, unless we finish the bill Thursday—and we will not be able to get to it until tomorrow night—unless we finish the bill on Thursday, then we are going to have to continue working this week until we finish this bill. We have to finish this bill. It is not fair to the House to jam them so that they have 1 day to act on this legislation. If we finish it this week, I have spoken to the Speaker today and they will work to complete this matter next week. It would be to everyone's advantage if we had more time to do this.

I respect what the Republican leader has said, but everyone here should understand all weekend activities have to be put on hold until we finish this bill. Now, it is possible we could finish it fairly quickly. We are going to work from the Intelligence bill, and if amendments are offered that people don't like, I would suggest they move to table those amendments. Because if people think they are going to talk this to death, we are going to be in here all night. This is not something

we are going to have a silent filibuster on. If someone wants to filibuster this bill, they are going to do it in the openness of the Senate.

We are not going to say, well, we can't get 60 votes on this. We are going to work toward completing this bill as quickly as we can. I would rather we didn't have to do this. And maybe if we get to it on Thursday, we can finish it Thursday. If not, hopefully on Friday. But I know of no alternative. This work period is very short. We have, after this week, only 3 weeks.

I have had many meetings, and they have been bipartisan in nature, to try to come up with a stimulus package that is so important to our country. Everyone has seen what has happened to not only our own stock markets but those around the world. We may not be in a recession, but people are looking at an economic downturn as concerning to everyone, including the President. So we have a lot to do this work period. I have only mentioned a couple issues we need to work on, but there are a lot of others, of course, we need to do also.

UNANIMOUS CONSENT REQUEST—H.R. 1255

Madam President, I ask unanimous consent that the Senate proceed to consideration of Calendar No. 213, H.R. 1255, Presidential Records Act Amendments of 2007; that the amendment at the desk be considered and agreed to; the bill, as amended, be read a third time, passed, and the motion to reconsider be laid upon the table; that any statements relating thereto appear at the appropriate place in the RECORD as if given; and that there be no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Mr. SESSIONS. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. MCCONNELL. Mr. President, on the issue of FISA, let me second the observation of the majority leader. There is no more important issue for us to deal with in terms of protecting the homeland. I agree with his decision that we press forward on FISA and get it out of the Senate—but not just get it out of the Senate, get it out of the Senate and to the House in a form the President will sign. Nothing is more important to protecting the homeland than getting this done and getting it done properly.

I yield the floor.

The PRESIDING OFFICER (Mr. CASEY). The Senator from Vermont.

Mr. LEAHY. Mr. President, we have a number of Members who are supposed to go to the Davos economic summit tomorrow night, and I would note I have talked with Senator BENNETT of Utah, who is the senior Republican on that trip, and the trip that is set to leave tomorrow night will not. We will put it on hold until Thursday, to determine whether we can leave on Thursday.

If I could have the attention of the majority leader for a moment. I appreciate the majority leader has been very clear. I happen to concur with him that this is important and we should finish it. All we want to do is to know how it will go. There is a Judiciary Committee amendment to the bill. I would not anticipate taking a great deal of time on that, but I think the distinguished majority leader is doing the absolute right thing.

He has the worst job in America, trying to accommodate the schedules of 99 other people, plus his own, which usually comes in number 100 out of the 100. I am not in any way suggesting we change for the Davos summit. I will keep in touch with him, Senator ROCKEFELLER, and others as we go forward. If it is possible for us to leave Thursday night, we will be able to leave Thursday night. But I would not suggest the bipartisan delegation go to Davos if this matter is pending.

I appreciate the distinguished leader spending a lot of time on the phone over the weekend and again today and I appreciate his consideration.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. If I might address the majority leader for a moment, we have had a great deal of debate today on the Indian Health Care Improvement Act, and I appreciate, as I said earlier, the willingness of the majority leader to bring this bill to the floor of the Senate. I know it deals with about 4 million Americans. But the fact is there are people dying, dying in this country, because of inadequate health care for a trust requirement, a responsibility our Government has for the health of the American Indians.

I know we will be considering that issue still tomorrow. I talked to Senator COBURN, who indicated he has some amendments and will be here tomorrow to be discussing the bill. My hope is we could get the Senators to come and offer amendments, that we can finish these amendments, and for the first time in 10 years get this bill passed. Senator MCCAIN, when chairman of this committee; Senator Ben Nighthorse Campbell, when chairman; and now myself, along with Vice Chair MURKOWSKI, have worked hard to get this done. We are so close, and I appreciate the cooperation of the majority leader.

I understand we will have to move to FISA at some point, but I know the majority leader wants to give us fair opportunity to consider these amendments and see if we can finish in a day or so, and I hope that can be the case.

Mr. REID. Mr. President, through the Chair to my friend from North Dakota, we have a Presidential debate going on now. Democrats and Republicans are talking about health care. I say to my friend, there is no place, no people in America more badly in need of health care than Native Americans. In Nevada, we have 22 different tribal organizations. The sickest, the most dependent people on health care are Indians. We had hospitals that used to exist where they could go, but they are gone. We had a hospital that was brand new. It was never staffed. The people have to drive 110 miles over the worst roads in Nevada to go to the hospital—these Native Americans.

So I say if we, as a people, have any concern about health care, please direct it to the Native Americans. No one needs it more than they do. That is what this legislation is all about. We have legal responsibilities to take care of it, and we have neglected those responsibilities. We as a Federal Government have neglected those responsibilities.

So I so appreciate the chair of this committee, the ranking member of the committee, Senator MURKOWSKI of Alaska, and I hope the two of you can work hard to get us a piece of legislation we can send over to the House and that the President will sign it. People desperately need this legislation.

Mr. DORGAN. Mr. President, I thank the majority leader. I understand we are going to need to move off and go to FISA at some point. We need some time, at least another day, to have some amendments, and then I think we can finish this bill.

Frankly, we have a trust responsibility. We have signed treaties, and this great country needs to keep its word. It has not kept its word on Indian health care. That is the reason we are on the floor of the Senate. So I wanted to make this point as we move to consider all these other priorities, that one of the significant priorities is to get the amendments on the floor, get them debated, have time agreements, and let us get this bill passed. It is 10 years late, but let us at least pay respect to our word, the commitments we have made, the treaties we have signed, and the trust responsibilities that are ours.

I heard someone say, people aren't dying over this. They are dying over this, I guarantee you. I will get you their names. There are people who deserve health care who aren't getting it, and the fact is people are dying today as a result of it. Ten years later we ought to pass this legislation. I have worked hard with Senator MURKOWSKI, Senator MCCAIN, and so many others to move this legislation. All we ask is fair opportunity to get the amendments to the floor and get them considered and voted on and let us do the right thing.

Tomorrow, I will be back. I do have great passion about this because I have seen people who are sick, I have seen people who are suffering and I have seen people and talked to people who had children die and spouses die because of inadequate health care, because of full-scale health care rationing in this country for American Indians. That is unacceptable, and it ought to be unacceptable to every single Member of this Senate.

PROVIDING FOR A CONDITIONAL ADJOURNMENT OF THE HOUSE OF REPRESENTATIVES

Mr. DORGAN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of H. Con. Res. 279, received from the House.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report.

The legislative clerk read as follows:

A concurrent resolution (H. Con. Res. 279) providing for conditional adjournment of the House of Representatives.

Mr. DORGAN. Mr. President, I ask unanimous consent that the concurrent resolution be agreed to, the motion to reconsider be laid upon the table, without any intervening action or debate.

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

The concurrent resolution (H. Con. Res. 279) was agreed to.

INDIAN HEALTH CARE IMPROVEMENT ACT AMENDMENTS OF 2007—Continued

The PRESIDING OFFICER. The Senator from Alaska.

Mrs. MURKOWSKI. Mr. President, I wished to echo the comments of my colleague and my chairman on the Indian Affairs Committee. Reauthorization of this Indian Health Care Improvement Act is something that is long overdue. When we sat down as the chairman and vice chairman of this committee to assess the priorities of the committee, it was absolutely clear the one thing we could do now to help make a difference in the lives of American Indians and Alaska Natives was to improve the health care system, the delivery, and the access.

The last time this was updated, if you will, was 1992. Think about what has happened in health care and the technologies and the techniques since 1992. We owe it to our constituents across the country—not just in Alaska, where we have 225 tribes, but from California to Maine, from the Dakotas down to Florida—we owe it to all our constituents to finally see this reauthorization through. We do acknowledge there are some issues that are as yet unresolved, but it is not as if we have not had the time to resolve them. The time is now to make it happen.

I, too, would urge the Senate to work together, as the chairman and I have, in a very cooperative, very bipartisan manner to figure out how we move this legislation through the Senate to the House so it is finally enacted into law.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

AMENDMENT NO. 3900

Mr. SANDERS. Mr. President, I ask unanimous consent that the pending amendment be set aside so I can send an amendment to the desk, and I ask for its immediate consideration.

The PRESIDING OFFICER. Without objection, the clerk will report.

The legislative clerk read as follows:

The Senator from Vermont [Mr. SANDERS], for himself, Mr. OBAMA, Ms. CANTWELL, Mr. KERRY, Ms. SNOWE, Ms. COLLINS, Mr. SUNUNU, Mr. MENENDEZ, Mr. LEAHY, Mrs. CLINTON, and Mr. KENNEDY, proposes an amendment numbered 3900.

Mr. SANDERS. Mr. President, I ask unanimous consent that the amendment be considered as read.

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

The amendment is as follows:

(Purpose: To provide for payments under subsections (a) through (e) of section 2604 of the Low-Income Home Energy Assistance Act of 1981)

At the end of title II, insert the following:

SEC. 2____. LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM.

(a) IN GENERAL.—There are authorized to be appropriated, and there are appropriated, out of any money in the Treasury not otherwise appropriated—

(1) $400,000,000 (to remain available until expended) for making payments under subsections (a) through (d) of section 2604 of the Low-Income Home Energy Assistance Act of 1981 (42 U.S.C. 8623); and

(2) $400,000,000 (to remain available until expended) for making payments under section 2604(e) of the Low-Income Home Energy Assistance Act of 1981 (42 U.S.C. 8623(e)), notwithstanding the designation requirement of section 2602(e) of such Act (42 U.S.C. 8621(e)).

(b) DESIGNATION.—Any amount provided under subsection (a) is designated as an emergency requirement and necessary to meet emergency needs pursuant to subsections (a) and (b) of section 204 of S. Con. Res. 21 (110th Congress), the concurrent resolution on the budget for fiscal year 2008.

Mr. SANDERS. Mr. President, let me begin by saying this amendment is being cosponsored by Senators SNOWE, COLLINS, OBAMA, CANTWELL, SUNUNU, MENENDEZ, STABENOW, CLINTON, LEAHY, and KERRY. This amendment, which would increase LIHEAP funding by $800 million, also has the support of the National Energy Assistance Directors Association, the National Fuel Funds Network, the American Gas Association, the National Association of State Energy Officials, and many other groups.

This amendment is as simple and straightforward as it can be, and what it is about is that at a time when, as everybody knows, home heating prices are going through the roof, it is getting colder every day—it will be below zero in Vermont this week—this amendment would provide real relief to millions of senior citizens on fixed incomes, low-income families with children, and persons with disabilities.

Specifically, this amendment would provide $800 million emergency funding for the Low-Income Home Energy Assistance Program, otherwise known as LIHEAP. Four hundred million dollars of this funding would be distributed under the regular LIHEAP formula and the other $400 million would be used under the contingency LIHEAP program.

Last month, I introduced the Keeping Americans Warm Act to provide $1 billion in emergency LIHEAP funding. I am pleased that this bill has garnered 26 cosponsors—19 Democrats, 6 Republicans, and 1 Independent.

In addition, as you know, on December 3, 38 Senators cosigned a letter spearheaded by Senator JACK REED and SUSAN COLLINS to the Labor-HHS-Education Appropriations Subcommittee Chairman HARKIN and Ranking Member SPECTER urging the appropriations committee to provide a total of $3.4 billion in LIHEAP funding.

As you know, there is a lot of discussion right now in seeing that there be a substantial increase in LIHEAP funding in the economic stimulus bill that is being talked about, which I certainly support.

I would also like to take this opportunity to commend Subcommittee Chairman HARKIN, Ranking Member SPECTER, Appropriations Chairman BYRD, and Ranking Member COCHRAN for providing a total of $2.6 billion in funding for LIHEAP in the Omnibus appropriations bill. I understand how difficult it was to reach a deal on this bill. I appreciate everything Senator BYRD and others have done for LIHEAP to make sure people in our country do not go cold.

Unfortunately, this $2.6 billion in funding for LIHEAP, while an 18-percent increase from last year, is still 23 percent below what was provided for LIHEAP just 2 years ago. And that 23-percent reduction is not even adjusted for inflation. I am talking about nominal dollars.

Two years ago, as I think every American fully understands, the price of heating oil was less than $2.50 a gallon. Today, it is over $3.36 a gallon. In central Vermont, we have seen prices as high as $3.73 a gallon for heating oil. This winter, consumers are projected to pay over $1,800 to heat their homes with heating oil—$1,800 just to stay warm this winter. This winter, it is projected that consumers will be paying over $1,600 to heat their homes with propane. Two years ago, they only paid $1,281.

The skyrocketing prices are already stretching the household budgets of millions of families with children, senior citizens on fixed incomes, and persons with disabilities beyond the breaking point. I cannot tell you—I am sure the situation is not radically different in Pennsylvania—how many people are telling me that when they see these heating bills, they cannot believe it. They just do not know how they are going to stay warm this winter.

Unfortunately, the spike in energy costs is completely eviscerating the purchasing power of this extremely important program in State after State. If Congress does not act soon to confront this problem head-on—and this is a problem which is existing now and will get worse in late January and in February—I fear for the public health and safety of many of our most vulnerable citizens.

The point is, we have to act. We have to act. I support any and all efforts to

expand LIHEAP but, frankly, it will do less good if it is passed in March or in April than it will if it is passed in January and February. We need to get the money out to people now so they do not go cold.

According to the National Energy Assistance Directors Association, due to insufficient funding, the average LIHEAP grant only pays for 18 percent of the total cost of heating a home with heating oil this winter, 21 percent of residential propane costs, 41 percent of natural gas costs, and 43 percent of electricity costs this winter. What this means is that low-income families with kids, senior citizens on fixed incomes, and others will have to make up the remaining cost out of their own pockets. As you know, in this country we are looking at some very rocky economic times. More and more people are unemployed. Poverty is going up. Where are those people going to get these large sums of money to stay warm this winter?

In addition, only 15 percent of eligible LIHEAP recipients currently receive assistance with home heating bills. Eighty-five percent of eligible low-income families with children, senior citizens on fixed incomes, and persons with disabilities do not receive any LIHEAP assistance whatsoever due to a lack of funding. There are many people all over this country who are eligible for this program who are unable to get the help they need. In my own State of Vermont, it has been reported that outrageously high home heating costs, oil costs, are pushing families into homelessness. In fact, it is not uncommon for families with two working parents to receive help from homeless shelters in the State of Vermont because they cannot afford anyplace else to live during the winter.

This is a national energy emergency which is affecting States all over the country, certainly not just Vermont. On January 17, 1 day after the President released $450 million in emergency LIHEAP funding, the National Energy Assistance Directors Association testified in front of the Health, Education, Labor and Pensions Committee chaired by Senator KENNEDY. I very much appreciate his holding that hearing in Boston focusing national attention on this crisis. Here is what the national energy directors reported. This is what they say:

In Arkansas, the number of families receiving LIHEAP assistance is expected to be reduced by up to 20 percent from last year if they are not able to get more funding. Arkansas, 20 percent reduction.

In Arizona, estimates are that they will have to cut the number of families receiving LIHEAP assistance by 10,000 families as compared to last year.

In Delaware, the number of families receiving LIHEAP assistance will be reduced by up to 20 percent. In most instances, your average LIHEAP grant only pays for about 20 percent of the total cost of heating a home in Delaware.

During the winter in Iowa, the regular LIHEAP grant has been cut by 7 percent from last year. The average LIHEAP grant in Iowa is $300. Two years ago, the average grant was $450.

The State of Kentucky can run out of LIHEAP funding as early as next February.

In Maine, the average LIHEAP grant will only pay for about 2 to 3 weeks of home heating costs in most homes in that State, and I can tell you that it stays cold for a lot longer than 2 or 3 weeks in Maine, in New England.

In Massachusetts, the spike in energy costs means that the purchasing costs for LIHEAP has declined by 39 percent since 2006.

The State of Minnesota can run out of LIHEAP funding as early as February.

In New York, many households have already exhausted their entire LIHEAP funding.

While Ohio has seen a 10-percent increase in the number of people applying for LIHEAP assistance, that State will have to cut back its regular LIHEAP grant by between 15 to 20 percent.

Rhode Island, Texas, the State of Washington—on and on it goes. The bottom line is, home heating fuel costs are soaring, and LIHEAP does not have enough money to take care of the needs of people in State after State after State.

In the richest country on the face of the Earth, no family, no child, no senior citizen should be forced to go cold this winter. I am afraid that unless we act, and act very quickly, that is exactly what will be happening.

We hear a lot of talking about energy funding around here. Not every piece of legislation, in fact, is an emergency. This is an emergency. As we speak tonight, people all over this country do not have enough money to stay warm. That situation will only get worse. We have to act, and we have to act now.

Let me again thank the many cosponsors of this legislation. It is certainly bipartisan. There are cold people in Republican States, Democratic States, Independent States. We have to act together, and we have to move as rapidly as we can.

I am offering this amendment now on the Indian health bill. I will offer it at every opportunity I can. I look forward to working with the Members of the Senate to see that we do the right thing so that no American goes cold this winter.

Ms. COLLINS. Mr. President, I wish to discuss funding for the Low Income Home Energy Assistance Program, commonly known as LIHEAP. LIHEAP is a Federal grant program that provides vital funding to help low-income and elderly citizens meet their home energy needs.

Due to record-high oil costs, the situation for our neediest citizens is especially dire this winter. That is why I have sponsored Senator SANDERS' amendment to increase LIHEAP funding by $800 million.

Nationwide, over the last 4 years, the number of households receiving LIHEAP assistance increased by 26 percent from 4.6 million to about 5.8 million, but during this same period, Federal funding increased by only 10 percent. The result is that the average grant declined from $349 to $305. In addition, since August 2007, crude oil prices quickly rose from around $60 a barrel to nearly $100 a barrel earlier this month, so a grant buys less fuel today than it would have just 4 months ago. According to Maine's Office of Energy Independence and Security, the average price of heating oil in our State is $3.30 per gallon, which is $1.09 higher than at this time last year.

This large, rapid increase, combined with less LIHEAP funding available per family, imposes hardship on people who use home heating oil to heat their homes. Low-income families and senior citizens living on limited incomes in Maine and many other States face a crisis situation in staying warm this winter.

The Sanders amendment would provide an additional $800 million as emergency funding for LIHEAP. The term ''emergency'' could not be more accurate. Our Nation is in a heating emergency this winter. Families are being forced to choose among paying for food, housing, prescription drugs, and heat. No family should be forced to suffer through a severe winter without adequate heat.

I urge all my colleagues to support the Sanders proposal to provide vital home energy assistance for the most vulnerable of our citizens.

Mr. SMITH. Mr. President, I rise today to speak in favor of reauthorizing the Indian Health Care Improvement Act, IHCIA, of which I am a cosponsor. Like many of my colleagues, I feel that passing this legislation is long overdue. Since its enactment in 1976, the IHCIA has provided the framework for carrying out our responsibility to provide Native Americans with adequate health care. As we know, the act has not been updated in more than 16 years, despite the growing need among Native Americans.

We cannot allow the health of Native Americans to remain in jeopardy for yet another year. The reauthorization legislation is a major step in addressing the growing health disparities that Native Americans face. The act makes much needed changes to the way the Indian Health Service, IHS, delivers health care to Native Americans and is the product of significant consultation and cooperation with Tribes and health care providers.

I would like to thank Chairman DORGAN and Vice Chair MURKOWSKI for their leadership and for building on the momentum from the last Congress to reauthorize this act.

The IHCIA was last reauthorized in 1992. Now 16 years later, another reauthorization is necessary to modernize Indian health care services and delivery and improve the health status of

Native American people to the highest level possible.

A September 2004 report released by the United States Commission on Civil Rights gives us a snapshot of the health crises Native Americans face. Native Americans are 770 percent more likely to die from alcoholism, 650 percent more likely to die from tuberculosis, 420 percent more likely to die from diabetes, 52 percent more likely to die from pneumonia or influenza, and 60 percent more likely to die of suicide.

Also, according to the CDC, American Indians and Alaska Natives, AI/AN, also have the highest rate of suicide in the 15- to 24-year-old age group, and suicide is the second leading cause of death among Native American youth aged 10 to 24. The overall rate of suicide for American Indians and Alaska Natives is 20.2 per 100,000, or approximately double the rate for all other racial groups in the United States. Given these circumstances, the life expectancy for Native Americans is 71 years of age, nearly 5 years less than the rest of the U.S population.

Many serious health issues affect our Native American population. Yet, today, funding levels meet only 60 percent of demand for services each year, which requires IHS, tribal health facilities and organizations, and urban Indian clinics to ration care, resulting in tragic denials of needed services. Reauthorization of the act will facilitate the modernization of the systems, such as prevention and behavioral health programs for the approximately 1.8 million Native Americans who rely upon the system. I sincerely hope that we can pass this legislation and send it to the President for his signature.

Although this bill makes vast and necessary improvements upon current law, it is not perfect. In my home State of Oregon, as well as in many other States across the country, there is concern that the current bill creates inequities among the tribes related to the distribution of health care facilities funding. Senator CANTWELL and I intend to offer an amendment that we are hopeful can resolve this issue because, ultimately we must ensure that all tribes are treated equitably.

The current priority system outlined in S. 1200 seems to favor health facility construction in a few States and will harm Oregon's tribes as well as many others across the country. Since the original bill was drafted, the IHS and tribes have worked together to develop a new and more equitable construction priority system that more fairly allocates funds across Indian Country. This priority system includes the development of an area distribution methodology. This proposed methodology would provide for a portion of facility construction funds to be used to build health facilities that are not part of the current facilities priority system. Unfortunately, the language in S. 1200 does not explicitly account for this agreement made between the tribes and IHS through the National Steering Committee. Many tribes in Oregon and around the country have never received any construction funding and are concerned that the proposed language is outdated and will continue to cause their facilities to lose priority to the extent that it could be 20 to 30 years until facility upgrades would occur.

I offered an amendment during the May 2007 Senate Committee on Indian Affairs markup of S. 1200 that would have allowed for a portion of health facility construction funds to be distributed equitably among all of the IHS areas for local health facilities projects. I withdrew my amendment because Chairman DORGAN assured me that he would work with me to find a suitable compromise before the bill went to the floor. Since then, I have been working with my colleagues and national tribal organizations to develop compromise language. Yet, given all of this effort, some Senators are unwilling to compromise.

Therefore, Senator CANTWELL and I intend to offer our amendment which represents an appropriate middle ground for all tribes. I hope my colleagues will vote in favor of this amendment, and I look forward to continuing to work with them to explore other creative ways to identify approaches that address everyone's interest and ensures that all Native American Indians receive the health care they need and deserve.

I am pleased to see that the bill contains my legislation, the American Indian Veteran Health Care Improvement Act. This legislation would encourage collaborations between the Department of Health and Human Services, HHS, and the Department of Veterans Affairs, VA, resulting in greater access to health care services for American Indian and Alaska Native, veterans of federally recognized tribes. This legislation also would ensure that these AI/AN veterans eligible for VA health care benefits delivered by IHS, an Indian tribe, or tribal organization will not be liable for any out of pocket expenses.

American Indians and Alaska Natives have a long history of exemplary military service to the United States. They have volunteered to serve our country at a higher percentage in all of America's wars and conflicts than any other ethnic group on a per capita basis. As a result, they have a wide range of combat related health care needs. AI/AN veterans may be eligible for health care from the Veterans Health Administration, VHA, or from IHS or both. Despite this dual eligibility, AI/AN veterans report the highest rate of unmet health care needs among veterans and exhibit high rates of disease risk factors.

On February 25, 2003, HHS and the VA entered into a Memorandum of Understanding, MOU, to encourage cooperation and resource sharing between IHS and the VHA. The goal of the MOU is to use the strengths and expertise of both organizations to increase access, deliver quality health care services, and enhance the health status of AI/AN veterans. These collaborations are designed to improve communication between the agencies and tribal governments and to create opportunities to develop strategies for sharing information services and technology. The technology sharing includes the VA's electronic medical record system, bar code medication administration, and telemedicine. Also, the VA and IHS cosponsor continuing medical training for their health care staffs. The MOU encourages VA, tribal, and IHS programs to collaborate in numerous ways at the local level. These services may include referrals for specialty care at a VA facility, prescriptions offered by the VA, and testing not offered by IHS.

At the local level, many partnerships are being formed among IHS, the VA, and tribal governments to identify local needs and develop local solutions. These may include outreach and enrollment for the VA's health system, initial screenings, and other health care services. The anticipated product of these collaborations is to ensure that quality health care is provided to all eligible AI/AN veterans.

In my State, the Portland VA Medical Center and the Portland Area Office-IHS are working on a local MOU for the purpose of improving access to VA health care services for eligible AI/AN veterans. The Warm Springs Confederated Tribes have been instrumental in developing this agreement based on the needs of AI veterans on the Warm Springs Reservation. These veterans often are eligible for health benefits from both the VA and IHS, and it is their intended purpose to make care more seamless, thereby improving access and quality.

In November 2001, President George W. Bush proclaimed National American Indian Heritage Month by celebrating the role of the indigenous peoples of North America in shaping our Nation's history and culture. He said, ''American Indian and Alaska Native cultures have made remarkable contributions to our national identity. Their unique spiritual, artistic, and literary contributions, together with their vibrant customs and celebrations, enliven and enrich our land.''

An important part of the overall contribution of AI/AN peoples to our Nation is the part they play in protecting and preserving our freedoms. Their contributions to our Armed Forces have been made throughout our history. I am hopeful that the VA and IHS will continue to work together to deliver health care services to our Nation's AI/AN veterans that they so deserve. I look forward to hearing about more of these partnership projects, and to learn of their successes.

As I mentioned earlier, Native Americans have some of the highest suicide rates in our Nation. That is why it is so critical that we increase physical and mental health services to this population and, ultimately, that we pass

this bill. I am proud to have cosponsored the telemental health language in this bill. The bill would authorize a demonstration project to use telemental health services for suicide prevention and for the treatment of Indian youth in Indian communities. The Indian Health Service would carry out a 4-year demonstration program under which five tribes, tribal organizations or urban Indian organizations with telehealth capabilities could use telemental health services in youth suicide prevention and treatment.

I also would like to speak to my support of the Urban Indian Health Program, UIHP. It constitutes only 1 percent of IHS's budget; however, 34 UIH centers provide care for nearly 70 percent of the Native American population residing in cities. According to the 2000 Census, nearly 70 percent of Americans identifying themselves as having American Indian or Alaska Native heritage live in urban areas.

In my home State of Oregon, the Native American Rehabilitation Association of the Northwest, NARA, an urban Indian health provider, has been in existence for over 37 years and provides education, physical and mental health services, and substance abuse prevention and treatment that is culturally appropriate to Native Americans and other vulnerable people. NARA is an Indian-owned and operated nonprofit urban Indian health clinic that annually serves over 4,000 people including 257 tribes and bands, of which 25 percent are from Oregon. NARA's health clinic delivers health care services to tribal members from over half of the federally recognized tribes that reside in about 30 States. Notably, NARA is a grant recipient of the Garrett Lee Smith Memorial Act, which it uses to serve Oregon's tribes.

The UIHP has been a fixture of the Indian Health Care Improvement Act since its initial passage in 1976, principally serving urban Indian communities in those cities where the Federal Government relocated Indians during the 1960s and 1970s. Notably, the Federal Government relocated thousands of tribal members to Portland at that time. Although the UIHP overwhelmingly serves citizens of federally recognized tribes, it has the authority to serve other Native Americans, largely those who have descended from the Federal relocatees. S. 1200 provides a modest expansion of authority for the UIHP to engage in a wider array of health related programs, consistent with the many changes that have occurred in health delivery in the United States since the IHCIA was last reauthorized 16 years ago.

Proposals to eliminate or even limit the UIHP within the IHS would have far-reaching and devastating consequences. Urban Indian health clinics report that the elimination of Federal support would result in bankruptcies, lease defaults, elimination of services to tens of thousands of Indians who may not seek care elsewhere, an increase in the health care disparity for American Indians and Alaska Natives, and the near annihilation of a body of medical and cultural knowledge addressing the unique cultural and medical needs of the urban Indian population held almost exclusively by these programs. Notably, Urban Indian health clinics typically leverage IHS funding 2:1 from other sources.

Urban Indian health clinics provide unique and nonduplicable assistance to urban Indians who face extraordinary barriers to accessing mainstream health care. Many Native Americans are reluctant to go to health care providers who are unfamiliar with and insensitive to Native cultures. Urban Indian programs not only enjoy the confidence of their clients but also play a vital role in educating other health care providers in the community to the unique needs and cultural conditions of the urban Indian population. Urban Indian health clinics also save costs and improve medical care by getting urban Indians to seek medical attention earlier; Provide care to the large population of uninsured urban Indians who otherwise might go without care; and reduce costs to other parts of the Indian Health Service system by reducing their patient load.

More than 30 years ago, President Ford saw the great need and had the wisdom to sign into law the Indian Health Care Improvement Act. His signature was a promise made to American Indians that the Federal Government would work to improve their health status. That promise is one that we must not back away from. Reauthorizing this act is a reaffirmation of that commitment and proves that we understand there is work yet to be done to further improve Indian health.

Again, I am thankful to Chairman DORGAN and Vice Chair MURKOWSKI for their leadership and for building on the momentum from the last Congress to reauthorize the act. I hope that we can swiftly resolve any remaining issues and get this long-overdue bill signed into law.

I would like to close my statement with a quote from Mourning Dove, the literary name of Christine Quintasket, a Salish tribal woman from the Pacific Northwest now recognized as the first Native American woman to publish a novel (1888–1936). ''Everything on the earth has a purpose, every disease an herb to cure it, and every person a mission . . . this is the Indian theory of existence.''

There are indeed cures and treatments for the maladies that disproportionately afflict Native Americans: diabetes, alcoholism, and suicide. The purpose and the mission of this bill is to connect those cures with those who need it the most—those who have sought it the longest—and through chapters of our history, have a unique claim to those cures and treatment.

Mr. COCHRAN. Mr. President, I am a cosponsor of the Indian Health Care Improvement Act, which provides updated objectives and policy for addressing the health needs of American Indians.

By virtue of many treaties and agreements, the Federal Government has a trust responsibility—an obligation—to provide a variety of basic needs, including healthcare.

The Indian Health Care Service estimates that it provides about 60 percent of the health care that is needed in Indian Country: an amount that is less than half of what we spend on the health care needs of Federal prisoners. Tribes with the resources, try to make up the difference. In most cases, the result is an absence of health care.

In my State, the Mississippi Band of Choctaw Indians has improved its health care and the overall health of its population over the last 30 years. But the sad fact remains that health care on the reservation is inadequate.

For the 9,600 members of the tribe, there are four doctors. The hospital has 14 beds. The approximately $8 million the tribe spent last year is simply not enough to cover the needs of the Choctaw's growing population.

According to Health Care Financing Review—Summer 2004, Volume 24, Number 4—the national health care expenditure average cost per person per year was calculated at $5,440. Using the $5,440 estimate, the Mississippi Band of Choctaw Indians Health Care System would need over $48 million dollars to cover the tribe's health care costs.

From fiscal year 2000 to fiscal year 2005, there was a 30.4 percent increase in the number of patients from the Mississippi Band of Choctaw Indians who accessed the health care system. During that same time period there was a 41.4 percent increase in the number of ambulatory visits.

According to the CDC, 7 percent of Americans have diabetes. In comparison, 20.5 percent of Choctaws have diabetes, one of the highest percentages of any tribe in the country. From 2000 to 2005 there was a 62.3 percent increase in the number of patients diagnosed with diabetes.

My point in telling the Senate these examples is, with adequate health care, successful preventive care, appropriate facilities, and more health care professionals, lives would be longer and general health would improve.

Statistics for other tribes are similar. Some include alarming incidences of suicide, high infant mortality rates, and practically nonexistent mental health care.

This bill includes provisions that promote better communication between tribes and the Indian Health Care Service, in order to ensure effective administration of the programs meant to assist the well-being of the American Indian population.

I urge my colleagues to vote for the Indian Health Care Improvement Act.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

• Mr. OBAMA. Mr. President, I commend Senator DORGAN and the Committee on Indian Affairs for their leadership on the long-overdue Indian Health Care Improvement Act, IHCIA, Amendments of 2007.

The historical treatment of Native Americans is a tarnished mark on American history. Lawmakers must ensure that this Nation fulfills its treaty obligations to Native Americans and address the injustices that continue to be suffered by the first Americans. I am committed to making sure that Native Americans are treated with respect, dignity, and equality both now and in the future and to ensure that promises made by this great Nation are promises kept as well. As such, I believe it is this country's moral imperative to address the significant health disparities between Native Americans and the American population as a whole.

Diabetes is perhaps the most striking example of such health disparities. American Indians have the highest rate of diabetes in the world. The American Diabetes Association reports that American Indians and Alaska Natives are more than twice as likely to be diagnosed with diabetes as non-Hispanic Whites, and the death rate from diabetes is three times higher among American Indians and Alaska Natives than the rate in the general U.S. population. Yet these statistical averages mask the fact that certain tribal populations are experiencing epidemic rates of diabetes. About half of adult Pima Indians, for example, have diabetes. Even worse, on average, Pima Indians are only 36 years old when they develop diabetes, which contrasts to an average age of 60 years for White diabetics.

Unfortunately, diabetes is not the only health condition that disproportionately affects American Indians. Death rates from heart disease and stroke are respectively 20 and 14 percent greater among American Indians compared to the average U.S. population. We know the infant mortality rate is 150 percent higher for Indian infants than White infants. The rate of suicide for Indians is 2½ times greater than the national rate, and methamphetamine use has ravaged Indian reservations all across the country.

Urban Indians are not exempt from these dire health challenges. In addition to facing higher than average rates of chronic disease and mental health and substance abuse disorders, urban Indians experience serious difficulties accessing needed health care services. Given that over half of the Native American population no longer reside on reservations, our efforts to improve Indian health and health care must include explicit focus on the urban Indian population.

For these reasons, I am proud to be an original cosponsor of the Indian Health Care Improvement Act. Our tribal health care programs must be modernized and prepared to provide preventive and chronic disease health care services and to address other key issues such as access and quality of care concerns. And these activities must be supported while honoring the principle of tribal sovereignty.

The bill before us would enact much needed advancements in the scope and delivery of health care services to Native Americans. In particular, it authorizes a host of new health services, makes crucial organizational improvements, and provides greater funding for facilities construction. Through scholarships, investments in recruitment activities, loan repayment programs, and grants to institutions of higher education, IHCIA also takes steps to help increase the number of Native Americans entering the health services field.

I am especially pleased that the bill addresses well-documented health problems affecting urban Indian communities as well. This proposal provides grants and increased aid for diabetes prevention and treatment, community health programs, behavioral health training, school health education programs, and youth drug abuse programs in urban areas.

I trust my colleagues will agree with me on the critical need to address health disparities facing the Native American community. I urge the Senate to act quickly to pass this bill.•

• Mr. MCCAIN. Mr. President, today the Senate is considering S. 1200, the Indian Health Care Improvement Act, IHCIA, Amendments of 2007. This bill would reauthorize the IHCIA, the statutory framework for the Indian health system, which covers just about every aspect of Native American health care.

I would first like to acknowledge the hard work of Chairman DORGAN and my other colleagues on the Senate Indian Affairs Committee for their efforts to bring this important legislation to the floor. Reauthorization of the IHCIA is critical to the lives of more than 2 million American Indians and Alaska Natives and is long overdue.

The IHCIA expired in 2000, and Indian tribes and health organizations have been working diligently to see it reauthorized. Seven years ago, a steering committee of tribal leaders, with extensive consultation by the Indian Health Service, developed a broad consensus in Indian Country about what needs to be done to improve and update health services for Indian people. During the 109th Congress, we made significant progress towards passing a reauthorization bill. Unfortunately, the Senate was unable to complete work on that bill before adjourning last Congress.

I believe now as I did when I served as chairman of the Senate Indian Affairs Committee during the last Congress that reauthorizing our Indian health care programs is a top priority for us, and I hope that the Senate will move a sound comprehensive bill through the legislative process as quickly as possible. However, there are some key and troubling differences between the bill pending before the Senate and the proposal I put forward at the end of the last Congress, S. 4122. In particular, the new version contains language that would essentially authorize the Indian Health Service to promote ''reproductive health and family planning'' services. As my colleagues know, I have had a longstanding policy against promoting abortion as an acceptable form of birth control, except in cases of rape and incest. I strongly believe that society and government have a legitimate interested in protecting life, born or unborn. Obviously, my thinking on this question applies to the unborn children of patients to the Indian Health Service. I cannot in good conscience support the promotion of abortions at Federally funded IHS facilities or any Federal facilities. I remain hopeful the bill will be modified to allow me to supports its swift passage.

I am, however, supportive of the majority of this bill which builds upon the principles of Indian self-determination. Over the years, Indian health care delivery has greatly expanded and tribes are taking over more health care services on the local level. It is our responsibility to maintain support for these services and promote high standards of quality health care for IHS and its partner units. Among the items provided in this bill are provisions exploring options for long-term care, governing children and senior issues. It also would provide support for recruitment and retention purposes; access to health care, especially for Indian children and low-income Indians. Further, it would provide more flexibility in facility construction programs, consolidated behavioral health programs for more comprehensive care, and would establish a Commission to study and recommend the best means of providing Indian health care.

We must remember that nearly 30 years ago, Congress first enacted the IHCIA to meet the fundamental trust obligation of the United States to ensure that comprehensive health care would be provided to American Indians and Alaska Natives. Yet the health status of Indian people remains much worse than that of other Americans. They have a shorter average lifespan, higher infant mortality rate, and a much higher rate of diabetes than the national average. American Indians and Alaska Natives are 650 percent more likely to die of tuberculosis, 770 percent more likely to die of alcoholism, and 60 percent more likely to die of suicide. The suicide mortality rate among Indian youth is three times that of the general population.

I have seen the hard reality of these statistics in the families of Arizona tribes as well as tribes across the Nation. Methamphetamine addiction, diabetes, alcoholism, and heart disease are epidemics devastating the Indian people. Our trust obligation dictates we address these health crises on reservations, and I strongly support actions to that effect. However, as I stated before,

using taxpayer money to promote abortion services is something I find highly objectionable and will vehemently oppose. I strongly urge my colleagues to support efforts to strike these unacceptable provisions and enable this bill, which is of critical importance to Indian country, to be approved.●

Mr. SANDERS. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. THUNE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. THUNE. Mr. President, is the pending business S. 1200, the Indian Health Care Improvement Act Amendments of 2007?

The PRESIDING OFFICER. That is correct.

Mr. THUNE. Mr. President, I wish to speak to that legislation. The Indian Health Care Improvement Act is before the Senate today and tomorrow and hopefully will be completed, and we will be able to vote on some amendments and finally get this legislation reauthorized because it is very long overdue and the need for its completion cannot be underestimated.

I represent nine tribes in my State of South Dakota, and in any given year, depending on the year we are talking about, as many as five of those reservation counties in South Dakota will be in the top 10 poorest counties in America. These are areas in my State that are struggling in so many different ways where many of the basic services that those of us who live off the reservations expect on a daily basis are just not available.

One of the things that is desperately needed is access to health care, making sure there is quality health care available to people on the reservations.

The Indian Health Care Improvement Act reauthorization has really been in the works since 1999–2000. I think the 106th Congress was the last time this issue was debated. We have been trying since that time to get this bill on the floor and get it reauthorized. It is a critical piece of legislation that is so important to the people whom I represent and to tribes all across this country and to Native American people.

To give an example of what I am talking about, in South Dakota, between 2000 and 2005, Native American infants were more than twice as likely to die as White infants. Nationally, Native Americans are three times as likely to die from diabetes as compared to the rest of the population in the country.

In South Dakota, a recent survey found that 13 percent of Native Americans suffered from diabetes. This is twice the rate of the general population in which only 6 percent are suffering from diabetes.

An individual who is served by IHS is 6.5 times more likely to suffer an alcohol-related death than the general population. An individual served by an IHS facility is 50 percent more likely to commit suicide than the general population.

I appreciate the time the Senate is taking to debate this bill and the serious health issues this bill hopes to address and correct. I especially thank the Indian Affairs Committee for working with me to help the Yankton Sioux Tribe of South Dakota keep the Wagner emergency room open. Our delegation from South Dakota has been working for some time in making sure that members of the Yankton Sioux Tribe have access to emergency room service 24 hours a day, which is critically important.

The committee was very helpful in making sure that issue was addressed in this authorization. I thank them for that help and appreciate their work in working with us to that end.

I also thank them for the work they have done to ensure that the Urban Indian Health Program remains a viable and helpful program for Native Americans who live off the reservation.

I am also a cosponsor of an amendment that has been offered by Senator VITTER. I reiterate my support for extending the Hyde language of this bill in preventing Federal funds being spent on abortions, except in cases where the life of the mother is at stake or in case of incest or rape.

I also reiterate my support for Senator BINGAMAN's amendment. I am a cosponsor of that amendment which will extend Medicare payment rates to all Medicare providers who accept IHS contracting agreements.

This amendment hopefully will stretch IHS contracting dollars even further and help reduce, even if it is only in a small way, some of the shortfalls that currently exist.

This legislation goes a long way in attempting to improve health care throughout Indian country. However, we have to remember there is still more, lots more, that we need to do, especially in the area of tribal justice and law enforcement in order to help improve the lives of individuals who live on and near Indian reservations throughout the country.

Last year, I worked hard to improve tribal justice and law enforcement on Indian reservations, and I look forward to partnering with my colleagues in the Senate to continue that fight this year to make sure we have adequate law enforcement personnel, that we have an adequate number of prosecutors so that when crimes are committed, they can be prosecuted. But we have to address these very fundamental issues if we are going to improve the quality of life for people on the reservations.

As I travel the reservations in South Dakota—and I was at the Rosebud Indian Reservation just this last week—what strikes me is, people on the reservations, just as those I represent who live off the reservations, want the same thing: They want a better life for their children, for their grandchildren, for future generations. They want to make sure they have security and there is adequate law enforcement and they do not have to live in fear when it comes to the issues of crime. They want to make sure their children have access to quality education and a responsibility that many of us take very seriously, ensuring and seeing to it that young people, children on the reservation, have an opportunity to learn at the very fastest rate possible, to go through elementary and secondary school and then on to higher education if they choose to.

A number of the tribal colleges we support in many cases suffer, again, from a lack of funding. They also have to have basic health care services, which is what this bill attempts to address. Whether it is in the area of dental care, whether it is in the area of basic primary care, speciality care, the IHS facilities on the reservations suffer from being unable to recruit and retain health care providers. Whether it is physicians or dentists—and that is an issue we face as well—we need to make sure we have the right incentives in place to attract health care providers to serve in reservation areas.

This bill, as it is currently structured, I believe, will help to address that very basic expectation that all people who live on reservations have, and that is, when they have a need, they will have access to quality health care to address those needs.

This bill will be debated again tomorrow in the Senate, probably, I hope, voted on sometime tomorrow so that we can finally get this reauthorization bill through. It has been teed up for some time.

I appreciate the work the chairman, Senator DORGAN from North Dakota, and Senator MURKOWSKI from Alaska, the ranking Republican, have done to bring this bill to the floor and, as I said before, to work with us on issues important to South Dakota.

I am also happy to cosponsor a couple of amendments that I hope can be adopted—the Vitter amendment and, as I said earlier, the Bingaman amendment, which will help make health care more available and take the dollars of the IHS and stretch them further when it comes to contracting services.

I urge my colleagues in the Senate to vote for this bill. This should be a big bipartisan vote. If anybody cares seriously about improving the quality of life on reservations in this country and addressing what are deep economic needs, it starts with some of these very basic services. It starts with law enforcement security, it starts with education, and it starts with health care, and I think this bill takes us a long way in the direction of dealing with the health care issues that affect so many of our tribes in this country.

I hope my colleagues in a very big bipartisan way will vote for this legislation, support it, and hopefully get it signed into law before this year is out.

Mr. President, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BROWN). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. CASEY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

MORNING BUSINESS

Mr. CASEY. Mr. President, I ask unanimous consent that there now be a period for the transaction of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

TRIBUTE TO JOHN STROGER

Mr. DURBIN. Mr. President, tomorrow, the city of Chicago and Cook County, IL, will say goodbye to a legend.

John Stroger was born into poverty in Arkansas at the start of the Great Depression. He lived to become the first African American ever elected president of the Board of Commissioners of Cook County, IL. He lived to be one of the most powerful politicians in my home State.

He died at 8 o'clock last Friday morning from complications of a stroke he suffered almost 2 years ago and from which he never fully recovered.

John Stroger was 78 years old.

Mayor Daley confirmed the passing of John Stroger at a prayer breakfast on that day when we were honoring Dr. Martin Luther King. What a fitting coincidence. Dr. King had told us:

> Everybody can be great, because everyone can serve.

John Stroger spent his life serving.

John Stroger was a grandson of former slaves who believed in the promise of America and believed that government can and should be a force for progress.

He was a man of compassion, integrity, great humor, and great political skill. He used all of those qualities to help others.

He spent his political life breaking down racial barriers and working to lift up those who were less fortunate. His lifelong commitment to serve those who struggle every day to find affordable, quality medical care will certainly be his legacy.

Many years ago, John Stroger befriended me when I was an unknown candidate from Springfield with a few friends in the Chicago political world. For me, John Stroger was more than an ally. He was a great friend.

He was also a man of strong opinions. Our mutual friend, Congressman DANNY DAVIS of Illinois, once joked that John Stroger ''would argue with a signpost.'' But he never held grudges. He was a real gentleman.

He was also a champion for working families and the poor. As Cook County board president from 1994 to 2006, John Stroger opened doors of opportunity in government and business for women and minorities and improved the county's bond rating.

He made county government more responsive by changing the way commissioners are elected.

He created a special domestic violence court.

And then there is the achievement of which he was probably most proud: the construction in the year 2002 of a state-of-the-art hospital to serve the poor, the uninsured, and the underserved of Cook County and the Chicagoland area.

At a time when public hospitals across America are having to turn people away, John Stroger still believed that every person deserved the dignity and security of basic health care and lifesaving medicine.

The Chicago Sun Times noted:

> John Stroger was so much larger than life they did not even wait until he was dead to put his name on the Cook County Hospital he defied the critics to build.

The John H. Stroger Hospital of Cook County, IL, is just one way that the legacy of this remarkable man will continue to serve the people and city he loved for years to come.

Mr. President, I remember when John Stroger decided that this hospital was going to be built. There were scores of critics. Why in the world would we want to build a hospital for poor people? John Stroger knew the answer to that question. It was an answer from his heart: Because that is what America does. America cares for the poor. America provides the poor in Cook County and all across our Nation with the same kind of quality care that we all want for our families.

John Stroger knew that. His battle for that hospital ended up in one of the great success stories of public life in Illinois.

John Stroger was born in 1929 in Helena, AR—the oldest of four kids. His father was a tailor, his mother worked as a maid. The family lived in a three-room shack with no electricity and no indoor plumbing.

John Stroger later described it for a Sun Times reporter when he said: ''We didn't have any boots, and we didn't have any straps.''

He graduated from Xavier College in New Orleans in 1952 with a degree in business administration. He was proud of Xavier to the last day I ever spoke to him. He always spoke with great pride about that college. He moved back to Arkansas and spent a year teaching high school math and coaching basketball. When he came home one day, his mom had packed a suitcase. She told him she had arranged for him to move to Chicago because there would be more opportunities for a young black man.

John Stroger had caught the political bug years earlier. After hearing a speaker in Arkansas say that the election of President Harry Truman would lead to full rights for African Americans, he had organized voters and tried to persuade them to pay the poll tax so they could vote.

In Chicago, there was no poll tax, but there were other obstacles to full political participation for African Americans in the 1950s. Over the next four decades, John Stroger fought them all.

In 1968, he was named Democratic committeeman for South Side's Eighth ward—the first African-American committeeman for that famous ward. Two years later, John was elected to the Cook County Board. In 1994, he became board president. He was running for his fourth term in 2006 when he suffered a stroke a week before the primary.

John was my friend. The last picture we had taken together was at the St. Patrick's Day march, a legendary march in Chicago. There was John, with his big smile and big green sash, standing next to me and Mayor Daley. I am going to treasure that photo. I think it was one of the last taken of John as a candidate.

After he suffered a stroke, the Chicago Tribune ran an editorial that read, in part:

> If John Stroger ever anticipated a career farewell, he surely saw himself shaking hands with everyone—his allies, his adversaries, the bypassers captivated if only for a moment by one of the more genuine personalities in Chicago politics.

The Tribune went on to write:

> But he likely didn't anticipate a farewell. He wouldn't have enjoyed those elaborate exercises in staged finality. Politics and governance were his life; an intimate says the prospect of retirement unnerved him. Even in this awkward moment, we know he leaves public office just as he occupied it: Without a grudge, without a complaint, and with precious few regrets.

Those were the words of the Chicago Tribune, not always John Stroger's political friend.

The mayor and Members of Congress and the city council and even a former President of the United States have praised John Stroger's life and legacy these past days—and rightly so. But I think the eulogy John Stroger would have liked best wasn't offered by a politician.

Clyde Black runs a shoeshine operation in the City Hall-County Building complex in Chicago. Years ago, John Stroger gave him a helping hand to start his little business. As word of President Stroger's death spread last Friday, Clyde Black told a reporter:

> He changed my life—made me a better person. He's someone we all dearly miss a lot.

It is a sentiment I and many others share.

I offer my deep condolences to President Stroger's family, especially his wife Yonnie. What a wonderful woman, by his side throughout his political life

and by his bedside as his illness lingered on for years; their daughter Yonnie Clark; their son and my friend Cook County Board President Todd Stroger, his family; and their two grandchildren. America and the State of Illinois have lost a great leader and I have lost a great friend.

I yield the floor.

UNION LEAGUE CLUB OF CHICAGO

Mr. DURBIN. Mr. President, I wish to congratulate the Union League Club of Chicago and its Boys and Girls Clubs. This month they celebrate an important milestone.

The Union League Club of Chicago was founded in 1879, adopting the motto ''commitment to country and community.'' Throughout its long and distinguished history, the Union League Club of Chicago has maintained a strong tradition of civic involvement. Over the years, Club members have been a part of politics and society, advocating on issues ranging from election reform to the death penalty. The Union League Club of Chicago also helped develop community support for cultural institutions as they were coming into the community, including Orchestra Hall, the Field Museum, and the Harold Washington Library Center.

In 1920, recognizing a critical need in the community, the Union League Club of Chicago established the Union League Boys Club, a club designed to serve the large population of underprivileged children in Chicago.

Today, the club opens the doors of its four Chicago area facilities to disadvantaged youth who are in communities with some Chicago's the lowest educational attainment levels and highest dropout and poverty rates. In addition to providing wholesome social and recreational opportunities, the Union League Boys and Girls Clubs offer a wide variety of structured programs that emphasis character building and empowerment.

The clubs provide a safe and inviting refuge for young Chicagoans, free from the negative influences of drugs, gangs, and violence. Studies have shown that afterschool programs, like those offered by the Union League Boys and Girls Clubs, can reduce urban crime rates by keeping teens off the streets and providing positive alternatives.

At each club, members are served balanced snacks and meals and given nutritional guidance they can use when not at the club. The clubs also provide an environment in which students can tackle their homework, with assistance when they need it and access to personal computers. Not surprisingly, club members average significantly higher grade point averages than their peers.

A full-time professional staff, assisted by part-time workers and volunteers, provides high school students with career guidance and job training to help young club members become responsible citizens. Each year, the clubs award scholarships to help members pay for college or trade school.

In the summer, members take advantage of the 250-acre summer camp owned by the clubs. Located a short distance north of the Illinois-Wisconsin border, the camp gives Chicago youth an opportunity to experience and enjoy the outdoors.

This month, the Union League Boys and Girls Clubs realize a remarkable achievement. For the first time in its 87-year history, the Clubs will enroll the 10,000th member in a single program year.

Mr. President, I join the Chicago community in commending the Union League Club of Chicago and its Boys and Girls Clubs for outstanding commitment to the welfare of the community and for enriching thousands of young lives—in the past, today, and for decades to come.

RETIREMENT OF GREG HARNESS

Mr. BYRD. Mr. President, on January 31, 2008, the Senate Librarian, Mr. Greg Harness, will retire. With his departure, we will lose a dedicated, loyal, and very important member of the Senate family.

The Senate Library is a fundamental part of the U.S. Senate. Operating under the direction of the Secretary of the Senate, the Senate Library serves as both a legislative and general reference library, and provides a wide variety of information services to Senators and our staffs in a prompt and timely fashion. It maintains a comprehensive collection of congressional and governmental publications and of materials relating to the specialized needs of the Senate.

The origins of this unique and important institution date back to 1792, when the Senate directed the Secretary ''to procure and deposit in his office, the laws of the states, for the use of the Senate.'' The first Senate Librarian to be appointed was George S. Wagner, who officially commenced his duties on July 1, 1871.

In 1997, Greg Harness became the 17th Senate Librarian. A native of North Dakota, Mr. Harness began work in the Senate Library on October 20, 1975, as a reference librarian. He planned to work only a few years in Washington and then return to North Dakota to attend law school. Fortunately, his plans changed.

Mr. Harness continued his employment in the Senate Library for the next 32 years. As a reference librarian, Mr. Harness was a wonderful and pleasant person with whom to work. He undertook every request, no matter how large or small, how urgent or demanding, whether from the majority or the minority, and answered it effectively, professionally, and promptly. He always took that extra step to ensure that the Senator or his staff member received the best, the most accurate, and the most recent information.

As the Senate Librarian, Mr. Harness directed the administrative and professional operations of the Senate Library. He oversaw the movement of the Library from the Capitol to the Russell Building in 1999 and oversaw the design of the new Senate Library. More important, he continued that same cooperative, helpful attitude that he had always displayed as a reference librarian. As a result, he set a model of superior service for his entire staff.

Mr. President, I want to take this opportunity to thank Mr. Harness for his years of loyalty to the Senate, as well as his dedicated and distinguished service. And, I want him to know that my staff and I will certainly miss him. I wish him happiness and success as he enters the next phase of his life.

TRIBUTE TO MAJOR GENERAL DONALD C. STORM

Mr. MCCONNELL. Mr. President, I wish to honor a respected Kentuckian, MG Donald C. Storm, who has nobly served the United States and Kentucky for 37 years.

In 1970, General Storm enlisted in the U.S. Army, serving with Military Assistance Command Vietnam. After 2 years of Active Duty, he continued to serve his country in the Kentucky National Guard. Years of accomplishment and experience earned General Storm the appointment to Adjutant General of the Kentucky National Guard by Governor Ernie Fletcher in 2003. Regretfully, after 37 years of service and 4 years in that post, General Storm has decided to retire. Because of his dignified and unwavering commitment to the citizens of this country and the Commonwealth of Kentucky, I stand to honor him today.

General Storm has served the Commonwealth and its citizens in superb ways. He was an advocate for the destruction of marijuana, supporting the Marijuana Eradication Program; he oversaw a recruitment program that exceeded its goals; and finally, he was a true leader and supporter of his troops. General Storm was known for his dedication to the care of his soldiers and their families, celebrating with them in times of victory and mourning with them in times of loss.

Storm has clearly proved himself a man of honor and dignity who represents not only his country proudly but his State proudly. I wish General Storm and his family much happiness after retirement, and I ask my colleagues to join me in honoring General Storm for his dedication, patriotism, and willingness to give so much of himself for the good of his country and his fellow Kentuckians.

Mr. President, recently the Lexington Herald-Leader published a story about Major General Storm, ''Generally Speaking; Retiring Guard chief's mission: 'Take care of the troops.''' I ask unanimous consent to have the full article printed in the CONGRESSIONAL RECORD.

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

[From the Lexington Herald-Leader, Jan. 13, 2008]

GENERALLY SPEAKING; RETIRING GUARD CHIEF'S MISSION: ''TAKE CARE OF THE TROOPS''

(By Jim Warren)

LEXINGTON, KY.—The pace of life is slower these days around Donald Storm's Elizabethtown home.

No more dashing to catch planes for Iraq. No more late-night phone calls about soldiers lost. No more need to put on the uniform.

After a 37-year military career, Storm, the former Kentucky adjutant general, is relearning civilian life.

Storm had hoped to be retained as adjutant general in the new administration of Gov. Steve Beshear. But the governor chose to replace him with Brig. Gen. Edward W. Tonini, 61, former chief of staff for the Kentucky Air National Guard.

Storm could have elected to remain in uniform, but that would have required him to move to another state guard program with a slot for someone of his rank, or take a post at the National Guard Bureau in Washington. But he chose retirement, and respite from the stresses and strains of commanding the Kentucky National Guard during its most difficult period in more than 30 years.

Storm did not escape controversy during his tenure, but is generally remembered for working hard to support the troops he led.

During his watch, the Kentucky Guard sent thousands of soldiers to Iraq and Afghanistan, losing troops in both countries. It sent units to Louisiana to help in the recovery from Hurricane Katrina, and dispatched about 1,000 soldiers to help monitor the U.S.-Mexico border in Operation Jump Start. Add peace-keeping duties in Bosnia, and Homeland Security assignments, and about 9,400 Kentucky Army and Air National Guard members were deployed over the course of Storm's tenure—more than the entire membership of the state guard when Storm became adjutant general.

Storm was the guard's chief of staff in December 2003, when incoming Gov. Ernie Fletcher appointed him to be adjutant general, succeeding D. Allen Youngman.

''Little did I know then that I would face some of the things I had to face,'' Storm said.

Sgt. Darrin Potter of Louisville, the first Kentucky National Guard member lost in combat since Vietnam, had died in Iraq about two months before Storm's promotion. Many others would follow during the next four years. Officially, 15 Kentucky Guard members were lost in combat while Storm was in command. He personally includes two others who were on inactive guard status when they were killed while working for private security firms in Iraq. Once a guard member, always a guard member, Storm believes.

Today, he admits that losing soldiers was the one part of his job he wasn't prepared for.

The period from March through September 2005 was particularly bloody, for example, with six guard members killed in action. That year also saw one of the Kentucky Guard's proudest moments, as members of the Richmond-based 617th Military Police Company fought off a furious insurgent attack on a convoy at Salman Pak on March 20, 2005. Three unit members, including a woman, were awarded the Silver Star. One of them, Sgt. Timothy Nein, later received the Distinguished Service Cross, the nation's second-highest military decoration.

But displays of undaunted courage could never offset the pain of lost lives. Attending funerals and consoling the families of lost soldiers became an all-too-common part of Storm's job.

''Sergeant Potter had died,'' he recalled, ''and then it was just one right after another.''

It was particularly painful because Storm, through his many years in the guard, personally knew many of those who were lost.

''I'm going to admit that it took a toll on me,'' Storm said. ''I don't think I fully understood how much of a toll it was at the time. But it was the toughest thing I ever went through . . . the losses of these soldiers and the tremendous sacrifices of their wonderful families. I just grieved with all of them.''

Storm, a native of Laurel County, began his military career as an enlisted man, serving in Vietnam in 1971–72. He never planned to be a soldier—he says he just wanted to get a college education—but he quickly found that he liked the regimentation and the values of life in uniform. He joined the Kentucky National Guard after his Army enlistment ended. He was commissioned a first lieutenant in 1981, beginning a steady rise through the ranks. By the time Storm took over the top job, he had held virtually every major post in the Kentucky Guard.

Storm sometimes sounds like a social philosopher when he speaks on the importance of military service.

''Military power,'' he says, ''is one of the four types of power you must have to support a nation state—information power, diplomatic power, economic power and military power. The fifth common denominator is the will of the people.''

No one had to convince Storm that invading Afghanistan and Iraq were the right things to do. He said he had seen the plight of the common people in both lands and felt that liberating them was a proper use of American force.

He admits that he didn't expect the war in Iraq to drag on this long, though he says he knew it would be ''a long hard road'' once the insurgency kicked into high gear in 2004. But he says he was never discouraged, even when polls began to show declining citizen support for the war.

''I could see the light at the end of the tunnel, which was something that our people here at home didn't have the opportunity to see,'' he said. ''I knew that if we stayed the course . . . that removing Saddam . . . would bode well for free people and the other countries in that part of the world.''

Storm says he personally saw off every Kentucky guard unit as it left for the war zone except one (he was on his way to Iraq himself at the time), and greeted every unit when it came home. He made eight trips to Iraq, Afghanistan and Kuwait to visit Kentucky troops and encourage them.

''I tried to make it my business to meet as many of the soldiers as I could, and let them know how much the people of Kentucky appreciated their service,'' he said. ''You know, it's not about generals. It's about soldiers and airmen.''

Storm, however, drew some fire in April 2005, after a Kentucky Guard member in Iraq went public with complaints that his unit was saddled with old, inadequately armored trucks. It happened shortly after a Kentucky guardsman died when a roadside bomb detonated near his vehicle. Storm responded that he didn't agree with the soldier going outside channels to raise a complaint, but that he would work to get better equipment for Guard units in Iraq.

The adjutant general found himself in hot water again in March 2007, after an usual appearance in the State Senate, where he made a last-minute appeal in support of an income-tax break for Kentucky military personnel that was stuck in the State House. Some House leaders, including Speaker Jody Richards, attacked Storm's comments as a ''shameless, partisan diatribe.'' The Louisville Courier-Journal ran an editorial saying Storm should be replaced as adjutant general.

Storm maintains that his ''whole deal'' always was ''to take care of the troops.''

Nowadays, he believes the work and sacrifices of the soldiers in Iraq are beginning to pay off. He sees the decline in violence since last summer as proof that ''we have turned the corner.'' The question, he says, is whether the improvement can be sustained as U.S. troops sent over for the ''surge'' start returning home in coming weeks.

''I pray that we can sustain this,'' he said. ''You never know in that part of the world because there are so many factions to deal with.

''But, boy, it sure does look great now. And if we can pull it off, it would be one of the greatest accomplishments ever for world peace . . . because the enemy we face is real. They want to destroy the western world and all the freedoms we enjoy.''

Storm won't be in uniform to see the victory he hopes for. But he says the biggest thing he will miss is simply serving in the Kentucky National Guard.

''The Kentucky National Guard is probably the best Guard unit in America,'' he says. ''That's what some three- and four-star generals will tell you. And it's because of all these great Kentuckians who have stood up, particularly after 9/11, to serve the State and the Nation. I'm so proud of the way they answered the call.''

REPORT ON FOREIGN TRAVEL TO THE UNITED KINGDOM, ISRAEL, PAKISTAN, JORDAN, SYRIA, AUSTRIA, AND BELGIUM

Mr. SPECTER. Mr. President, I rise to comment about a trip which I made over the recess during the period from December 22 of last year to January 4 of this year on travels which I undertook with visits to the United Kingdom, Israel, Pakistan, Jordan, Syria, Austria, and Belgium.

The stop which Congressman PATRICK KENNEDY and I made in Pakistan was an extraordinary visit, a shocking visit, and a visit at a time of great tragedy.

On Thursday, December 27, Congressman KENNEDY and I were scheduled to meet with Benazir Bhutto in Islamabad. She had set the meeting for 9 p.m., at the end of a busy day of campaigning. While we were preparing to go that night to an earlier dinner with the President of Pakistan, President Musharraf, and then plans to go on to meet with Benazir Bhutto, we were informed, within 2 hours of our planned meeting with Ms. Bhutto, that she had been brutally assassinated. It was obviously a great shock, a great loss to Pakistan, obviously, a great loss to her family, and really a loss to the world because she had the unique potential to unite Pakistan and to provide leadership in a very troubled country.

Pakistan has nuclear weapons, and it is an ongoing matter of concern as to whether those nuclear weapons are being adequately protected. President Musharraf assured us that they were. So did the Chairman of the Joint

Chiefs of Staff. And we accept those assurances. But with Pakistan in a condition with militants there, there is always the worry and concern, and it would be reassuring, comforting, if there can be political stability in Pakistan. It is our hope that will occur with the oncoming elections.

But whether Benazir Bhutto would have emerged as Prime Minister, as the leader, remained to be seen. But certainly she had extraordinary potential. Those who have seen her on television know she was a movie star, beautiful, charismatic, and beyond those features, a great intellect, educated in the United States, at Radcliffe, of course, at Harvard, Oxford—a real intellectual and a real leader in the political sphere. Her father had been Prime Minister. She had been Prime Minister.

I had the opportunity to meet her some 20 years ago when my wife and I visited her at her family home in Karachi. She was a very disarming young woman. When I took some pictures of her, she asked if I would send her copies. She said nobody ever sent her copies of pictures which were taken. I was surprised, really sort of amused, because she was on the cover of People magazine at that time. You only had to pick up most any magazine on the stands and find a picture of a glamorous, beautiful, talented Benazir Bhutto.

I visited her when she was Prime Minister in Islamabad in 1995. I discussed with her the possibility at that time of having the subcontinent nuclear free. Senator Hank Brown and I carried a message from the Prime Minister of India, Prime Minister Singh at that time, to have the subcontinent nuclear free. Then I had seen her from time to time in Washington. Beyond any doubt, she had the power to and the potential to be a great leader in Pakistan and the great potential to be a stabilizing force.

I learned after she was assassinated, according to members of her own party, that she had planned to give Congressman KENNEDY and me some documentation about the likelihood of vote fraud. I have sought information on those matters.

I ask unanimous consent that at the conclusion of my statement, the full text of a lengthy 40-page report be printed in the RECORD, together with copies of the letters which I have sent to her family and to her political allies making inquiries about the information on vote fraud which reportedly she was interested in turning over to Congressman KENNEDY and me.

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

(See Exhibit 1.)

Mr. SPECTER. With the assassination of Ms. Bhutto, it seems to me there is a need for an international investigation. By letter dated January 2, before returning to the United States, I wrote a letter to the Secretary General of the United Nations urging that there be an international investigation because of the obvious concerns as to whether security was involved or the kinds of conspiratorial theories which arise, whether there is any basis for them.

President Musharraf of Pakistan had asked for assistance from Scotland Yard. My own view is that was insufficient because Pakistan would retain control of the investigation, but that would certainly be a step in the right direction.

I supplemented that letter to the Secretary General on January 17, 2008, with a suggestion that the United Nations put into operation a standing commission to investigate international assassinations. The importance of immediate action and investigation is well known—to get to the scene, to preserve the evidence to the maximum extent possible, and to question witnesses while their memories are fresh and before they are potentially intimidated. Some of the doctors who attended Benazir Bhutto reported they had been told not to talk to the media. I think these ideas are ideas which are worth pursuing.

The composition of the standing commission would have to be very carefully thought through. There would obviously be exemptions for nations which are capable of carrying on an investigation with the technical expertise and which would have the confidence of the public, but I think this is an issue which ought to be undertaken. The Wiesenthal Institute has published the idea, full-page ads in the New York Times, that assassination ought to be classified as a crime against humanity. That, too, is an idea, in my opinion, which ought to be pursued. But the lessons learned and the pain and suffering which comes from the assassination of a great leader such as Ms. Bhutto ought to be studied. We ought to look to the future to be sure that where there are recurrences—and regrettably, it is highly likely there will be recurrences—that we profit by that experience.

In addition to traveling to Pakistan, Congressman KENNEDY and I visited in Israel and in Syria. We talked to Prime Minister Olmert in Israel. We talked to President Bashar al-Asad in Syria. Both are national leaders and both expressed a desire to have a peace treaty. It is very difficult to assess the possibilities by talking, even with the probing questions, because it depends so much on a matter of trust. But I think it is worth noting that back-channel negotiations have been undertaken. A report has appeared in the Arabic press and specified in my written statement but has not appeared, to my knowledge, in the American press. We do know Israel and Syria came very close to an agreement in 1995, until Prime Minister Rabin was assassinated, and then again brokered by President Clinton near the end of his term in 2000. They came very close to an agreement, when it was reported that Syrian President Hafez al-Asad was more concerned with the succession of his son than in completing the treaty. Only Israel can decide whether it is in Israel's interest to give up the Golan, which is the central issue.

But warfare is very different now than it was in 1967, when Israel took the Golan Heights. The rockets are impervious to elevated spots such as the Golan, and it is a very different strategic concern. But as Prime Minister Olmert commented—and I quoted him in the written statement—there are very material advantages which could come if Syria would stop supporting Hamas. It would promote the possibilities of a treaty between Palestinian President Abbas and Israel. If Syria would stop supporting Hezbollah and destabilizing Lebanon, there could be a great advantage. Such a treaty would have the potential of driving a wedge between Syria and Iran which would be of value.

That is a very brief statement of the extensive written report which I have filed, and I appreciate it being printed in the RECORD, at the conclusion of my statement. I thank the managers of the pending bill for yielding this time, and I conclude my statement by yielding the floor.

EXHIBIT 1

STATEMENT OF SENATOR ARLEN SPECTER

REPORT ON FOREIGN TRAVEL TO THE UNITED KINGDOM, ISRAEL, PAKISTAN, JORDAN, SYRIA, AUSTRIA AND BELGIUM

Mr. President, as is my custom from returning abroad, I have sought recognition to report on the recent trip I made overseas from December 22, 2007 to January 4, 2008.

UNITED KINGDOM

On the morning of December 23, the delegation which included my wife Joan, Representative Patrick Kennedy, Christopher Bradish, a member of my staff, Colonel Gregg Olson, our escort officer and Captain Ron Smith, our doctor and me, departed from Washington Dulles International Airport for London, England. After a flight of just over 7 hours, we arrived at London Heathrow Airport. The following morning we departed for Tel Aviv, Israel.

ISRAEL

We arrived in Tel Aviv on the evening of December 24. We were greeted at the airport by Rachel Smith our control officer from the embassy.

The following morning, I was briefed by DCM Luis Moreno and Political Counsel Marc Sievers on the latest developments in the region. The country team stressed that, prior to the Annapolis conference, tension in the region was high. The team informed us that Prime Minister Olmert and President Mahmoud Abbas have good chemistry and that the leaders remain optimistic that an agreement can be reached in 2008. We discussed some of the prevalent matters in the region including the situation in the Gaza strip, the dynamic between Fatah and Hamas, the Paris conference, the security situation in Israel and the political outlook for the region. Following the briefing, we departed for a meeting with Israeli President Shimon Peres.

Having traveled to Israel 25 times during my tenure, I had come to know many of Israel's leaders including President Shimon Peres. I asked the President for his thoughts on how to break the cycle of violence and hate that reigns in the region. He provided

his candid assessment of the prospects for peace but stressed that nothing can be solved without cooperation, a strong commitment to economic improvement which entails the creation of jobs in addition to aid money and the tangible benefits of changing the economic situation and the impact that has on changing people's lives. President Peres stated it was critical to support Abu Mazen and develop the West Bank.

I asked Peres on the prospects for future dealings with Syria. The President said Syria should make a choice: Lebanon or the Golan. If they meddle in Lebanon, the Israeli's will not discuss Golan and that all other issues are secondary.

I pressed President Peres on Iran and what he thought should be done. He stated that the U.S. needs a united, coherent policy to combat President Ahmadinejad's policy of enriching uranium. He complimented President Bush in showing courage, but that the capacity to build a coalition was absent. Peres did not express great alarm about Iran as he believes that the world will not allow the Islamic Republic to acquire nuclear weapons. I asked if there were any lessons from our diplomatic engagement with North Korea to which he responded by highlighting the benefits of diplomatic and economic efforts.

I mentioned to Peres that we would be traveling to Pakistan and solicited his thoughts. He believes that religious fanatics in the region are a massive problem for the government and that the U.S. should not force Pakistan and its leaders to be an American democracy—a theme that would continue in our meetings in Pakistan. He did not believe that the situation between Pakistan and India would lead to war but that it is imperative that Pakistan secure its nuclear arsenal—something with which I strongly agree.

President Peres suggested that oil is our great enemy: It finances terror, makes a mockery of democracy, negatively impacts the environment, and undercuts ideological foundations. He called for increased efforts to pursue alternatives to fossil fuels.

When asked about his view on our engagement in Iraq and Afghanistan, Peres stated that we have no choice but to combat radical extremism and those who think modernity will end. He elevated the struggle to one of those in the modern world versus those who are not able to deal with the fact that science has replaced them. He pointed to the fact that you cannot find an Israeli hospital without an Arab doctor. And even an Israeli who will not hire an Arab has no problem with one operating on him with a knife.

When discussing our bilateral relationship, Peres said: ''The less we need America, the more friendly our relations will become.'' President Peres ended the meeting by extending an invitation for us to come back to Israel for the sixtieth anniversary of Israel. We left the President's office for our next meeting at the Knesset with former Prime Minister and Likud party leader, Benjamin Netanyahu.

The focus of our discussion with Netanyahu and Zarman Shoval centered on Iran. He expressed his support for continued economic pressure in the form of sanctions and pension fund divestment. He reported that U.S. states divesting from companies, mostly European, doing business with Iran is having an impact. Netanyahu concluded that Iran's building of long range weapon platforms and its increased centrifuge activities leaves it with very little left to do to obtain a nuclear weapon. A theme in my discussions with Israeli officials, in Washington, DC and Israel, is that our Nations don't differ on the facts but we do differ on the interpretation. He was not convinced that Iran halted its program and more importantly that we do not know if Iran restarted its efforts.

In addition to talking about unilateral actions, Netanyahu recommended that we work with the Europeans and form a unified front with Russia. He stressed the importance of ''turning back the momentum'' domestically and internationally to combat Iran.

I asked Netanyahu what can be done to break the cycle of violence and hatred. He said this is a battle between modernity/globalization and militant Islam and that this ''culture of death'' with nuclear weapons could lead to catastrophe. Militant Islam, according to Netanyahu, works by brainwashing individuals. The information and economic revolution could be the best weapon against this ideology as a form of combating brainwashing. Following our meeting with Netanyahu, we departed for a meeting with Former Prime Minister and current Defense Minister, Ehud Barak.

I had met with Barak when he was in Washington, DC attending the Annapolis conference. He provided me an update on Israeli security service actions and intelligence gained since we last spoke. I asked the Defense Minister to provide his views on breaking the cycle of violence and hatred and his outlook for the region. Barak believes that we cannot reshape but can guide and offer a path of more opportunity. He expressed his support for strengthening moderates like Abu Mazen and Salaam Fayyad and that he is more optimistic dealing with these leaders than he was when serving as Prime Minister dealing with Yasser Arafat. I asked him about coming close to an agreement in 2000 with Chairman Arafat. Barak said the gap may have been narrow, but it was very deep.

When asked about Lebanon and Syria, Barak said Syria continues to destabilize Lebanon. He pointed to the recent assassination of Francois El-Hajj, who was expected to be Lebanon's new Army commander in chief should General Michel Suleiman take over as President. Barak believes that Syria would not stand to see the deputy elevated and that Syria wants a government that will request the U.N. to halt its investigation in the Hariri assassination—an attack that some suspect was orchestrated by Syria. When I asked Barak about his peace efforts while serving as Prime Minister with Syria, he indicated that there was an opportunity, but Hafez Assad was more concerned about his son's succession than peace.

On Iran, Minister Barak reiterated that the information between U.S. and Israeli intelligence is 95 percent the same, but that different interpretations persist. Barak expressed concern over Iran's hidden program and that they are not likely to cooperate. I asked about getting Russia to assist and President Putin's offer to handle part of Iran's fuel cycle. Barak stated that Russia wants to see the U.S. squeezed right now but that we must engage China and Russia if we want to have success on this front. We departed the Knesset for our next meeting with President Mahmoud Abbas and Salaam Fayyad in the West Bank.

On Christmas Eve, we loaded in our convoy bound for Bethlehem in the Palestinian-controlled West Bank. Security was tight as we left Jerusalem and entered the West Bank with security personnel lining both sides of the street every 100 yards. Upon arrival we were greeted by Salaam Fayyad, the well-respected, western-educated finance minster, with whom I've had a relationship for some years. I asked Abu Mazen about the status of talks and prospects for peace. He shared his optimism and informed me that he would be meeting with Prime Minister Olmert in two days. He described 2008 as precious and that he will work with the Israelis to reach a deal. He expressed his concern over Israeli settlement activities and the negative impact this could have on the process.

President Abbas informed the delegation that Hamas' popularity was subsiding but that they are still receiving assistance through tunnels and border crossings. Should these not be blocked, money and weaponry still can flow to Gaza. While this type of activity harms the process, he indicated that humanitarian aid must flow to Palestinians residing in the West Bank.

The delegation pressed Abu Mazen about anti-Israeli Palestinian decrees and expressed that these are not acceptable. The President responded emphatically by saying, ''I am the head of the PLO, I am the head of Fatah and I am recognizing Israel and we want peace.''

Congressman Kennedy asked President Abbas about comparisons to the successful peace talks in Ireland and the prospects for transferring some of the mechanisms employed to the Middle East. Abu Mazen said there are elements that can be utilized especially in the arena of people to people programs.

Salaam Fayyad shared his gratitude for the pledges made in Paris and informed us that debt is being paid and the economy showing signs of improvement. He cited that hotel occupancy rate is near 100 percent which is up from 5–10 percent earlier this year. He expressed his desire for implementing larger infrastructure projects and a reduction in Israeli restrictions, such as check points, which hinder businesses. We concluded our meeting and returned to Jerusalem.

On December 25, we had a morning meeting with Prime Minister Ehud Olmert. The Prime Minister requested I brief him on developments in the United States and our views towards the region. Olmert asked about the U.S. role in moving forward with Syria and if anything can be done given their meddling in Lebanon. I told him I thought there is a chance based on the progress made in 1995 and 2000. I told him of my discussions in Washington, DC with Syrian officials and that they expressed their interest in talks. I told him I thought that the status of the Golan Heights would be the crux of the negotiations.

Olmert told me he is prepared to negotiate with Syria but that it is a long process that needs to mature and that Syria must deliver, not just talk. I pressed Olmert about what actions he had taken and who would make the first move. I reminded Olmert that Henry Kissinger said it took 34 negotiating sessions with Hafez Al-Assad to get an agreement.

Prime Minister Olmert said the National Intelligence Estimate on Iran was not helpful in efforts to combat Iran's suspected nuclear weapons program. When asked if he thought they stopped in 2003, Olmert replied, ''I don't know.'' He expressed his hope that U.S. intelligence based its findings on solid facts.

Olmert, like Netanyahu, stated that if they have enough uranium they can do everything else needed to make a weapon in short order. Nevertheless, Olmert stated that we must carry on impressing upon Iran to change their course.

I requested specifics on how to confine Iran's nuclear weapons program to which Olmert cited the usefulness of economic pressure such as sanctions. He expressed displeasure that the debate has been confined to two options: Military action or acquiescence. The Prime Minister said he will raise alternatives with President Bush during his January 2008 visit.

Representative Kennedy asked Olmert about the Gaza-Hamas-Egypt nexus and the

problems associated with smuggling. Olmert confirmed that the movement of money, weapons, to include anti-tank and anti-air missiles, and terrorists across the Philadelphia line is a major concern. He indicated displeasure with Egyptian acquiescence on this front and said that he had raised his concerns with President Mubarak and that he would be dispatching Defense Minister Barak to Egypt the following day to follow up on these issues.

I asked the Prime Minister about the reported ''offer'' from Hamas for a ceasefire. Olmert said that no offer was made, but rather a journalist reported receiving a call from Hamas indicating an interest and that the media subsequently played it up. He questions the logic of negotiating with Hamas as all it would do is provide Hamas an opportunity to re-arm and Israel would get nothing. He made clear his stance that he is not inclined to negotiate with a group who wants to kill Israelis and refuses to recognize the state.

On the Israeli-Palestinian track, Olmert stated that Abbas and Fayyad recognize Israel and want to make peace and are serious, committed partners. When we discussed breaking the cycle of violence and hate in the region, Olmert pointed to Abbas as an example as someone who changed, became a legitimate political leader and sees things differently than he did 30 years ago. However, the question if the two sides can agree on outstanding issues in unknown. He believes reaching an agreement in 2008 is possible but that implementation would take more time.

I pressed the Prime Minister about the settlements controversy raised in the media and directly by the Palestinians. He explained that he has established a complete moratorium on new settlements, but that Israel can build on plans previously approved at current sites. We departed the Prime Minister's office for our next meeting with Foreign Minister Tzipi Livni.

I called on Tzipi Livni to get her perspective on the Israeli-Palestinian track, Syrian-Israeli track and broader regional matters. Livni believes Abu Mazen and Salaam Fayyad are sincere in their goals for peace and in refraining from using terrorism. She supports the approach of strengthening pragmatic Palestinians like Abbas and Fayyad. She went so far as to say that Salaam Fayyad is a determined person in this process and has exhibited real courage.

I asked the Foreign Minister about economic development for the Palestinians and the strategy to elevate their situation. She said development was important but that we should not look to it as the sole source to bring about change. Minister Livni stated that Israel cannot afford another terrorist state, a real partner in peace must be found and the only way to achieve a Palestinian state is through negotiations, not terror. She appreciated the rights of Palestinians and the impacts of security measures, but stated that Israelis have a right not to live in fear and endure terror.

That afternoon, the delegation met with Saeb Erekat, the Palestinian's chief negotiator. I had met with Saeb in the past and found him to be an intelligent and insightful player on understanding the conflict.

Saeb informed me that the Israelis and Palestinians have ''matured'' and that there is a genuine need for the peace process. He expressed his view that the sides are in agreement on 70 percent of what a pact would entail but that no outside country can finalize a deal—it must be done by the Israelis and Palestinians—it must be done by Olmert and Abbas.

Saeb and I talked about the broader Middle East and regional conflicts. He believes that democracy in the Middle East will defeat Al Qaeda and if negotiations between Israel and the Palestinians fail, Osama bin Laden wins. He expressed his optimism that a deal can be reached in 2008 and that both sides are prepared for peace. He stated that there needs to be a package deal and both sides know exactly what the other wants—Israel wants no refugees and security and the Palestinians want Jerusalem and land.

On the issue of Iran, Saeb said that Iranian nationalism cannot be overlooked when approaching Tehran. He expressed frustration over anti-Israeli comments made by President Ahmadinejad: ''When he says he wants Israel off the map, he is killing me!'' He cannot comprehend why Iran would support Hamas in Gaza and pointed out that Abu Mazen has been invited to Tehran nine times and never responded. He suggested that Iran wants a deal and is willing to make one with the U.S. or international community.

Saeb closed by indicating that progress on the Syrian-Israeli track would be beneficial to the Palestinian-Israeli track. The following morning we drove from Jerusalem to Tel Aviv en route to Pakistan.

PAKISTAN

We landed in Islamabad, Pakistan on the night of Wednesday, December 26 and were met by our control officer Jason Jeffreys.

The following morning, we met with Hamid Karzai, President of Afghanistan, in his hotel room. President Karzai was in Islamabad for officials meetings. President Karzai stated that U.S. efforts in Afghanistan are working, roads are being built, economies are being turned around and schools are improving.

I pressed President Karzai on the prospects for victory over the Taliban and Al Qaeda. He stated that he and President Musharraf had focused on this issue in their meeting earlier and that it was a priority. Karzai stated that the Taliban is not a long term threat in Afghanistan as they have no popular support. The President stated that more must be done to address the sanctuaries, training grounds and madrasas.

I asked Karzai about the prospects of catching Osama bin Laden. The President told me that he will not be able to hide forever and that sooner or later he will be caught.

I asked President Karzai about Iran's pursuit of nuclear weapons. He stated that nuclear weapons in the region bring pride and a sense of security. He stated that Iran and the U.S. should open a dialogue, talking pays and that no one can benefit from confrontation.

Following our meeting with President Karzai, we departed for the embassy for the country team briefing led by Ambassador Patterson.

The delegation, including Ambassador Patterson, departed the embassy to our next meeting with General Tariq Majid, Chairman of the Joint Chiefs of Staff. General Majid's headquarters are located in Rawalpindi—the same part of Islamabad where Benazir Bhutto would be killed later that same day.

I pressed Gen. Majid on Pakistan's efforts to combat Al-Qaeda and locate Osama bin Laden. He indicated that he does not know where he is but that Pakistan should be able to find him but that it must be an integrated and combined effort with U.S. support.

I expressed my concern over the problems in the FATA region and asked what is being done to combat the issues plaguing that region and the country. He responded by telling me that for many years, Pakistan did not have access to the tribal belt but that military forces were now engaged—100,000 according to Majid.

I told the General of my concern over Pakistan's nuclear arsenal and the command and control structures in place to ensure the weapons do not fall into the hands of militants. He informed me that there is a structure in place that ensures that there can be no rogue launch of nuclear weapons as the President, Prime Minister, Foreign Minister, Defense Minister and the service chiefs all have to approve usage.

I expressed my desire to see the Indian subcontinent denuclearized—a matter I had taken up with the Prime Ministers of India and Pakistan over a decade earlier. Majid informed me that Pakistan had made such an offer to India but that it was rejected. Pakistan claims its arsenal is an insurance policy against the much larger Indian force and that they do not have regional ambitions. India not only looks at Pakistan but looks east towards China and would not likely give up their arsenal with such a neighbor. China would be unlikely to surrender its weapons given the considerable arsenals of Russia and the United States.

I expressed my concern over Iran's nuclear activities and ambitions. Majid indicated that Pakistan did not have a problem with a peaceful program but that they object to high levels of enrichment. Any military action against Iran, Majid said, would compound problems in Pakistan. He suggested bilateral talks between the U.S. and Iran as the path leading us out of this dilemma.

I told Gen. Majid of my great concern over the situation in Pakistan, the political crisis, the removal of members of the judiciary and the imprisonment of citizens. I told him there was great concern in the United States and talk of altering U.S. aid to Pakistan's military. Majid asked us to remember that Pakistan is not the U.S. and that their democracy and institutions are not as strong as ours. He asked us to review the actions taken by the Chief Justice as he claimed he was acting beyond his jurisdiction.

Following our meeting with Gen. Majid, we were received by President Pervez Musharraf at his palace. He expressed his satisfaction with bilateral relations but indicated that stopping the military cooperation would negatively impact the relationship. I pressed Musharraf on the reported misuse of aid and overcharging on reimbursements. The President objected to the characterization of his government's actions claiming that all requests are analyzed, mutually agreed upon and submitted.

I asked Musharraf about his efforts to combat terrorism. He generalized about his government's efforts to combat the Taliban and Al Qaeda. He indicated that actions in Afghanistan have led to an overflow of troublemakers in western Pakistan. When I asked if he will catch Osama bin Laden, he responded that he, ''can't say for sure, but we should.'' He claimed he does not have the forces required to search and police some of the areas he may be hiding.

I informed the President that we want transparency in Pakistan and events such as removal of the Chief Justice cause grave concern. I told Musharraf responded by saying Pakistan has various pillars of government like the U.S. but that their institutions are not as strong and capable as those in the U.S. He indicated that the Chief Justice had acted inappropriately and that his activities included corruption, kickbacks and inappropriately using his influence, which would not be tolerated in the United States. Musharraf stated the Chief Justice was doing an injustice to Pakistan, interfering in various cases in other courts, actively campaigned in political rallies, traveling with his own masked security detail and interfering with the executive branch in privatization matters which had led to Pakistan's recent economic success.

When I pressed Musharraf on the rationale of imposing martial law, he stated that the

government was weakening, economy declining and terrorists rising and that it was needed to maintain stability. He stated that most people that were detained had been released. We departed the Presidential Palace for a working lunch at the Ambassador's residence to further evaluate and discuss the issues confronting Pakistan and our bilateral relationship. Attendees included Ambassador Patterson, General Helmly, Peter Bodde, Candace Putnam, Jason Jeffreys and the delegation.

On the afternoon of December 27, we received word in our control room that there had been an incident at a political rally for Benazir Bhutto. As we were preparing for a dinner hosted by President Musharraf we got word that she had possibly been injured and was taken to the hospital. As I headed to the elevators, Chris Bradish, my deputy, informed me that Benazir had died. I had known her for nearly 20 years. We were scheduled to meet with her in her home at 9 p.m. that night—in approximately 3 hours.

I received many calls and e-mails from the U.S. requesting information on the situation. Below is a transcript of a phone conversation I had with MSNBC:

HALL: On the phone with us now is Senator ARLEN SPECTER, who is in Islamabad and was, according to what I'm being told, expected to meet with Benazir Bhutto sometime tonight. Senator, are you there?

SPECTER: I am. Congressman PATRICK KENNEDY and I were scheduled to meet with Benazir Bhutto this evening. We were scheduled to go to a dinner with President Musharraf. We had met with President Musharraf earlier today and, en route to the dinner, about ready to go, we heard the tragic news.

HALL: And how did you learn the news, sir?

SPECTER: Watching CNN. We heard, first, that there had been a suicide bomber attempt, that Benazir Bhutto was OK. Then we heard she'd been hurt, critically, and then the news came in that it had been fatal.

HALL: And tell us a little bit about what you were planning to meet with her regarding. We know that Hamid Karzai met with her, as well as Pervez Musharraf, on the security issue concerning the border of Afghanistan and Pakistan. What was the focus of your meeting?

SPECTER: Well, Congressman Patrick Kennedy and I are in the region. We had been to Israel on our way to Syria. And we had meetings with President Musharraf today, and we also saw Afghanistan President Karzai, who just coincidentally was in town.

And we had a meeting with former Prime Minister Benazir Bhutto this evening at nine o'clock Pakistan time, and it was scheduled then because she had a full day of campaigning.

And our concerns are about what is happening here, the stability; what's happening with the supreme court; what's happening with our fight against terrorism, our efforts to capture Osama Bin Laden; and what is happening to the very substantial funding the United States has put in here; what the prospects were for the election.

I've known Benazir Bhutto for the better part of two decades, having been visiting her in Karachi back in 1988 and when she was Prime Minister in 1995. And we were looking forward to talking to her to get to her evaluation on whether the elections would be honest and open, and to get her sense of the situation.

HALL: And what did you think her—the impact that she played while, of course, she was alive, with her opposition group, and now with her assassination? Obviously, you felt that she was important, a critical piece of this puzzle, in that you were planning to meet with her at 9 p.m., at the time there.

SPECTER: Well, Benazir Bhutto was a very prominent person this year, the leader of a major party; had a real opportunity to become Prime Minister, a brilliant woman with a family background. Her father had been Prime Minister. She had been Prime Minister twice.

She had a lot of popular support, and she was the first woman Prime Minister of Pakistan and a very prominent woman internationally, sort of, the symbol of modernity, so that it's a tremendous loss, and we. . .

HALL: And what do you think is the . . .

SPECTER: . . . we can't let the terrorists win. We have to rebound and we have to be sure that democracy moves forward in Pakistan.

HALL: But Senator, we're looking at the images out of Pakistan, and I don't want to paint a picture bleaker than it is, but certainly, immediately following the assassination, people spilling out into the streets blaming, some of them, anyway, Pervez Musharraf—quite a picture of instability. What needs to happen, in your opinion, being there?

SPECTER: Well, it is easy to blame people, but it's premature. There has to be an investigation. There has to be determination, to the extent possible, as to what happened.

When you have an assassination, this sort of a violent act, you have to expect people to be erupting in the streets. But there will be a tomorrow. There will be elections here. We have to assert the democratic process and we have to move forward.

We cannot let the crazy suicide bombers take over the world. And that is our job for tomorrow.

HALL: And still very early into this breaking news, Senator—again, to update our audience, we are following developments in Pakistan in the assassination of former Prime Minister Benazir Bhutto. Senator Arlen Specter was expected to meet with her this evening.

Senator Specter, the impact—so many people are wondering, with Pakistan being so crucial to this war on terror, that there may perhaps be a vacuum in that country, now, with the assassination having taken place and this could offset all of the work, the $10 billion that's been put into Pakistan and the support of Pervez Musharraf since 9/11.

SPECTER: Well, we are not going to allow this incident, tragic as it is, to upset the very important work at hand. You have the Pakistani government working with the United States government. They have been allies of ours.

We have not been pleased with some of the things that they have done, like having the chief justice under house arrest or having an emergency suspension, which has been eliminated.

But the elections are going forward and we are going to rebound from this event and do what is necessary to defeat the terrorists and to have the democratic elections. We are not going to give in.

And we will rebound, and stability will be restored after the outbursts which are present tonight. It may take some time, but we're going to win.

HALL: Senator, do you have confidence in Pervez Musharraf and the job that he's done and doing?

SPECTER: I do have confidence. When Congressman Patrick Kennedy and I met with him today, we raised a number of our concerns in a very candid discussion.

We are concerned that the substantial U.S. funding be directed toward the specific purposes of fighting terrorism. And we are checking to see if some of it might have been diverted. But by and large, we think the monies are going in the right direction. We expressed concern about what is happening with the supreme court here. We expressed concern about the state of emergency, but that has been reversed.

The elections are going forward and he is our best hope there. It is not a perfect situation. Nothing is. But we have to utilize the government which is here to help stabilize it and to move forward.

HALL: All right, Senator Arlen Specter from Islamabad.

Thank you very much, Senator, for your time, just on the very day you were expected to meet with former Prime Minister Benazir Bhutto. Thank you, Senator.

Just before midnight on the night of Bhutto's death, we ventured back out into the city to go to Bhutto's local headquarters to pay our respects. We met with her supporters, gave our condolences and laid flowers beneath a photo of her.

We were scheduled to travel to Lahore the following morning to meet with Chaudhry Pervaiz Elahi and Mian Shahbaz Sharif and visit a USAID project. After the State Department consulted with the Pakistani government, it was recommended that our delegation cancel the planned trip to Lahore due to the deteriorating and uncertain security situation. The following morning we left Chakala Airfield for Amman, Jordan.

SYRIA

On Saturday, December 29 we departed Amman for Damascus, Syria. Upon arrival at Allama Iqbal International Airport, we were greeted by CDA Todd Holmstrom and officials from our embassy Pamela Mills and Katherine Van De Vate. This trip was my 17th visit to Syria.

We proceeded to a working lunch with Mr. Holmstrom where we discussed the situation in Syria, Lebanon, Israel and the greater region. Following our lunch we departed for a meeting with Foreign Minister Walid al-Mouallem.

I provided him with a copy of Haaretz which published the headline: ''Olmert Says Ball is in Assad's Court.''

[From Haaretz, Dec. 26, 2007]

OLMERT: BALL IS IN ASSAD'S COURT

(By Barak Ravid)

Prime Minister Ehud Olmert sent a message to Syrian President Bashar Assad yesterday saying he was still waiting for a Syrian response on the likelihood of renewing negotiations between the two countries.

Olmert met yesterday with U.S. Senator Arlen Specter (Republican-Pennsylvania), who will travel tomorrow for meetings with Assad's government. Specter is a big supporter of resuming dialogue with Damascus.

Much of yesterday's meeting addressed Syria. During the meeting, Specter asked Olmert whether he wanted to further the diplomatic process with Syria. Olmert said that for the past few months he has been appraising whether negotiations could be resumed through mediators.

''I am still evaluating the Syrian track and the degree to which Damascus is serious about [a peace process],'' Olmert said. ''I have not stopped the assessment, but so far I have not received a clear answer and I am still waiting.''

Officials in Jerusalem added yesterday: ''Even though Olmert did not ask specifically that his message be relayed to Assad, we assume that it will be raised during [Specter's] talks in Damascus.''

Specter also met with Foreign Minister Tzipi Livni and discussed Syria.

Livni did not reject the possibility of renewing negotiations with Syria, but said there was a series of issues troubling Israel.

''The Syrians need to show that they are willing to contribute something toward gaining the release of the abducted soldiers in

the Gaza Strip and in Lebanon, or express willingness to end the smuggling of weapons to Hezbollah, so that we will know that they are serious,'' Livni said.

This would ''make it easier for us to consider negotiations with them,'' she added.

According to an annual assessment prepared by the Foreign Ministry's research office and presented to the Knesset Foreign Relations and Defense Committee, ''Damascus is interested in a settlement with Israel, but only on its terms and with American involvement.''

According to the report, Assad understands that the current American administration is unwilling to negotiate with him on his terms, so he is ready to wait until 2009, when a new president is in the White House.

Walid told me that during Speaker PELOSI's visit, she brought a message from Olmert and President Assad responded only to have Israel deny it made such an overture. We agreed that certain conversations must remain out of the press and remain private.

Mouallem outlined a plan he believes critical to pushing ahead with the Israeli-Syrian track including Israeli withdrawal from the Golan and return to the June 4, 1967 borders. Walid stated that, based on prior discussions dating back to 1995, 95 percent of a prospective deal had been agreed upon.

I said it was good that Syria sent representatives to Annapolis; and added that Olmert was waiting for a signal from Syria. I pressed him on Lebanon and told him it was my view that the International Community as well as the United States does not accept that Syria does not have a role in Lebanon and that this relationship has a negative impact on U.S.-Syrian as well as Israeli-Syrian relations.

Walid stated the need to create a climate for peace. Walid stated that French President Sarkozy asked President Assad to help elect a president in Lebanon. The Foreign Minister highlighted the importance of having a consensus candidate and the difficulty of ruling by majority in Lebanon. He stated that Syria agreed to work with the French provided that the goal be a consensus unity government, not majority rule, the U.S. remain neutral and France would not back any party. The Foreign Minister provided me with a document which was presented to the Lebanese on the path forward. He stated that Syria's work was done and that it was in Lebanon's hands to chart the course forward.

I asked him about the prospects of a prompt resolution of the stalemate. Walid told me that the Syrians and French had been working for 45 days trying to find common ground. In the end, according to Walid, the outcome depends on what the majority will give the minority in terms of minister posts.

When I pressed him on Syria's actions to destabilize its neighbor, the Foreign Minister responded, ''We are not destabilizing Lebanon, we are directly impacted. We have 250,000 Lebanese as the result of last summer's conflict with Israel, we have 500,000 Palestinian refugees and we have 1.6 million Iraqi refugees.''

The Foreign Minister emphasized he did not approve of the U.S. holding the Israeli-Syrian track or improved U.S.-Syrian relations hostage to the issue of Lebanon. He specifically asked that the U.S. not deal with Syria only through the lens of Lebanon, Hamas and Hezbollah.

The Foreign Minister rejected my complaints that Syria was supporting Hamas and Hezbollah. He said that weapons to Hamas go through Egypt and that only 20 members of Hamas were in Syria. He said that resumption of Syrian cooperation on intelligence with the U.S. would depend on better U.S.-Syrian relations.

Following our meeting at the Ministry of Foreign Affairs, we attended a dinner hosted by the embassy. Civil society leaders were in attendance and shared their wide array of views on the region and U.S. Syrian relations.

The next morning we met with President Bashar al-Assad. He reiterated what the Foreign Minister told us of the steps needed to bring Israel and Syria closer to the table. He stated that there must be U.S. involvement. I told him it would be beneficial to use the momentum and attention of Annapolis to show the region, the U.S. and the world that Syria was interested in peace. Assad said he was more optimistic about the potential for success on a Syrian-Israeli agreement after Annapolis than before.

I told Assad that it would be beneficial to take positive action to show that he is serious about peace and that Syria is not meddling in Lebanon. I also told him that Syria would benefit by cooperating with the U.S. on intelligence sharing. Assad told me that there must be political cooperation first—sending an Ambassador to Syria and refraining from negative rhetoric would be a good first step.

I pressed Assad on the case of missing Israeli soldiers. He indicated that he had spoken to Hezbollah and asked them to release the Israelis but that Hezbollah was waiting for a response from Israel on a prisoner swap proposal. He said he believed Hezbollah was ready to make a deal and Syria was willing to take messages between the two. He stated that Egypt was working on the release of the soldier held by Hamas in Gaza. On the case of Ron Arad, Assad stated that he had no information on what happened to him.

When I asked Assad about the request for a new U.S. mission, he stated that Syria needed a year to facilitate the development of the requisite infrastructure. Assad said that he was disappointed with the slow progress but that that bureaucracy had been the cause of the delay.

Following our meeting with President Assad, we met with Syrian opposition leader Riad Seif. Seif shared with us his ongoing bout with prostate cancer and the difficulty he has had with the Syrian government limiting his ability to seek treatment. Seif said he needs to travel outside of Syria to receive the most advanced care which is currently not available in Damascus. We discussed his activities and those of the National Council which includes over 160 members and was formed on December 1. We discussed the plight of those who have been imprisoned and the repressive acts of the Syrian government.

The news conference which Representative Kennedy and I had at the Damascus airport summarizes our meetings in Syria:

SENATOR ARLEN SPECTER AND REPRESENTATIVE PATRICK KENNEDY REMARKS TO PRESS AT DAMASCUS INTERNATIONAL AIRPORT PRIOR TO DEPARTURE DECEMBER 29, 2007

SENATOR SPECTER: Good afternoon ladies and gentlemen, Congressman Kennedy and I had a very productive, lengthy meeting this morning with President Bashar al-Assad, and it is my custom not to quote directly; obviously President Assad speaks for himself. We had a meeting in the past several days in Jerusalem with Israeli Prime Minister Olmert, and again I choose not to quote directly, but to give you impressions as to where I think the situation stands with respect to the potential for a Syrian-Israeli peace treaty.

It is my sense that the time is right now, and the prospects are very good that the Syrians and the Israelis are in a position to proceed to have a peace treaty. I say that because of a number of factors. One is the Annapolis meetings were a significant step forward. President Bashar al-Assad had the courage to go there representing Syria, meeting with the Israelis, meeting with the Palestinians, a meeting attended by President Bush, a meeting with the invitations coming from the Secretary of State, Condoleezza Rice. A very important factor is present when President Bush has signified his willingness to participate and interest in becoming involved in the Mideast peace process, and that is a significant change as to what has been for the first seven years of his Administration.

To give you just a little insight into U.S. political activities, with the Congress in the hands of the Democrats; I'm a Republican; Congressman Kennedy is a Democrat. But in the United States, as you may know, Congress is separate. We have separation of powers, and we speak independently; even though the President is of my party, it is the tradition of Senators to be independent. But what has happened is that the President's domestic agenda has not been successful because of the division of power. He had ideas for social security reform, tax reform, immigration reform, and that is not productive now. So he is in a position to turn his attention to international affairs.

There is the potential for a victory for the President. It would also be a victory for Syria if Syria could regain the Golan Heights. It would be a victory for Israel if there could be a peace treaty. Right now, Syria and Israel continue to be in a state of war. Now the President is not going to spend his time unless there is a realistic possibility that something can be worked out, that it can be fruitful. But he is available, I think, to help on the Palestinian-Israeli track, and the Syrian-Israeli track can go forward at the same time.

It is not to say that there are not problems. Lebanon continues to be a major problem which we all know about. Whether it is right or whether it is wrong, there is the international perception that Syria has great influence, if not control, in Lebanon. Again, I say I make no judgment on the point. I am citing what I think to be the international perception. And it would be very important if the efforts of Syria and France working together can find an answer to the Lebanese issue. Congressman Kennedy and I discussed this, at some length, last night in a very long meeting, an hour and a half, with Foreign Minister Walid al-Moallem and again to some extent with President Bashar al-Assad today. There are problems with Hamas and Hizbollah, and again there is the perception that Syria could be helpful in those, in those matters. So it is overall a very complicated picture. I've been coming to this region, as you may know, for a long time. I made my first trip here in 1984, been here some 16 times. [I] met nine times with President Hafez al-Assad, and now seven times with President Bashar al-Assad. It is different this year. It is different this year from what it was last year. It is my hope that the parties will seize the moment.

Let me yield now to my distinguished colleague.

CONGRESSMAN KENNEDY: I want to say it is an honor to be here. We had a very good meeting with the President, and I was very pleased that the President, when we brought up the issue of Syria's moving towards a more representative democracy because of the fact that the President was very clear that the kind of American democracy that we have, a Jeffersonian democracy, does not necessarily work here in the Middle East. He pointed to the fact that Iraq and Lebanon are perfect examples.

I did say, ''Well then, what does work, where people can have a voice in their government?'' He suggested that a coalition government, where various people, based upon the representation of their tribal group or ethnic group, can speak through their coalition, could have a representative government. And I said, ''Well, to that degree then, is Syria moving towards that regard?'' He said: ''Well, that will take time.'' And I said, ''Well, is it then your policy to jail people who are outspoken politically to your regime? Particularly the Foreign Minister said it was not the policy of Syria to jail political opponents, only to jail people who were related to foreigners in opposing Syria. And so I asked about the National Council, the Damascus Declaration, because recently they were all detained and put in jail, and they are not related to any foreigners. So I asked ''Why were they put in jail? And have they been, would they be released?'' and the President said that they would be released if they have not already. I gave him the names, I read the names, and he said they all are released. Could you read the names?

Akram al-Bunni, Walid al-Bunni, Ali Abdullah, Fidaa Khourani, Mohammed Yasser al-Eitti, Jaber al-Shufi, Ahmed Toumeh.

The President said they were released. The President assured me personally that they were released. He assured me personally that they had already been released. Yes. And I had the chance also to meet with Riad Seif, and I want to say that when I go back to the United States, I am going to nominate Mr. Seif for the Robert F. Kennedy Human Rights Award, named after my uncle Robert Kennedy. That award is given to a person who has put their life in jeopardy on behalf of human rights. As all of you know, Mr. Seif's life, he was in jail for standing up for human rights; his son was incarcerated and has never reappeared. He is fighting on behalf of the 19,000 people who have disappeared and never reappeared again. I just don't know anything more frightening than being taken away in the middle of the night and not knowing whether you are ever going to return to your family again.

And for all of you to know, I say this to my own government when they are wrong as well. I say it all over the world wherever there are problems, and certainly when there are problems at home I write letters about my own government's mistreatment of human rights. So it is universal wherever it is. I would hope that someone over here would speak up on my behalf if they were over in my country, just as I would hope that I could speak up on someone else's behalf if I were over in their country, because it doesn't matter what country we are in; we are all human beings. We are not Syrians; we are not Americans; we are human beings first, and we ought to be treated as human beings.

QUESTION: Khalid Ouweiss from Reuters: Senator Specter, what is the next step to resume peace negotiations between Israel and Syria? What needs to be done? Have you heard of any compromises on both sides? Can you tell us in forthright and certain terms what needs to be done and when and when do you expect it to be done?

SENATOR SPECTER: The next step will be the arrival of President Bush in the Middle East in the course of the next week to ten days. And the focus will be on the Palestinian-Israeli track. But I think there will also be an opportunity to get a sense for what is happening in the region more broadly, including the Syrian-Israeli track. The parties are going to have to initiate, or continue talks through intermediaries. It is my hope, really expectation, that at some point when some preliminary progress has been made that the United States government will be a party to broker conversations. But, this is going to have to evolve step by step from what has happened at Annapolis and what the sense is in Jerusalem today and what my sense is in Damascus today.

Later today I will be in touch with officials in the White House in Washington and also with officials of the Israeli government in Jerusalem to tell them the conversation with President Bashar al-Assad and my sense as to what ought to be done next.

QUESTION: Ziad Haider for Los Angeles Times. Senator, could you please elaborate on your role? Do you have a specific role between the Syrians and the Israelis? Are you an official mediator between the two sides?

SENATOR SPECTER: What is my role? The foreign policy of the United States Government under our Constitution is carried out by the Executive [Branch]. The Congress has very substantial authority on the appropriations process, on control of the military, on the authority to declare war, so Congress has very extensive responsibilities. Do I have an official role in the government?

QUESTION: Do you have a personal role? A specific personal role as a mediator?

SENATOR SPECTER: Well, I have described for you what my undertakings have been. They have been to talk to Israeli Prime Minister Olmert and other Israeli officials—Netanyahu, Barak, and Perez—and to talk to President Bashar al-Assad and also to Foreign Minister Walid al-Moallem. And to convey to President Bashar al-Assad what conversations I had with Prime Minister Olmert and the others and I will now convey the conversations back to the Israeli officials.

QUESTION: Senator Specter and Congressman Kennedy, what was the content of your conversations with President Assad and Foreign Minister regarding the American steps with regard to Lebanon, what steps they are going to take in that regard? Are there any deals which have been talked about? Can you confirm that?

SENATOR SPECTER: Congressman Kennedy and I talked at length with Foreign Minister Walid al-Moallem and again today to some extent with President Bashar al-Assad. We are looking for an answer there. Congressman Kennedy referenced the fact that we understand that it is not possible to have the same kind of democracy in Lebanon like we have in the United States, that what they are looking for is a consensus democracy, that you can't have the majority govern the country effectively, but with all the various factions, there has to be a consensus. Foreign Minister Walid al-Moallem gave to Congressman Kennedy and me a document which the Syrians and the French have agreed to as the basis for adjusting the situation and going forward with elections in Lebanon. With respect to Israeli Prime Minister Olmert, we talked about Lebanon to some extent, but Israel does not factor into being a determinative factor there. Prime Minister Olmert is concerned about Hizbollah, concerned about potential Syrian support for Hamas, but the answers in Lebanon are going to have to come through the efforts of the Lebanese themselves with the assistance of Syria and France.

QUESTION: Lina Sinjab, BBC World News: Senator Specter, you mentioned, you talked about the importance of getting Syria and Israel back to the peace track and Syria's attendance in Annapolis was provided to have a Moscow version of Annapolis to talk about the Syrian-Israeli peace track. Are the Israelis committed to that? Is Olmert's government committed to attend the Moscow version of Annapolis and what is going to happen next?

SENATOR SPECTER: The question is, is Olmert committed to the peace track and what will happen next?

QUESTION: The question is there was a Moscow version of Annapolis to discuss Syria-Israel peace track and to talk about the Golan Heights, and is the Israeli government committed to that?

SENATOR SPECTER: Well, the question as to whether the Israeli government is committed is something only the Israeli government can answer and it will require the evolving discussions. I believe the inference is clear that Israel understands that if there is to be a treaty, that the Golan will have to be returned to Syria. I believe that that is the overhang. Has Prime Minister Olmert told me flatly that he is prepared to give the Golan Heights back? No. We did not get into that detail, but the whole process would not make any sense unless Syria gets back the Golan. Now there is going to have to be a working out of the fine lines. There is a question about the June 4, 1967, boundary. There are questions about security when the Golan goes back. There are questions about confidence-building measures. But I think it is accurate and conclusive to say that Prime Minister Olmert wants to have a peace treaty with Syria. Prime Minister Olmert is prepared to do what is necessary, in a reciprocal arrangement, to get it done.

QUESTION: Asaaf Aboud, BBC in Arabic. Senator Specter, you mentioned in your briefing that this visit is different from previous visits. In what aspect is it different? Have you reached a specific breakthrough in terms of the Syrian-Israeli peace track, for example?

SENATOR SPECTER: Well, it is different in many ways. When I was here in 1995 and 1996, Netanyahu was Prime Minister, there had been some conversations about Prime Minister Netanyahu holding Syria responsible for what was going on with Hizbollah. I carried a message to President Hafez al-Assad and it was, there were disagreements. A year ago, Israeli Prime Minister Olmert said he was interested in talks, but did not have the intensity of interest that he has now. Annapolis is a big change. President Bashar al-Assad had the courage to go in a difficult situation and made progress. Now, most of all, as I explained at some length, President Bush is willing to participate. To have the President of the United States involved is a big plus if the parties will take advantage of it. It is a very different atmosphere today, in Damascus, in Jerusalem and in Washington. Big difference.

Let me see how many more questions are there? I don't want to cut anyone short, but I'll know long my answers will be. One, two, three questions.

QUESTION (Elaph): This is a question for Representative Kennedy. You mentioned that regarding the Damascus Declaration detainees, that you expressed concern over their human rights, et cetera. And you did mention in your statement also that you are willing to accept somebody from Syria to criticize the violation of human rights in the United States. The lady is from Elaph News Agency, or website; she is saying that the Syrian opposition have, they interpret, they are critical of foreign intervention in local politics here, even on the human rights level. They would understand that if an American writer or a journalist would be critical of the human rights situation here, but they view with caution the intervention of foreign officials in the local political scene, the same way as a Syrian official would not interfere in the local political scene in the U.S. What would be your comment to that?

CONGRESSMAN KENNEDY: That makes no sense. The greatest human rights people in the world have their voice because they transcend political boundaries of any nation state. They are human beings. They speak to the human consciousness that is universal.

We are not Syrians, [or] Americans; there's the great Niemuller quote after Auschwitz: ''First they came for the Catholics, and I wasn't a Catholic, so I did not speak up. Then they came for the laborers, and I wasn't a laborer, so I did not speak up. Then they came for the Jews, and I was not a Jew, so I did not speak up. Then they came for me, and there was no one left to speak up.''

QUESTION: You talk about the return of dialogue between Damascus and Washington. But we know that such a dialogue should be conducted through diplomatic channels, at least this is the level which is a reasonable level. But as we know, there is no American ambassador to Damascus. So have you been talking about the possibility of returning an American ambassador to Damascus?

SENATOR SPECTER: The issue about a U.S. ambassador to Damascus, I think, in the eyes of President Bush turns on Lebanon today. The Ambassador was withdrawn when the assassination of Prime Minister Harari [Hariri]. I think that is a decision which only the President can make, and I believe that he is not yet ready to make it, but perhaps—it's his decision, I'll emphasize—when things improve, an ambassador will come back.

QUESTION: You talked about Netanyahu in the previous visits you did. But do you feel after this visit that the current Israeli government is willing to return the Golan Heights in return for a peace treaty with Syria?

SENATOR SPECTER: Well, I repeat that I do not speak for the Israeli government. I started off by saying it is not my practice to quote President Bashar al-Assad or to quote Israeli Prime Minister Olmert or to quote anybody, but to tell you what my impressions are from the extended conversations which we have had. But we know that in 1995, when Prime Minister Rabin negotiated for Israel with President Hafez al-Assad, the deal was to return the Golan. We know that when Prime Minister Barak negotiated in the year 2000 with President Hafez al-Assad, the deal was to return the Golan. There was some disagreement as to precisely where the line would be on the June 4, 1967, line.

The core of any agreement, I think, is accepted that the Golan is going to have to come back. But only the parties can speak for themselves. Forty years later, it is a very strategic difference. You have rockets; you have very different issues of security than you had 40 years ago when the Golan was taken by Israel. I think it is fair and accurate to say, in a very complex context, that if there is no Golan return, there is no deal. That is the core of the deal. Then there has to be reciprocity. But nobody from the United States, including the President, can speak for Israel or for Syria. That's why it is important that the parties come forward at this time. I do not believe there will be a time this opportune, after Annapolis, and in the last year of a presidency where the President has so many domestic problems, that he has time and interest in coming to the Israel-Palestinian issue and the Syrian-Israeli issue.

Congressman Kennedy and I thank you for your attention. The presence of a free press is very, very important in our society, and Congressman Kennedy has spoken about our interest in human rights. He spoke very eloquently about that issue. Officials have a standing to talk about human rights, as well as journalists. You journalists have unique standing, but so do officials. But we admire what you are doing and your efforts in spreading the word as to what Congressman Kennedy and I have said today. We hope we'll be helpful in getting the word out that something very constructive can be done soon.

One final comment: Mrs. Assad and my wife Joan had a very pleasant meeting this morning and spent some very quality time together.

Thank you very, very much.

We departed directly from the meeting for the airport en route to Vienna, Austria. During the flight, I had to opportunity to brief National Security Advisor Hadley on my visits to Pakistan, Syria and Israel. Because the connection was not good, I called Hadley from Vienna on a hard line for a more extensive discussion.

AUSTRIA

Upon arrival in Vienna, we were met by Michael Spring, our control officer and Christian Ludwig, a foreign service national. The following morning we traveled to the U.S. embassy for a country team briefing. Vienna is a unique location in that the U.S. has multi-missions: one to the Austrian government, the OSCE and the United Nations.

CDA Scott Kilner led the briefing which included representatives from the FBI, DHS and the United States Military. In all, the U.S. has 24 government agencies represented in Austria. We discussed the problem, one which is not only faced by the State Department, that there is not enough funding for certain government bodies.

We discussed Austria's role in the international community and more specifically their identity in Europe, their relationship with the EU, their bilateral relationship with the Czech Republic and their views on nuclear energy and missile defense. The group noted that Austria is currently campaigning for a seat on the UN Security Council. We discussed terrorism, the IAEA, Kosovo, energy security, Afghanistan and the changing demographics of Europe. We discussed the situation in Iran and our mission's efforts to process and assist Iranian refugees.

Following the country team briefing, I briefed Secretary of State Rice by telephone on some aspects of our discussions in Syria.

I met with Dr. Ferdinand Trautmannsdorf, the Director of International Legal Affairs and Thomas Mayr-Harting, the Political Director of the Austrian Foreign Ministry. The officials were very interested in my recent travels especially the situation in Pakistan. We had a substantial discussion about Iran, to include the impact of the NIE in Europe. I pressed them on Austria's significant stake in OMV, an Austrian industrial firm which has dealings with Iran. They responded by saying that the government does not have the ability to influence OMV—a statement with which I disagreed strongly.

On January 2, 2008, we met with Geoff Pyatt from our mission prior to our meetings at the United Nations. We discussed the IAEA and the issues surrounding Iran's nuclear program.

We departed the hotel for our meeting with Dr. Mohamed El-Baradei, the Director General of the International Atomic Energy Agency (IAEA). I had spoken to Dr. Baradei about two months before by telephone when he extended an invitation to me to visit him in Vienna to discuss further the issues surrounding Iran's nuclear ambitions.

Dr. Baradei shared his view that the Middle East is in disarray and almost in civil war. I asked him about his views on Iran and his concept of seeking a ''confession'' from them on their nuclear agenda. He stated that the problems between the U.S. and Iran go back to 1953 with the CIA's intervention, the reign of the Shah and the embassy hostage situation and that these events have led to distrust and a lot of emotion on both sides. Iran's rationale for going underground with its nuclear program was that they could not do it above ground. The Director General stated that Iran does not want to rely on others to enrich uranium and that it is a matter of national pride and is a lucrative trade.

When solicited about his views on President Putin's idea to have Russia handle Iran's nuclear material, he stated that Iran did not reject it but that they wanted their own capability. He suggested that an acceptable security structure must be negotiated with Iran to deter them. The DG agreed that it is not acceptable for Iran to have nuclear weapons and that his job was to verify that the program is clean and under IAEA inspections.

I pressed him on Iran's devious behavior in the past to conceal nuclear efforts and asked if we can ever be 100 percent sure. He stated that you can never be 100 positive but that he thinks Iran has things to tell him and that he has told them they should come clean.

The Director General suggested that direct U.S.-Iranian negotiations should begin immediately to resolve the impasse. The U.S. and international community need to understand what the nuclear issue means to Iran with respect to its position in the region and the world, that there needs to be an understanding of the repercussions and that it must be done in a manner that allows all sides to save face.

We discussed Secretary Rice's precondition that the U.S. would only meet with Iran if they halt enrichment. He said there must be middle ground to bring the parties together on this issue. He emphasized that sanctions alone won't resolve the situation and only makes people more hawkish. Iran's concealment of its R&D program, according to the Director, led to a confidence deficit in the international community.

I asked about the capabilities of an inspection regime given Iran's substantial size. He confirmed the need to have a robust verification system on the ground. Baradei stated that the Additional Protocol to the Nuclear Non-Proliferation Treaty (NPT) was helpful but that Iran stopped implementing it. The Additional Protocol was the result of an IAEA initiative to better constrain NPT member-states' ability to illicitly pursue nuclear weapons after secret nuclear weapons programs in Iraq and North Korea exposed weaknesses in existing agency safeguards. That effort eventually produced a voluntary Additional Protocol, designed to strengthen and expand existing IAEA safeguards for verifying that non-nuclear-weapon states-parties to the nuclear Nonproliferation Treaty (NPT) only use nuclear materials and facilities only for peaceful purposes. He stated that the Protocol gives him a good handle on Iran's nuclear program in that it provides access to additional facilities and information.

We discussed other issues confronting the Middle East such as the Palestinian question and Pakistan. I expressed my concern over the controls Pakistan has on its nuclear arsenal. Baradei agreed with my assessment and stated his first concern is those countries that already possess weapons. In the case of Pakistan, he stated his concern about those weapons falling under militant control.

Following our meeting with Dr. Baradei, we met with the United Nations office on Drugs and Crime. Dr. Thomas Pietschmann from the Research and Analysis Section and an expert on Afghanistan, Mr. Jean-Luc Lemahieu, an Afghanistan expert and Matthew Nice, a synthetic drug expert provided a detailed brief on the UN's efforts globally with a focus on Afghanistan. We discussed the patterns and trends in illicit drug production, trafficking and abuse. The group provided significant data on cultivation, eradication and supply and demand. Following the briefing we flew from Vienna to Brussels, Belgium.

BELGIUM

On January 3, we met with Victoria Nuland, the U.S. Ambassador to the North Atlantic Treaty Organization (NATO). We discussed a wide range of topics to include NATO's involvement in Afghanistan, the NATO-Russian dynamic, NATO expanding global partnerships, the EU-NATO relationship, Kosovo and missile defense.

On January 4, we departed for our return to the United States.

U.S. SENATE,
Washington, DC, January 2, 2008.

Hon. BAN KI-MOON,
Secretary-General of the United Nations, New York, NY.

DEAR SECRETARY-GENERAL: In light of the uncertainty on who assassinated former Pakistan Prime Minister Benazir Bhutto and the impact of her assassination on the pending Pakistani elections. I urge the United Nations, either alone or in conjunction with the Musharraf government of Pakistan, to appoint an investigating commission.

Since President Musharraf has already suggested an international investigation, joint action by the U.N. would be consistent with Pakistani sovereignty. Even without the voluntary joinder of the Musharraf government, it is obvious that a U.N. investigatian would have greater public credibility.

In making this recommendation, I recollect the action taken by President Lyndon Johnson within seven days after the assassination of President John F. Kennedy to appoint an independent investigating commission.

As you may know, Representative Patrick Kennedy, member of the U.S. House of Representatives (D–RI), and I were scheduled to meet with Ms. Bhutto at 9 p.m. an Thursday, December 27th. She had called for that late meeting because she was fully engaged in campaigning that day. As Representative KENNEDY and I were preparing to depart for a dinner with President Musharraf at 7 p.m. and the later meeting with Ms. Bhutto, we were informed of her assassination.

I am further concerned by a report in the Boston Globe from January 2, 2008 picking up a Washington Post story by Griff Witte and Emily Wax which says:

''Senator Latif Khosa, a lawmaker from Bhutta's Pakistan Peoples Party, said she had planned to give the lawmakers (referring to Representative KENNEDY and myself) a report outlining complaints an 'pre-poll rigging' by Musharraf's government and the military-run Inter-Services Intelligence Directorate.''

In a matter of this sort it is to be expected, based on what happened following the assassination of President Kennedy, to have a wide range of allegations and conspiracy theories.

It would be expected that expert investigative bodies like the FBI and Scotland Yard and other national, reputable investigating organizations would be willing to undertake such an investigation under the name of the United Nations.

Sincerely,

ARLEN SPECTER.

U.S. SENATE,
Washington, DC, January 22, 2008.

Hon. SARFRAZ KHAN LASHARI,
Election Monitor, Pakistan People's Party

DEAR MR. LASHARI: It is my understanding that Ms. Bhutto may have intended to present me with a report detailing election fraud in Pakistan's upcoming election at the time of our scheduled meeting on December 27, 2007.

According to a January 1, 2008 article in The Guardian, you told reporters, ''That's what she was going to explain to the U.S. Senators.'' ''We have a lot of evidence that the government is involved in rigging. It was going to be discussed on that evening.'' I am very interested in examining any material that your party may have prepared for my review.

Americans are closely watching what is happening in Pakistan. Any help you can provide in shedding light on this tragic event may further the investigation into Ms. Bhutto's death, as well as help to ensure that the upcoming elections are free and fair.

I Thank you for your consideration of this request. I look forward to your response.

My best.

Sincerely,

ARLEN SPECTER.

U.S. SENATE,
Washington, DC.

MR. ASIF ALI ZARDARI: Please accept my sincere condolences on the loss of your wife.

Since my wife and I first visited your wife in Kurachi some twenty years ago, and in follow-up meetings when she was Prime Minister in Islamabad and thereafter in Washington, I have had great respect and admiration for her.

As you may know, Representative Patrick Kennedy and I were scheduled to meet with Ms. Bhutto at 9 p.m. on December 27, 2007, and were shocked by the assassination. I have noted in the press that the Honorable Sarfraz Khan Lashari was quoted in a January 1, 2008 article in the Guardian that Ms. Bhutto was going to turn over evidence of election-rigging to Representative Kennedy and me at our meeting.

With this letter, I am enclosing for you a copy of my letter to Mr. Lashari.

If you have any such evidence in your possession and would care to transmit it to me, I would be very pleased to receive it.

I am sure you will be interested to know that I wrote to UN Secretary General Ban Ki-Moon on January 2, 2008 calling for an international investigation of the assassination. I have not yet had a response.

I am also writing today to the UN Secretary General urging that the United Nations set up a standing investigating commission which would be available to move quickly to investigate any future assassinations.

With this letter I am enclosing copies of both those letters for you.

Again, my condolences. Let me know if I can be of further assistance.

My best.

Sincerely,

ARLEN SPECTER.

AMERICAN REVOLUTIONARY CENTER

Mr. SPECTER. Mr. President, I wish to discuss the current situation with regard to siting of the American Revolution Center at Valley Forge, a museum dedicated to interpreting, honoring, and celebrating the complete story of the entire American Revolution, within Valley Forge National Historical Park in Pennsylvania.

I have been working with the American Revolution Center for a number of years, and there has been no shortage of challenges. The current challenge is related to zoning issues in Lower Providence Township, Montgomery County. The township has approved a zoning ordinance to enable development of the American Revolution Center on a 78-acre parcel of land that is within the federally authorized boundary of Valley Forge National Historical Park but not owned by the National Park Service. The 78-acre parcel is part of a larger 125-acre tract of land that is in danger of housing development. Not only would the American Revolution Center, a tax-exempt 501(c)(3) organization, develop a museum dedicated to the Revolutionary War, but it would also preserve the remaining 47 acres as open space.

I have supported appropriating Federal funding to acquire the aforementioned land that is in jeopardy of residential development. In fiscal year 2005, I helped secure $1.5 million for the National Park Service to begin acquiring 85 acres that were related to the 125-acre tract that is now connected with the American Revolution Center. In fiscal years 2006 and 2007, I supported the appropriation of $9 million and $3.1 million, respectively, for the Park Service to complete the 125-acre acquisition. However, due to increasing fiscal constraints, no funding was available at that time to continue the project. Additionally, in fiscal year 2004, I helped secure $5 million for the National Park Service to acquire other land within the Valley Forge boundary to also prevent it from housing development.

By the American Revolution Center taking possession of this land, it is easing the financial and obligatory burden of the Federal Government to preserve this sacred ground. Additionally, I am confident that those in charge of the administration of the American Revolution Center will be responsible stewards of the historical integrity of the land and ensure its conservation for generations to come. I am also confident that the Lower Providence Township managers, the local governing branch, will appropriately manage the zoning ordinance for the 125-acre tract under current direction of the American Revolution Center to guarantee its conservation should the museum ever vacate the property.

Thus, recognizing the importance of Valley Forge to the founding of the United States, the creation of a museum to celebrate its history and preserve the park's integrity is a positive development. Local government decisions regarding private land use ought to be respected, and I strongly urge the Department of the Interior, the National Park Service, and the American Revolution Center to work cooperatively to expedite the creation of this museum, which is long overdue.

U.S. SENATE TRAVEL REGULATIONS UPDATE

Mrs. FEINSTEIN. Mr. President, I wish to inform all Senators that the Committee on Rules and Administration has updated the U.S. Senate Travel Regulations to include two changes.

First, P.L. 110–81 requires the Rules Committee to make certain changes to

the U.S. Senate Travel Regulations. The provision dealing with how Members estimate costs for charter jets is amended in section III Transportation, paragraph C, of the Travel Regulations, as follows:

C. Corporate/Private Aircraft: Reimbursement of official expenses for the use of a corporate or private aircraft is allowable from the contingent fund of the Senate provided the traveler complies with the prohibitions, restrictions, and authorizations specified in these regulations. Moreover, pursuant to the Ethics Committee Interpretive Ruling 444, excess campaign funds may be used to defray official expenses consistent with the regulations promulgated by the Federal Election Commission.

i. An amendment to Rule XXXV of the Standing Rules of the Senate, paragraph 1(c)(1)(C), enacted September 14, 2007, pursuant to P.L. 110–81, states:

(C)(i) Fair market value for a flight on an aircraft described in item (ii) shall be the pro rata share of the fair market value of the normal and usual charter fare or rental charge for a comparable plane of comparable size, as determined by dividing such cost by the number of Members, officers, or employees of Congress on the flight.

(ii) A flight on an aircraft described in this item is any flight on an aircraft that is not—

(I) operated or paid for by an air carrier or commercial operator certificated by the Federal Aviation Administration and required to be conducted under air carrier safety rules; or

(II) in the case of travel which is abroad, an air carrier or commercial operator certificated by an appropriate foreign civil aviation authority and the flight is required to be conducted under air carrier safety rules.

(iii) This subclause shall not apply to an aircraft owned or leased by a governmental entity or by a Member of Congress or a Member's immediate family member (including an aircraft owned by an entity that is not a public corporation in which the Member or Member's immediate family member has an ownership interest), provided that the Member does not use the aircraft anymore than the Member's or immediate family member's proportionate share of ownership allows.

ii. Prior to the commencement of official travel on a corporate or private aircraft, the traveler or the traveler's designee shall contact a charter company in the departure or destination city to request a written estimate of the cost of a flight between the two cities on a similar aircraft of comparable size being provided by the corporation or private entity.

1. For example, if a Learjet 45 XR aircraft is being provided by the corporation or private entity, the traveler or the traveler's designee shall request a written estimate of the cost to charter a Learjet 45 XR aircraft from the departure city to the destination city.

2. If no charter company is located in either the departure or destination city which rents a similar aircraft of comparable size, a charter company nearest either the destination or departure city which does so shall be contacted for a written estimate.

iii. Following the completion of official travel on a corporate or private aircraft, reimbursement for related expenses may be processed on direct pay vouchers payable to each individual traveler, to the corporation or private entity, or to the travel charge card vendor. The written estimate received from the charter company shall be attached to the voucher for processing.

The second change concerns travel by Members to the home State for funerals. The provision is amended in section of the Travel Regulations entitled ''Special Events, II. Funerals,'' as follows:

II. Funerals: Members who represent the Senate at the funeral of a Member or former Member may be reimbursed for the actual and necessary expenses of their attendance, pursuant to S. Res. 263, agreed to July 30, 1998. Additionally, the actual and necessary expenses of a committee appointed to represent the Senate at the funeral of a deceased Member or former Member may be reimbursed pursuant to S. Res. 458, agreed to October 4, 1984.

A. Pursuant to 2 U.S.C. 58e, which authorizes reimbursement for travel while on official business within the United States, Members and their staff may be reimbursed for the actual and necessary expenses of attending funerals within their home state only.

B. Examples of funerals that may be considered official business include, but are not limited to, funerals for military servicemembers, first responders, or public officials from the Member's state.

These changes became effective on December 20, 2007.

Mr. President, I ask unanimous consent to have the updated U.S. Senate Travel Regulations printed in the RECORD.

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

AUTHORITY OF THE COMMITTEE ON RULES AND ADMINISTRATION TO ISSUE SENATE TRAVEL REGULATIONS

The travel regulations herein have been promulgated by the Committee on Rules and Administration pursuant to the authority vested in it by paragraph 1(n)(1)8 of Rule XXV of the Standing Rules of the Senate and by section 68 of Title 2 of the United States Code, the pertinent portions of which provisions are as follows:

STANDING RULES OF THE SENATE

RULE XXV

PARAGRAPH 1(n)(1)8

(n)(1) Committee on Rules and Administration, to which committee shall be referred * * * matters relating to the following subjects: * * *

8. Payment of money out of the contingent fund of the Senate or creating a charge upon the same * * *

UNITED STATES CODE

TITLE 2 SECTION 68

Sec. 68. Payments from contingent fund of Senate

No payment shall be made from the contingent fund of the Senate unless sanctioned by the Committee on Rules and Administration of the Senate * * *.

UNITED STATES SENATE TRAVEL REGULATIONS

Revised by the Committee on Rules and Administration

United States Senate, effective October 1, 1991 as amended January 1, 1999, as further amended December 7, 2006, as further amended October 29, 2007, as further amended December 20, 2007.

GENERAL REGULATIONS

Travel Authorization

A. Only those individuals having an official connection with the function involved may obligate the funds of said function.

B. Funds disbursed by the Secretary of Senate may be obligated by:

1. Members of standing, select, special, joint, policy or conference committees

2. Staff of such committees

3. Employees properly detailed to such committees from other agencies

4. Employees of Members of such committees whose salaries are disbursed by the Secretary of the Senate and employees appointed under authority of section 111 of Public Law 95–94, approved August 5, 1977, when designated as ''ex officio employees'' by the Chairman of such committee. Approval of the reimbursement voucher will be considered sufficient designation.

5. Senators, including staff and nominating board members. (Also individuals properly detailed to a Senator's office under authority of Section 503(b)(3) of P.L. 96–465, approved October 17, 1980.)

6. All other administrative offices, including Officers and staff.

c. An employee who transfers from one office to another on the same day he/she concludes official travel shall be considered an employee of the former office until the conclusion of that official travel.

D. All travel shall be either authorized or approved by the chairman of the committee, Senator, or Officer of the Senate to whom such authority has been properly delegated. The administrative approval of the voucher will constitute the approvals required. It is expected that ordinarily the authority will be issued prior to the expenses being incurred and will specify the travel to be performed as such possible unless circumstances in a particular case prevent such action.

E. Official Travel Authorizations: The General Services Administration, on behalf of the Committee on Rules and Administration, has contracted with several air carriers to provide discount air fares for Members, Officers, and employees of the Senate only when traveling on official business. This status is identifiable to the contracting air carriers by one of the following ways:

1. The use of a government issued travel charge card

2. The use of an ''Official Travel Authorization'' form which must be submitted to the air carrier prior to purchasing a ticket. These forms must be personally approved by the Senator, chairman, or Officer of the Senate under whose authority the travel for official business is taking place. Payment must be made in advance by cash, credit card, check, or money order. The Official Travel Authorization forms are available in the Senate Disbursing Office.

II. Funds for Traveling Expenses

A. Individuals traveling on official business for the Senate will provide themselves with sufficient funds for all current expenses, and are expected to exercise the same care in incurring expenses that a prudent person would exercise if traveling on personal business.

1. Travel Advances

(a) Advances to Committees (P.L. 81–118)

(1) Chairmen of joint committees operating from the contingent fund of the Senate, and chairmen of standing, special, select, policy, or conference committees of the Senate, may requisition an advance of the funds authorized for their respective committees.

(a) When any duty is imposed upon a committee involving expenses that are ordered to be paid out of the contingent fund of the Senate, upon vouchers to be approved by the chairman of the committee charged with such duty, the receipt of such chairman for any sum advanced to him[her] or his[her] order out of said contingent fund by the Secretary of the Senate for committee expenses not involving personal services shall be taken and passed by the accounting officers of the Government as a full and sufficient voucher; but it shall be the duty of such chairman, as soon as practicable, to furnish to the Secretary of the Senate vouchers in detail for the expenses so incurred.

(2) Upon presentation of the properly signed statutory advance voucher, the Disbursing Office will make the original advance to the chairman or his/her representative. This advance may be in the form of a check, or in cash, receipted for on the voucher by the person receiving the advance. Under no circumstances are advances to be used for the payment of salaries or obligations, other than petty cash transactions of the committee.

(3) In no case shall a cash advance be paid more than seven (7) calendar days prior to the commencement of official travel. In no case shall an advance in the form of a check be paid more than fourteen (14) calendar days prior to the commencement of official travel. Requests for advances in the form of a check should be received by the Senate Disbursing Office no less than five (5) calendar days prior to the commencement of official travel. The amount of the advance then becomes the responsibility of the individual receiving the advance, in that he/she must return the amount advanced before or shortly after the expiration of the authority under which these funds were obtained.

(Regulations Governing Cash Advances for Official Senate Travel adopted by the Committee on Rules and Administration, effective July 23, 1987, pursuant to S. Res. 258, October 1, 1987, as applicable to Senate committees)

(4) Travel advances shall be made prior to the commencement of official travel in the form of cash, direct deposit, or check. Travel advance requests shall be signed by the Committee Chairman and a staff person designated with signature authority.

(5) Cash: Advances for travel in the form of cash shall be picked up only in the Senate Disbursing Office and will be issued only to the person traveling (photo ID required), with exceptions being made for Members and elected Officers of the Senate. The traveler (or the individual receiving the advance in the case of a travel advance for a Member or elected Officer of the Senate) shall sign the travel advance form to acknowledge receipt of the cash.

(6) In those cases when a travel advance has been paid, every effort should be made by the office in question to submit to the Senate Disbursing Office a corresponding travel voucher within twenty-one (21) days of the conclusion of such official travel.

(7) Travel advances for official Senate travel shall be repaid within 30 days after completion of travel. Anyone with an outstanding advance at the end of the 30 day period will be notified by the Disbursing Office that they must repay within 15 days, or their salary may be garnisheed in order to satisfy their indebtedness to the Federal government.

(8) In those cases when a travel advance has been paid for a scheduled trip which prior to commencement is canceled or postponed indefinitely, the traveler should immediately return the travel advance to the Senate Disbursing Office.

(9) No more than two (2) travel advances per traveler may be outstanding at any one time.

(10) The amount authorized for each travel advance should not exceed the estimated total of official out-of-pocket expenses for the trip in question. The minimum travel advance that can be authorized for the official travel expenses of a Committee Chairman and his/her staff is $200.

(11) The aggregate total of travel advances for committees shall not exceed $5,000, unless otherwise authorized by prior approval of the Committee on Rules and Administration.

(b) Advances to Senators and their staffs (2 U.S.C. 58(j))

(Regulations for Travel Advances for Senators and Their Staffs adopted by the Committee on Rules and Administration, effective April 20, 1983, pursuant to P.L. 97–276)

(1) Travel advances from a Senators' Official Personnel and Office Expense Account must be authorized by that Senator for himself/herself as well as for his/her staff. Staff is defined as those individuals whose salaries are funded from the Senator's account. An employee in the Office of the President Pro Tempore, the Deputy President Pro Tempore, the Majority Leader, the Minority Leader, the Majority Whip, the Minority Whip, the Secretary for the Conference of the Majority, or the Secretary for the Conference of the Minority shall be considered an employee in the office of the Senator holding such office.

(2) Advances shall only be used to defray official travel expenses . . .

(3) Travel advances shall be made prior to the commencement of official travel in the form of cash, direct deposit, or check. Travel advance requests shall be signed by the Member and a staff person designated with signature authority.

(4) Cash: Advances in the form of cash shall be picked up only in the Senate Disbursing Office and will be issued only to the person traveling (photo ID required), with exceptions being made for Members and elected Officers of the Senate. The traveler (or the individual receiving the advance in the case of a travel advance for a Member or elected Officer of the Senate) will sign the travel advance form to acknowledge receipt of the cash.

(5) In no case shall a travel advance in the form of cash be paid more than seven (7) calendar days prior to the commencement of official travel. In no case shall an advance in the form of a direct deposit or check be paid more than fourteen (14) calendar days prior to the commencement of official travel. Requests for advances in the form of a direct deposit or check should be received by the Senate Disbursing Office no less than five (5) calendar days prior to the commencement of official travel.

(6) In those cases when a travel advance has been paid, every effort should be made by the office in question to submit to the Senate Disbursing Office a corresponding travel voucher within twenty-one (21) days of the conclusion of such official travel.

(7) Travel advances for official Senate travel shall be repaid within 30 days after completion of travel. Anyone with an outstanding advance at the end of the 30 day period will be notified by the Senate Disbursing Office that they must repay within 15 days, or their salary may be garnisheed in order to satisfy their indebtedness to the Federal government.

(8) In those instances when a travel advance has been paid for a scheduled trip which prior to commencement is canceled or postponed indefinitely, the traveler in question should immediately return the travel advance to the Senate Disbursing Office.

(9) The amount authorized for each travel advance should not exceed the estimated total of official out-of-pocket travel expenses for the trip in question. The minimum travel advance that can be authorized for the official travel expenses of a Senator and his/her staff is $200. No more than two (2) travel advances per traveler may be outstanding at any one time.

(10) The aggregate total of travel advances per Senator's office shall not exceed 10% of the expense portion of the Senators' Official Personnel and Office Expense Account, or $5,000, whichever is greater.

(c) Advances to Administrative Offices of the Senate

(Regulations Governing Cash Advances for Official Senate Travel, adopted by the Committee on Rules and Administration, effective July 23, 1987, pursuant to S. Res. 258, October 1, 1987, as amended, as applicable to Senate administrative offices)

(1) Travel advances shall be made prior to the commencement of official travel in the form of cash, direct deposit, or check. Travel advance requests shall be signed by the applicable Officer of the Senate and a staff person designated with signature authority.

(2) Cash: Advances in the form of cash shall be picked up only in the Senate Disbursing Office and will be issued only to the person traveling (photo ID required), with exceptions being made for Members and elected Officers of the Senate. The traveler (or the individual receiving the advance in the case of a travel advance for a Member or elected Officer of the Senate) will sign the travel advance form to acknowledge receipt of the cash.

(3) In no case shall a travel advance be paid more than seven (7) calendar days prior to the commencement of official travel. In no case shall an advance in the form of a direct deposit or check be paid more than fourteen (14) calendar days prior to the commencement of official travel. Requests for advances in the form of a direct deposit or check should be received by the Senate Disbursing Office no less than five (5) calendar days prior to the commencement of official travel.

(4) In those cases when a travel advance has been paid, every effort should be made by the office in question to submit to the Senate Disbursing Office a corresponding travel voucher within twenty-one (21) days of the conclusion of such official travel.

(5) Travel advances for official Senate travel shall be repaid within 30 days after completion of travel. Anyone with an outstanding advance at the end of the 30 day period will be notified by the Disbursing Office that they must repay within 15 days, or their salary may be garnisheed in order to satisfy their indebtedness to the Federal government.

(6) In those instances when a travel advance has been paid for a scheduled trip which prior to commencement is canceled or postponed indefinitely, the traveler in question should immediately return the travel advance to the Senate Disbursing Office.

(7) The amount authorized for each travel advance should not exceed the estimated total of official out-of-pocket travel expenses for the trip in question. The minimum travel advance that can be authorized for the official travel expenses of a Senator Officer and his/her staff is $200. No more than two (2) travel advances per traveler may be outstanding at any one time.

(d) Office of the Secretary of the Senate (2 U.S.C. 61a–9a)

(1) . . . The Secretary of the Senate is authorized to advance, with his discretion, to any designated employee under his jurisdiction, such sums as may be necessary, not exceeding $1,000, to defray official travel expenses in assisting the Secretary in carrying out his duties . . .

(e) Office of the Sergeant at Arms and Doorkeeper of the Senate (2 U.S.C. 61f–1a)

(1) For the purpose of carrying out his duties, the Sergeant at Arms and Doorkeeper of the Senate is authorized to incur official travel expenses during each fiscal year not to exceed sums made available for such purpose under appropriations Acts. With the approval of the Sergeant at Arms and Doorkeeper of the Senate and in accordance with such regulations as may be promulgated by the Senate Committee on Rules and Administration, the Secretary of the Senate is authorized to advance to the Sergeant at Arms

or to any designated employee under the jurisdiction of the Sergeant at Arms and Doorkeeper, such sums as may be necessary to defray official travel expenses incurred in carrying out the duties of the Sergeant at Arms and Doorkeeper. The receipt of any such sum so advanced to the Sergeant at Arms and Doorkeeper or to any designated employee shall be taken and passed by the accounting officers of the Government as a full and sufficient voucher; but it shall be the duty of the traveler, as soon as practicable, to furnish to the Secretary of the Senate a detailed voucher of the expenses incurred for the travel to which the sum was so advanced, and make settlement with respect to such sum. Payments under this section shall be made from funds included in the appropriations account, within the contingent fund of the Senate, for the Sergeant at Arms and Doorkeeper of the Senate, upon vouchers approved by the Sergeant at Arms and Doorkeeper.

(Committee on Rules and Administration Regulations for Travel Advances for the Office of the Senate Sergeant at Arms)

(a) GENERAL.—With the written approval of the Sergeant at Arms or designee, advances from the contingent expense appropriation account for the Office of the Sergeant at Arms may be provided to the Sergeant at Arms or the Sergeant at Arms' staff to defray official travel expenses, as defined by the U.S. Senate Travel Regulations. Staff is defined as those individuals whose salaries are funded by the line item within the ''Salaries, Officers, and Employees'' appropriation account for the Office of the Sergeant at Arms.

(b) FORMS.—Travel advance request forms shall include the date of the request, the name of the traveler, the dates of the official travel, the intended itinerary, the authorizing signature of the Sergeant at Arms or his designee, and a staff person designated with signature authority.

(c) PAYMENT OF ADVANCES.—

(i) Travel advances shall be paid prior to the commencement of official travel in the form of cash, direct deposit, or check.

(ii) Advances in the form of cash shall be picked up only in the Senate Disbursing Office and will be issued only to the person traveling (photo ID required), with exceptions being made for Members and elected Officers of the Senate. The traveler (or the individual receiving the advance in the case of a travel advance for a Member or elected Officer of the Senate) will sign the travel advance form to acknowledge receipt of the cash.

(iii) In no case shall a travel advance in the form of cash be paid more than seven (7) calendar days prior to the commencement of official travel. In no case shall a travel advance in the form of a direct deposit or check be paid more than fourteen (14) days prior to the commencement of official travel. Requests for travel advances in the form of a direct deposit or check should be received by the Senate Disbursing Office no less than five (5) calendar days prior to the commencement of official travel.

(d) REPAYMENT OF ADVANCES.—

(i) The total of the expenses on a travel voucher shall be offset by the amount of the corresponding travel advance, providing for the payment (or repayment) of the difference between the outstanding advance and the total of the official travel expenses.

(ii) In those cases when a travel advance has been paid, every effort should be made to submit to the Senate Disbursing Office a corresponding travel voucher within twenty-one (21) days of the conclusion of such official travel.

(iii) Travel Advances for official Senate travel shall be repaid within 30 days after completion of travel. Anyone with an outstanding travel advance at the end of the 30 day period will be notified by the Senate Disbursing Office that they must repay within 15 days, or their salary may be garnisheed in order to satisfy their indebtedness to the Federal Government.

(iv) In those instances when a travel advance has been paid for a scheduled trip which prior to commencement is cancelled or postponed indefinitely, the traveler in question should immediately return the travel advance to the Senate Disbursing Office.

(e) LIMITS.—

(i) To minimize the payment of travel advances, whenever possible, travelers are expected to utilize the corporate and individual travel cards approved by the Committee on Rules and Administration.

(ii) The amount authorized for each travel advance should not exceed the estimated total of official out-of-pocket travel expenses for the trip in question.

(iii) The minimum travel advance that can be authorized for official travel expenses is $200. No more than two (2) cash advances per traveler may be outstanding at any one time.

2. Government Travel Plans

(a) Government Charge Cards

(1) Individual government charge cards authorized by the General Services Administration and approved by the Committee on Rules and Administration are available to Members, Officers, and employees of the Senate for official travel expenses.

(a) The employing Senator, chairman, or Officer of the Senate should authorize only those staff who are or will be frequent travelers. The Committee on Rules and Administration reserves the right to cancel the annual renewal of the card if the employee has not traveled on official business during the previous year.

(b) All reimbursable travel expenses may be charged to these accounts including but not limited to per diem expenses and incidentals. Direct pay vouchers to the charge card vendor (currently Bank of America) may be submitted for the airfare, train, and bus tickets charged to this account. All other travel charges on the account must be paid to the traveler for him/her to personally reimburse the charge card vendor.

(c) Timely payment of these Individually Billed travel accounts is the responsibility of the cardholder. The General Services Administration contract requires payment to the account within 60 days before suspension is enforced on the account. The account is cancelled and the cardholder's credit is revoked when a past due balance is carried on the card for 120 days.

(2) One Centrally Billed government charge account authorized by the General Services Administration and approved by the Committee on Rules and Administration are available to each Member, Committee, and Administrative Office for official transportation expenses in the form of airfare, train, and bus tickets, and rental cars.

(a) Direct pay vouchers to the charge card vendor (currently Bank of America) may be submitted for the airfare, train, and bus tickets, and rental car expenses charged to this account.

(b) Other transportation costs, per diem expenses, and incidentals are not authorized charges for these accounts unless expressly authorized by these regulations or through prior approval from the Committee on Rules and Administration.

(c) Timely payment of these Centrally Billed travel accounts is the responsibility of the cardholder, usually the Office Manager or Chief Clerk of the office. The General Services Administration contract requires payment to the account within 60 days before suspension is enforced on the account. The account is cancelled and the cardholder's credit is revoked when a past due balance is carried on the card for 120 days.

(3) A centrally billed account may be established through the approved Senate vendor (currently the Combined Airlines Ticket Office (CATO)) and will be charged against an account number issued to each designated office; there are no charge cards issued for such an account.

III. Foreign Travel

A. Reimbursement of foreign travel expenses is not authorized from the contingent fund of Member offices.

B. Committees, including all standing, select, and special committees of the Senate and all joint committees of the Congress whose funds are disbursed by the Secretary of the Senate, are authorized funds for foreign travel from their committee budget and through S. Res. 179, 95–1, notwithstanding Congressional Delegations which are authorized foreign travel funds under the authority of the Mutual Security Act of 1954 (22 U.S.C. 1754).

C. (Restrictions)—amendment to Rule XXXIX of the Standing Rules of the Senate, pursuant to S. Res. 80, agreed to January 28, 1987.

1. (a) Unless authorized by the Senate (or by the President of the United States after an adjournment sine die), no funds from the United States Government (including foreign currencies made available under section 502(b) of the Mutual Security Act of 1954 (22 U.S.C. 1754(b), as amended) shall be received by any Member of the Senate whose term will expire at the end of a Congress after—

(1) the date of the general election in which his successor is elected; or

(2) in the case of a Member who is not a candidate in such general election, the earlier of the date of such general election or the adjournment sine die of the second regular session of that Congress.

(b) The travel restrictions provided by subparagraph (a) with respect to a Member of the Senate whose term will expire at the end of a Congress shall apply to travel by—

(1) any employee of the Member;

(2) any elected Officer of the Senate whose employment will terminate at the end of a Congress; and

(3) any employee of a committee whose employment will terminate at the end of a Congress.

2. No Member, Officer, or employee engaged in foreign travel may claim payment or accept funds from the United States Government (including foreign currencies made available under section 502(b) of the Mutual Security Act of 1954 (22 U.S.C. 1754(b)) for any expense for which the individual has received reimbursement from any other source; nor may such Member, Officer, or employee receive reimbursement for the same expense more than once from the United States Government. No Member, Officer, or employee shall use any funds furnished to him[/her] to defray ordinary and necessary expenses of foreign travel for any purpose other than the purpose or purposes for which such funds were furnished.

3. A per diem allowance provided a Member, Officer, or employee in connection with foreign travel shall be used solely for lodging, food, and related expenses and it is the responsibility of the Member, Officer, or employee receiving such an allowance to return to the United States Government that portion of the allowance received which is not actually used for necessary lodging, food, and related expenses.

IV. Reimbursable Expenses: Travel expenses (i.e., transportation, lodging, meals and incidental expenses) which will be reimbursed are limited to those expenses essential to the transaction of official business

while away from the official station or post of duty.

A. Member Duty Station(s): The official duty station of Senate Members shall be considered to be the metropolitan area of Washington, D.C.

1. During adjournment sine die or the August adjournment/recess period, the usual place of residence in the home state, as certified for purposes of official Senate travel, shall also be considered a duty station.

2. Each Member shall certify in writing at the beginning of each Congress to the Senate Disbursing Office his/her usual place of residence in the home state; such certification document shall include a statement that the Senator has read and agrees to the pertinent travel regulations on permissible reimbursements.

3. For purposes of this provision, ''usual place of residence'' in the home state shall encompass the area within thirty-five (35) miles of the residence (by the most direct route). If a Member has no ''usual place of residence'' in his/her home state, he/she may designate a ''voting residence,'' or any other ''legal residence,'' pursuant to state law (including the area within thirty-five (35) miles of such residence), as his/her duty station.

B. Officer and Employee Duty Station

1. In the case of an officer or employee, reimbursement for official travel expenses other than interdepartmental transportation shall be made only for trips which begin and end in Washington, D.C., or, in the case of an employee assigned to an office of a Senator in the Senator's home state, on trips which begin and end at the place where such office is located.

2. Travel may begin and/or end at the Senate traveler's residence when such deviation from the duty station locale is more advantageous to the government.

3. For purposes of these regulations, the ''duty station'' shall encompass the area within thirty-five (35) miles from where the Senator's home state office or designated duty station is located.

C. No employee of the Senate, relative or supervisor of the employee may directly benefit monetarily from the expenditure of appropriated funds which reimburse expenses associated with official Senate travel. Therefore, reimbursements are not permitted for mortgage payments, or rental fees associated with any type of leasehold interest.

D. A duty station for employees, other than Washington, D.C., may be designated by Members, Committee Chairmen, and Officers of the Senate upon written designation of such station to the Senate Disbursing Office. Such designation shall include a statement that the Member or Officer has read and agrees to the pertinent travel regulations on permissible reimbursements. The duty station may be the city of the office location or the city of residence.

E. For purposes of these regulations, the metropolitan area of Washington, D.C., shall be defined as follows:

1. The District of Columbia
2. Maryland Counties of
(a) Charles
(b) Montgomery
(c) Prince Georges
3. Virginia Counties of
(a) Arlington
(b) Fairfax
(c) Loudoun
(d) Prince William
4. Virginia Cities of
(a) Alexandria
(b) Fairfax
(c) Falls Church
(d) Manassas
(e) Manassas Park
5. Airport locations of
(a) Baltimore/Washington International Thurgood Marshall Airport
(b) Ronald Reagan Washington National Airport
(c) Washington Dulles International Airport

F. When the legislative business of the Senate requires that a Member be present, then the round trip actual transportation expenses incurred in traveling from the city within the United States where the Member is located to Washington, D.C., may be reimbursed from official Senate funds.

G. Any deviation from this policy will be considered on a case by case basis upon the written request to, and approval from, the Committee on Rules and Administration.

V. Travel Expense Reimbursement Vouchers

A. All persons authorized to travel on official business for the Senate should keep a memorandum of expenditures properly chargeable to the Senate, noting each item at the time the expense is incurred, together with the date, and the information thus accumulated should be made available for the proper preparation of travel vouchers which must be itemized on an official expense summary report and stated in accordance with these regulations. The official expense summary report form is available at the Senate Disbursing Office or through the Senate Intranet.

B. Computer generated vouchers should be submitted with a signed original. Every travel voucher must show in the space provided for such information on the voucher form the dates of travel, the official travel itinerary, the value of the transportation, per diem expenses, incidental expenses, and conference/training fees incurred.

C. Travel vouchers must be supported by receipts for expenses in excess of $50. In addition, the Committee on Rules and Administration reserves the right to request additional clarification and/or certification upon the audit of any expense seeking reimbursement from the contingent fund of the Senate regardless of the expense amount.

D. When presented independently, credit card receipts such as VISA, MASTER CHARGE, or DINERS CLUB, etc. are not acceptable documentation for lodging. If a hotel bill is lost or misplaced, then the credit card receipt accompanied by a certifying letter from the traveler to the Financial Clerk of the Senate will be considered necessary documentation. Such letter must itemize the total expenses in support of the credit card receipt.

TRANSPORTATION EXPENSES

I. Common Carrier Transportation and Accommodations

A. Transportation includes all necessary official travel on railroads, airlines, helicopters, buses, streetcars, taxicabs, and other usual means of conveyance. Transportation may include fares and such expenses incidental to transportation such as but not limited to baggage transfer. When a claim is made for common carrier transportation obtained with cash, the travel voucher must show the amount spent, including Federal transportation tax, and the mode of transportation used.

1. Train Accommodations

(a) Sleeping-car accommodations: The lowest first class sleeping accommodations available shall be allowed when night travel is involved. When practicable, through sleeping accommodations should be obtained in all cases where more economical to the Senate.

(b) Parlor-car and coach accommodations: One seat in a sleeping or parlor car will be allowed. Where adequate coach accommodations are available, coach accommodations should be used to the maximum extent possible, on the basis of advantage to the Senate, suitability and convenience to the traveler, and nature of the business involved.

2. Airplane Accommodations

(a) First-class and air-coach accommodations: It is the policy of the Senate that persons who use commercial air carriers for transportation on official business shall use less than first-class accommodations instead of those designated first-class with due regard to efficient conduct of Senate business and the travelers' convenience, safety, and comfort.

(b) Use of United States-flag air carriers: All official air travel shall be performed on United States-flag air carriers except where travel on other aircraft (1) is essential to the official business concerned, or (2) is necessary to avoid unreasonable delay, expense, or inconvenience.

(B) Change in Travel Plans: When a traveler finds he/she will not use accommodations which have been reserved for him/her, he/she must release them within the time limits specified by the carriers. Likewise, where transportation service furnished is inferior to that called for by a ticket or where a journey is terminated short of the destination specified, the traveler must report such facts to the proper official. Failure of travelers to take such action may subject them to liability for any resulting losses.

1. ''No show'' charges, if incurred by Members or staff personnel in connection with official Senate travel, shall not be considered payable or reimbursable from the contingent fund of the Senate.

2. Senate travelers exercising proper prudence can make timely cancellations when necessary in order to avoid ''no show'' assessments.

3. A Member shall be permitted to make more than one reservation on scheduled flights with participating airlines when such action assists the Member in conducting his/her official business.

C. Compensation Packages: In the event that a Senate traveler is denied passage or gives up his/her reservation due to overbooking on transportation for which he/she held a reservation and this results in a payment of any rebate, this payment shall not be considered as a personal receipt by the traveler, but rather as a payment to the Senate, the agency for which and at whose expense the travel is being performed.

1. Such payments shall be submitted to the appropriate individual for the proper disposition when the traveler submits his/her expense account.

2. Through fares, special fares, commutation fares, excursion, and reduced-rate round trip fares should be used for official travel when it can be determined prior to the start of a trip that any such type of service is practical and economical to the Senate.

3. Round-trip tickets should be secured only when, on the basis of the journey as planned, it is known or can be reasonably anticipated that such tickets will be utilized.

D. Ticket Preparation Fees: Each Chairman, Senator, or Officer of the Senate may, at his/her discretion, authorize in extenuating circumstances the reimbursement of penalty fees associated with the cancellation of through fares, special fares, commutation fares, excursion, reduced-rate round trip fares and fees for travel arrangements, provided that reimbursement of such fees offers the best value and does not exceed $30.

E. Frequent Flyer Miles: Travel promotional awards (e.g. free travel, travel discounts, upgrade certificates, coupons, frequent flyer miles, access to carrier club facilities, and other similar travel promotional items) obtained by a Member, officer or employee of the Senate while on official travel may be utilized for personal use at the discretion of the Member or officer pursuant to this section.

1. Travel Awards may be retained and used at the sole discretion of the Member or officer only if the Travel Awards are obtained under the same terms and conditions as those offered to the general public and no favorable treatment is extended on the basis of the Member, officer or employee's position with the Federal Government.

2. Members, officers and employees may only retain Travel Awards for personal use when such Travel Awards have been obtained at no additional cost to the Federal Government. It should be noted that any fees assessed in connection with the use of Travel Awards shall be considered a personal expense of the Member, officer or employee and under no circumstances shall be paid for or reimbursed from official funds.

3. Although this section permits Members, officers and employees of the Senate to use Travel Awards at the discretion of the Member or officer, the Committee encourages the use of such Travel Awards (whenever practicable) to offset the cost of future official travel.

F. Indirect Travel: In case a person, for his/her own convenience, travels by an indirect route or interrupts travel by direct route, the extra expense will be borne by the traveler. Reimbursement for expenses shall be allowed only on such charges as would have been incurred by the official direct route. Personal travel should be noted on the traveler's expense summary report when it interrupts official travel.

G. Public Transportation During Official Travel: Transportation by bus, streetcar, subway, or taxicab, when used in connection with official travel, will be allowed as an official transportation expense.

H. Dual Purpose Travel: Dual purpose travel occurs when a Senator, staffer, or other official traveler conducts both Senatorial office business and Committee office business during the same trip. The initial point at which official business is conducted will determine the fund which will be charged for travel expenses from and to Washington, D.C. Examples include:

1. If committee business is conducted at the first stop in the trip, travel expenses from Washington, D.C., to said point and return will be chargeable to the committee's funds. Additional travel expenses from said point to other points in the United States, incurred by reason of conducting senatorial business, will be charged to the Senators' Official Personnel and Office Expense Account.

2.. If senatorial business is conducted at the first stop in the trip, travel expenses from Washington, D.C., to said point and return will be chargeable to the Senators' Official Personnel and Office Expense Account. Committee funds will be charged with any additional travel expenses incurred for the purpose of performing committee business.

I. Interrupted Travel: If a traveler interrupts official travel for personal business, the traveler may be reimbursed for transportation expenses incurred which are less than or equal to the amount the traveler would have been reimbursed had he/she not interrupted travel for personal business. Likewise, if a traveler departs from or returns to a city other than the traveler's duty station or residence for personal business, then the traveler may be reimbursed for transportation expenses incurred which are less than or equal to the amount the traveler would have been reimbursed had the witness departed from and returned to his/her duty station or residence.

II. Baggage

A. The term ''baggage'' as used in these regulations means Senate property and personal property of the traveler necessary for the purposes of the official travel.

B. Baggage in excess of the weight or of size greater than carried free by transportation companies will be classed as excess baggage. Where air-coach or air-tourist accommodations are used, transportation of baggage up to the weight carried free on first-class service is authorized without charge to the traveler; otherwise excess baggage charges will be an allowable expense.

C. Necessary charges for the transfer of baggage will be allowed. Charges for the storage of baggage will be allowed when such storage was solely on account of official business. Charges for porters and checking baggage at transportation terminals will be allowed.

III. Use of Conveyances: When authorized by the employing Senator, Chairman, or Officer of the Senate, certain conveyances may be used when traveling on official Senate business. Specific types of conveyances are privately owned, special, and private airplane.

A. Privately Owned

1. Chairmen of committees, Senators, Officers of the Senate, and employees, regardless of subsistence status and hours of travel, shall, whenever such mode of transportation is authorized or approved as more advantageous to the Senate, be paid the appropriate mileage allowance in lieu of actual expenses of transportation. This amount should not exceed the maximum amount authorized by statute for use of privately owned motorcycles, automobiles, or airplanes, when engaged in official business within or outside their designated duty stations. It is the responsibility of the office to fix such rates, within the maximum, as will most nearly compensate the traveler for necessary expenses.

2. In addition to the mileage allowance there may be allowed reimbursement for the actual cost of automobile parking fees (except parking fees associated with commuting); ferry fees; bridge, road, and tunnel costs; and airplane landing and tie-down fees.

3. When transportation is authorized or approved for motorcycles or automobiles, mileage between points traveled shall be certified by the traveler. Such mileage should be in accordance with the Standard Highway Mileage Guide. Any substantial deviations shall be explained on the reimbursement voucher.

4. In lieu of the use of taxicab, payment on a mileage basis at a rate not to exceed the maximum amount authorized by statute will be allowed for the round-trip mileage of a privately owned vehicle used in connection with an employee going from either his/her place of abode or place of business to a terminal or from a terminal to either his/her place of abode or place of business: Provided, that the amount of reimbursement for round-trip mileage shall not in either instance exceed the taxicab fare for a one-way trip between such applicable points, notwithstanding the obligations of reasonable schedules.

5. Parking Fees: Parking fees for privately owned vehicles may be incurred in the duty station when the traveler is engaged in interdepartmental transportation or when the traveler is leaving their duty station and entering into a travel status. The fee for parking a vehicle at a common carrier terminal, or other parking area, while the traveler is away from his/her official station, will be allowed only to the extent that the fee, plus the allowable mileage reimbursement, to and from the terminal or other parking area, does not exceed the estimated cost for use of a taxicab to and from the terminal.

6. Mileage for use of privately owned airplanes shall be certified from airway charts issued by the National Oceanic and Atmospheric Administration, Department of Commerce, and will be reported on the reimbursement voucher and used in computing payment. If a detour was necessary due to adverse weather, mechanical difficulty, or other unusual conditions, the additional air mileage may be included in the mileage reported on the reimbursement voucher and, if included, it must be explained.

7. Mileage shall be payable to only one of two or more employees traveling together on the same trip and in the same vehicle, but no deduction shall be made from the mileage otherwise payable to the employee entitled thereto by reason of the fact that other passengers (whether or not Senate employees) may travel with him/her and contribute in defraying the operating expenses. The names of Senate Members or employees accompanying the traveler must be stated on the travel voucher.

8. When damages to a privately owned vehicle occur due to the negligent or wrongful act or omission of any Member, Officer, or employee of the Senate while acting within the scope of his/her employment, relief may be sought under the Federal Tort Claims Act.

B. Special

1. General:

(a) The hire of boat, automobile, aircraft, or other conveyance will be allowed if authorized or approved as advantageous to the Senate whenever the Member or employee is engaged on official business outside his/her designated duty station.

(b) Where two or more persons travel together by means of such special conveyance, that fact, together with the names of those accompanying him/her, must be stated by each traveler on his/her travel voucher and the aggregate cost reimbursable will be subject to the limitation stated above.

(c) If the hire of a special conveyance includes payment by the traveler of the incidental expenses of gasoline or oil, rent of garage, hangar, or boathouse, subsistence of operator, ferriage, tolls, operator waiting time, charges for returning conveyances to the original point of hire, etc., the same should be first paid, if practicable, by the person furnishing the accommodation, or his/her operator, and itemized in the bill.

2. Rental Cars:

(a) In no case may automobiles be hired for use in the metropolitan area of Washington, DC, by anyone whose duty station is Washington, DC.

(b) Reimbursements for rental of special conveyances will be limited to the cost applicable to a conveyance of a size necessary for a single traveler regardless of the number of authorized travelers transported by said vehicle, unless the use of a larger class vehicle on a shared cost basis is specifically approved in advance by the Committee on Rules and Administration, or the form ''Request for a Waiver of the Travel Regulations'' is submitted with the voucher, and found in order upon audit by the Rules Committee.

(c) For administrative purposes, reimbursement may be payable to only one of two or more Senate travelers traveling together on the same trip and in the same vehicle.

(d) Government Rate: In connection with the hire of an automobile for the use in conducting Senate business outside of Washington, DC, it should be noted that the Military Traffic Management Command (MTMC), a division of the Department of Defense, arranges all rental car agreements for the government.

(1) These negotiated car rental rates are for federal employees traveling on official business and include unlimited mileage, plus full comprehensive and collision coverage (CDW) on rented vehicles at no cost to the traveler.

(2) For guidance on rate structure and the companies participating in these rate agreements, call the approved Senate vendor (currently the Combined Airline Ticket Office (CATO)).

(3) Individuals traveling on behalf of the United States Senate should use these companies to the maximum extent possible since these agreements provide full coverage with no extra fee. The Senate will not pay for separate insurance charges; therefore, any individuals who choose to use non-participatory car rental agencies may be personally responsible for any damages or liability accrued while on official Senate business.

(e) Insurance: In connection with the rental of vehicles from commercial sources, the Senate will not pay or reimburse for the cost of the loss/damage waiver (LDW), collision damage waiver (CDW) or collision damage insurance available in commercial rental contracts for an extra fee.

(1) The waiver or insurance referred to is the type offered a renter to release him/her from liability for damage to the rented vehicle in amounts up to the amount deductible on the insurance included as part of the rental contract without additional charge.

(2) The cost of personal accident insurance is a personal expense and is not reimbursable.

(3) Accidents While On Official Travel: Collision damage to a rented vehicle, for which the traveler is liable while on official business, will be considered an official travel expense of the Senate up to the deductible amount contained in the rental contract. Such claims shall be considered by the Sergeant at Arms of the Senate on a case by case basis and, when authorized, settled from the contingent fund of the Senate under the line item—Reserve for Contingencies. This is consistent with the long-standing policy of the government to self-insure its own risks of loss or damage to government property and the liability of government employees for actions within the scope of their official duties.

(4) However, when damages to a rented vehicle occurs due to the negligent or wrongful act or omission of any Member, Officer, or employee of the Senate while acting within the scope of his/her employment, relief may be sought under the Federal Tort Claims Act.

3. Charter Aircraft:

(a) Reimbursements for charter aircraft will be limited to the charges for a twin-engine, six-seat plane, or comparable aircraft. Charter of aircraft may be allowed notwithstanding the availability of commercial facilities, if such commercial facilities are not such that reasonable schedules may be kept. When charter aircraft is used, an explanation and detail of the size of the aircraft, i.e., seating capacity and number of engines, shall be provided on the face of the voucher.

(b) In the event charter facilities are not available at the point of departure, reimbursement for charter from nearest point of such availability to the destination and return may be allowed.

(c) When a charter aircraft larger than a twin-engine, six-seat plane is used, the form ''Request for a Waiver of the Travel Regulations'' is submitted with the voucher.

C. Corporate/Private Aircraft: Reimbursement of official expenses for the use of a corporate or private aircraft is allowable from the contingent fund of the Senate provided the traveler complies with the prohibitions, restrictions, and authorizations specified in these regulations. Moreover, pursuant to the Ethics Committee Interpretive Ruling 444, excess campaign funds may be used to defray official expenses consistent with the regulations promulgated by the Federal Election Commission.

1. An amendment to Rule XXXV of the Standing Rules of the Senate, paragraph 1(c)(1)(C), enacted September 14, 2007, pursuant to P.L. 110–81, states:

(C)(i) Fair market value for a flight on an aircraft described in item (ii) shall be the pro rata share of the fair market value of the normal and usual charter fare or rental charge for a comparable plane of comparable size, as determined by dividing such cost by the number of Members, officers, or employees of Congress on the flight.

(ii) A flight on an aircraft described in this item is any flight on an aircraft that is not—

(I) operated or paid for by an air carrier or commercial operator certificated by the Federal Aviation Administration and required to be conducted under air carrier safety rules; or

(II) in the case of travel which is abroad, an air carrier or commercial operator certificated by an appropriate foreign civil aviation authority and the flight is required to be conducted under air carrier safety rules.

(iii) This subclause shall not apply to an aircraft owned or leased by a governmental entity or by a Member of Congress or a Member's immediate family member (including an aircraft owned by an entity that is not a public corporation in which the Member or Member's immediate family member has an ownership interest), provided that the Member does not use the aircraft anymore than the Member's or immediate family member's proportionate share of ownership allows.

Prior to the commencement of official travel on a corporate or private aircraft, the traveler or the traveler's designee shall contact a charter company in the departure or destination city to request a written estimate of the cost of a flight between the two cities on a similar aircraft of comparable size being provided by the corporation or private entity.

(a) For example, if a Learjet 45 XR aircraft is being provided by the corporation or private entity, the traveler or the traveler's designee shall request a written estimate of the cost to charter a Learjet 45 XR aircraft from the departure city to the destination city.

(b) If no charter company is located in either the departure or destination city which rents a similar aircraft of comparable size, a charter company nearest either the destination or departure city which does so shall be contacted for a written estimate.

3. Following the completion of official travel on a corporate or private aircraft, reimbursement for related expenses may be processed on direct pay vouchers payable to each individual traveler, to the corporation or private entity, or to the travel charge card vendor. The written estimate received from the charter company shall be attached to the voucher for processing.

IV. Interdepartmental Transportation

A. The reimbursement for interdepartmental transportation is authorized as a travel expense pursuant to 2 U.S.C. 58(e) but only for the incidental transportation expenses incurred within the duty station in the course of conducting official Senate business. Such reimbursement would include the following expenses:

1. Mileage when using a privately owned vehicle

2. Bus, subway, taxi-cab, parking, and auto rental. (However, reimbursement is prohibited for auto rental expenses within the Washington, D.C., metropolitan area duty station.)

B. Pursuant to S. Res. 294, agreed to April 29, 1980, section 2.(1), reimbursements and payments shall not be made for commuting expenses, including parking fees incurred in commuting.

SUBSISTENCE EXPENSES

I. Per Diem Expenses

A. Allowance

1. Per diem expenses include all charges for meals, lodging, personal use of room during daytime, baths, all fees and tips to waiters, porters, baggagemen, bell boys, hotel servants, dining room stewards and others on vessels, laundry, cleaning and pressing of clothing, and fans in rooms. The term ''lodging'' does not include accommodations on airplanes or trains, and these expenses are not subsistence expenses.

(a) Laundry: Laundry expenses must be incurred during the midway point of a trip. Reimbursable laundry expenses are for the refreshing of clothing during a trip, but not the maintenance of the clothing.

(b) Meals: Reimbursable expenses incurred for meals while on official travel include meals and tips for the traveler only and may not include alcohol.

2. Per diem expenses will not be allowed an employee at his/her permanent duty station and will be allowed only when associated with round trip travel outside his/her permanent duty station.

(a) Training: Meals in the duty station are only reimbursable when they are incurred during a training session. If the cost of the meal is included in the training session, then a meal certification form should be included with the voucher. The Committee on Rules and Administration will consider these on a case by case basis. Meal certification forms are available at the Disbursing Office or on the Senate intranet.

(1) Training is defined as a planned, prepared, and coordinated program, course, curriculum, subject, system, or routine of instruction or education, in scientific, professional or technical fields which are or will be directly related to the performance by the employee of official duties for the Senate, in order to increase the knowledge, proficiency, ability, skill and qualifications of the employee in the performance of official duties.

(2) Meetings in the duty station where meals are served, such as but not limited to Chamber of Commerce monthly meetings do not constitute training. Therefore, the meals associated with these meetings are not an authorized reimbursable expense.

3. In any case where the employee's tour of travel requires more than two months' stay at a temporary duty station, consideration should be given to either a change in official station or a reduction in the per diem allowance.

4. Where for a traveler's personal convenience/business there is an interruption of travel or deviation from the direct route, the per diem expenses allowed will not exceed that which would have been incurred on uninterrupted travel by a usually traveled route and the time of departure from and return to official business shall be stated on the voucher.

5. Per diem expenses will be allowed through the time the traveler departs on personal business and will be recommenced at the time he/she returns to official business. Such dates and times shall be stated on the voucher.

B. Rates

1. The per diem allowances provided in these regulations represent the maximum allowance, not the minimum. It is the responsibility of each office to see that travelers are reimbursed only such per diem expenses as are justified by the circumstances affecting the travel. Maximum rates for subsistence expenses are established by the General Services Administration and are published in the FEDERAL REGISTER. Maximum per diem rates for Alaska, Hawaii, the Commonwealth of Puerto Rico, and possessions of the United States are established by the Department of Defense and are also published in the FEDERAL REGISTER. In addition, per diem

rates for foreign countries are established by the Department of State and are published in the document titled, ''Maximum Travel Per Diem for Foreign Areas.''

(a) Per diem expenses reimbursable to a Member or employee of the Senate in connection with official travel within the continental United States shall be made on the basis of actual expenses incurred, but not to exceed the maximum rate prescribed by the Committee on Rules and Administration for each day spent in a travel status. Any portion of a day while in a travel status shall be considered a full day for purposes of per diem entitlement.

(b) When travel begins or ends at a point in the continental United States, the maximum per diem rate allowable for the portion of travel between such place and the place of entry or exit in the continental United States shall be the maximum rate prescribed by the Committee on Rules and Administration for travel within the continental United States. However, the quarter day in which travel begins, in coming from, or ends, in going to, a point outside the continental United States may be paid at the rate applicable to said point, if higher.

(c) In traveling between localities outside the continental United States, the per diem rate allowed at the locality from which travel is performed shall continue through the quarter day in which the traveler arrives at his/her destination: Provided, that if such rate is not commensurate with the expenses incurred, the per diem rate of the destination locality may be allowed for the quarter day of arrival.

(d) Ship travel time shall be allowed at not to exceed the maximum per diem rate prescribed by the Committee on Rules and Administration for travel within the continental United States.

C. Computations

1. The date of departure from, and arrival at, the official station or other point where official travel begins and ends, must be shown on the travel voucher. Other points visited should be shown on the voucher but date of arrival and departure at these points need not be shown.

2. For computing per diem allowances official travel begins at the time the traveler leaves his/her home, office, or other point of departure and ends when the traveler returns to his/her home, office, or other point at the conclusion of his/her trip.

(a) The maximum allowable per diem for an official trip is computed by multiplying the number of days on official travel, beginning with the departure date, by the maximum daily rate as prescribed by the Committee on Rules and Administration. If the maximum daily rate for a traveler's destination is higher than the prescribed daily rate, then the form ''Request for a Waiver of the Travel Regulations'' must be submitted with the voucher showing the maximum daily rate for that location and found in order upon audit by the Rules Committee.

(b) Total per diem for an official trip includes lodging expenses (excluding taxes), meals (including taxes and tips), and other per diem expenses as defined by these regulations.

INCIDENTAL EXPENSES

I. Periodicals: Periodicals purchased while in a travel status should be limited to newspapers and news magazines necessary to stay informed on issues directly related to Senate business.

II. Traveler's Checks/Money Orders: The service fee for preparation of traveler's checks or money orders for use during official travel is allowable.

III. Communications

A. Communication services such as telephone, telegraph, and faxes, may be used on official business when such expeditious means of communications is essential. Government-owned facilities should be used, if practical. If not available, the cheapest practical class of commercial service should be used.

B. Additionally, one personal telephone call will be reimbursed for each day that a Senator or staff member is in a travel status. The calls may not exceed an average of five minutes a day, and cannot be reimbursed at a rate higher than $5.00 without itemized documentation.

IV. Stationery: Stationery items such as pens, paper, batteries, etc. which are necessary to conduct official Senate business while in a travel status are authorized.

V. Conference Center/Meeting Room Reservations: The fee for the reservation of a meeting room, conference room, or business center while on official travel is allowable.

VI. Other: This category would be used (with full explanation on the Expense Summary Report for Travel) to disclose any expense which would occur incidentally while on official travel, and for which there is no other expense category, i.e., interpreting services, hotel taxes, baggage cart rental, etc.

CONFERENCE AND TRAINING FEES

I. Training of Senators' Office Staff: The Senators' Official Personnel and Office Expense Account is available to defray the fees associated with the attendance by the Senator or the Senator's employees at conferences, seminars, briefings, or classes which are or will be directly related to the performance of official duties.

A. When such fees (actual or reduced) are less than or equal to $500, have a time duration of not more than five (5) days, and have been asked to be waived or reduced for Government participation, reimbursement shall be made as an official travel expense. However, if the fee or time duration for meetings is in excess of the aforementioned, reimbursement shall be made as a non-travel expense.

B. Reimbursement shall not be allowed for tuition or fees associated with classes attended to earn credits towards an advanced degree or certification.

C. The costs of meals that are considered an integral, mandatory and non-separable element of the conference, seminar, briefing, or class will be allowed as part of the attendance fee when certified by the registrant. The meal certification form, which must accompany the reimbursement voucher, is available in the Disbursing Office or through the Senate Intranet.

II. Training of Committee Employees: Section 202 (j) of the Legislative Reorganization Act of 1946 provides for the expenditure of funds available to standing committees of the Senate for the training of professional staff personnel under certain conditions. It is the responsibility of each committee to set aside funds within its annual funding resolution to cover the expenses of such training.

A. Prior approval for attendance by professional staff at seminars, briefings, conferences, etc., as well as committee funds earmarked for training, will not be required when all of the following conditions are met:

1. The sponsoring organization has been asked to waive or reduce the fee for Government participation.

2. The fee involved (actual or reduced) is not in excess of $500.

3. The duration of the meeting does not exceed five (5) days.

B. When such fees are less than or equal to $500, have a time duration of not more than five (5) days, and have been requested to be waived or reduced for Government participation, reimbursement shall be made as a non-training, official travel expense. However, if the fee or time duration for meetings is in excess of the aforementioned, reimbursement shall be made as an official training expense. Reimbursement shall not be allowed for tuition or fees associated with classes attended to earn credits towards an advanced degree or certification.

C. If the fee or time duration for meetings is in excess of the aforementioned, advance approval by the Committee on Rules and Administration must be sought. Training requests should be received sufficiently in advance of the training to permit appropriate consideration by the Committee on Rules and Administration.

D. The costs of meals that are considered an integral, mandatory, and non-separable element of the conference, seminar, briefing, or class will be allowed as part of the attendance fee when certified by the registrant. The meal certification forms which must accompany the reimbursement voucher are available in the Disbursing Office or through the Senate Intranet.

II. Training of Administrative Offices Staff: The administrative approval of the voucher is the only approval required by the Committee on Rules and Administration. Training expenses of staff shall be limited to those fees associated with the attendance by staff at conferences, seminars, briefings, or classes which are or will be directly related to the performance of official duties. However, reimbursement shall not be allowed for tuition or fees associated with classes attended to earn credits towards an advanced degree or certification.

SPECIAL EVENTS

I. Retreats: Reimbursement of official travel expenses for office staff retreats is allowable from the contingent fund provided they follow the restrictions and authorizations in these regulations. Reimbursement of expenses for meeting rooms and equipment used during the retreat also is allowable. The vouchers for retreat expenses should be noted as retreat vouchers.

A. Discussion of Interpretative Ruling of the Select Committee on Ethics, No. 444, issued February 14, 2002.

An office retreat may be paid for with either or both official funds (with Rules Committee approval) or principal campaign committee funds. Private parties may not pay expenses incurred in connection with an office retreat. Campaign workers may attend, at campaign expense, office retreats if their purpose in attending is to engage in official activities, such as providing feedback from constituents on legislative or representational matters.

B. When processing direct pay vouchers payable either to each individual traveler or to the vendor providing the retreat accommodations, prior approval by the Committee on Rules and Administration is not required. Retreat expenses, including but not limited to per diem, may be charged to the office's official centrally billed government travel charge card and paid on direct vouchers to the charge card vendor. Any deviation from this policy will be considered on a case by case basis upon the written request to, and approval from, the Committee on Rules and Administration.

C. Spreadsheet of Expenses

1. The Member office, Committee, or Administrative office, must attach to the retreat voucher(s) a spreadsheet detailing each day of the retreat broken out by breakfast, lunch, dinner, and lodging for each traveler attending the retreat.

2. For each traveler, the spreadsheet should list his/her duty station, additional per diem expenses incurred outside of the retreat, and any other retreat attendee the traveler shared a room with during the retreat. Any non-staff members attending the

retreat also should be detailed on the spreadsheet. The ''Waiver of the Travel Regulations'' form does not need to be attached to retreat voucher(s) for the sharing of rooms.

3. The per diem expenses for staff members attending a retreat within their duty station are not reimbursable but should be detailed on the spreadsheet. All expenses for non-staff members attending the retreat are not reimbursable, but their attendance at the retreat must be taken into account when computing a per traveler cost on the spreadsheet.

II. Funerals: Members who represent the Senate at the funeral of a Member or former member may be reimbursed for the actual and necessary expenses of their attendance, pursuant to S. Res. 263, agreed to July 30, 1998. Additionally, the actual and necessary expenses of a committee appointed to represent the Senate at the funeral of a deceased Member or former Member may be reimbursed pursuant to S. Res. 458, agreed to October 4, 1984.

A. Pursuant to 2 U.S.C. 58e, which authorizes reimbursement for travel while on official business within the United States, members and their staff may be reimbursed for the actual and necessary expenses of attending funerals within their home state only.

B. Examples of funerals that may be considered official business include, but are not limited to, funerals for military servicemembers, first responders, or public officials from the Member's state.

SENATORS' OFFICE STAFF

I. Legislative Authority (2 U.S.C. 58(e), as amended)

(e) Subject to and in accordance with regulations promulgated by the Committee on Rules and Administration of the Senate, a Senator and the employees in his office shall be reimbursed under this section for travel expenses incurred by the Senator or employee while traveling on official business within the United States. The term 'travel expenses' includes actual transportation expenses, essential travel-related expenses, and, where applicable, per diem expenses (but not in excess of actual expenses). A Senator or an employee of the Senator shall not be reimbursed for any travel expenses (other than actual transportation expenses) for any travel occurring during the sixty days immediately before the date of any primary or general election (whether regular, special, or runoff) in which the Senator is a candidate for public office (within the meaning of section 301(b) of the Federal Election Campaign Act of 1971), unless his candidacy in such election is uncontested. For purposes of this subsection and subsection 2(a)(6) of this section, an employee in the Office of the President Pro Tempore, Deputy President Pro Tempore, Majority Leader, Minority Leader, Majority Whip, Minority Whip, Secretary of the Conference of the Majority, or Secretary of the Conference of the Minority shall be considered to be an employee in the office of the Senator holding such office.

II. Regulations Governing Senators' Official Personnel and Office Expense Accounts Adopted by the Committee on Rules and Administration Pursuant to Senate Resolution 170 agreed to September 19, 1979, as amended.

Section 1. For the purposes of these regulations, the following definitions shall apply:

(a) Documentation means invoices, bills, statements, receipts, or other evidence of expenses incurred, approved by the Committee on Rules and Administration.

(b) Official expenses means ordinary and necessary business expenses in support of the Senators' official and representational duties.

Section 2. No reimbursement will be made from the contingent fund of the Senate for any official expenses incurred under a Senator's Official Personnel and Office Expense Account, in excess of $50, unless the voucher submitted for such expenses is accompanied by documentation, and the voucher is personally signed by the Senator.

Section 3. Official expenses of $50 or less must either be documented or must be itemized in sufficient detail so as to leave no doubt of the identity of, and the amount spent for, each item. Items of a similar nature may be grouped together in one total on a voucher, but must be itemized individually on a supporting itemization sheet.

Section 4. Travel expenses shall be subject to the same documentation requirements as other official expenses, with the following exceptions:

(a) Hotel bills or other evidence of lodging costs will be considered necessary in support of per diem.

(b) Documentation will not be required for reimbursement of official travel in a privately owned vehicle.

Section 5. No documentation will be required for reimbursement of the following classes of expenses, as these are billed and paid directly through the Sergeant at Arms and Doorkeeper:

(a) official telegrams and long distance calls and related services;

(b) stationery and other office supplies procured through the Senate Stationery Room for use for official business.

Section 6. The Committee on Rules and Administration may require documentation for expenses incurred of $50 or less, or authorize payment of expenses incurred in excess of $50 without documentation, in special circumstances.

COMMITTEE AND ADMINISTRATIVE OFFICE STAFF

(Includes all committees of the Senate, the Office of the Secretary of the Senate, and the Office of the Sergeant at Arms and Doorkeeper of the Senate)

I. Legislative Authority (2 U.S.C. 68b)

No part of the appropriations made under the heading 'Contingent Expenses of the Senate' may be expended for per diem and subsistence expenses (as defined in section 5701 of Title 5) at rates in excess of the rates prescribed by the Committee on Rules and Administration; except that (1) higher rates may be established by the Committee on Rules and Administration for travel beyond the limits of the continental United States, and (2) in accordance with regulations prescribed by the Committee on Rules and Administration of the Senate, reimbursement for such expenses may be made on an actual expense basis of not to exceed the daily rate prescribed by the Committee on Rules and Administration in the case of travel within the continental limits of the United States.

II. Incidental Expenses: The following items may be authorized or approved when related to official travel:

1. Commissions for conversion of currency in foreign countries.

2. Fees in connection with the issuance of passports, visa fees; costs of photographs for passports and visas; costs of certificates of birth, health, identity; and affidavits; and charges for inoculations which cannot be obtained through a federal dispensary when required for official travel outside the limits of the United States.

III. Hearing Expenses (committees only)

A. In connection with hearings held outside of Washington, D.C., committees are authorized to pay the travel expenses of official reporters having company offices in Washington, D.C., or in other locations, for traveling to points outside the District of Columbia or outside such other locations, provided:

1. Said hearings are of such a classified or security nature that their transcripts can be accomplished only by reporters having the necessary clearance from the proper federal agencies;

2. Extreme difficulty is experienced in the procurement of local reporters; or

3. The demands of economy make the use of Washington, D.C., reporters or traveling reporters in another area highly advantageous to the Senate; and further provided, that should such hearings exceed five days in duration, prior approval (for the payment of reporters' travel expenses) must be obtained from the Committee on Rules and Administration.

IV. Witnesses Appearing Before the Senate (committees only)

A. The authorized transportation expenses incurred and associated with a witness appearing before the Senate at a designated place of examination pursuant to S. Res. 259, agreed to August 5, 1987, will be those necessary transportation expenses incurred in traveling from the witness' place of residence to the site of the Senate examination and the necessary transportation expenses incurred in returning the witness to his/her residence.

B. If a witness departs from a city other than the witness' city of residence to appear before the Senate or returns to a city other than the witness' city of residence after appearing before the Senate, then Senate committees may reimburse the witness for transportation expenses incurred which are less than or equal to the amount the committee would have reimbursed the witness had the witness departed from and returned to his/her residence. Any deviation from this policy will be considered on a case by case basis upon the written request to, and approval from, the Committee on Rules and Administration.

C. Service fees for the preparation or mailing of passenger coupons for indigent or subpoenaed witnesses testifying before Senate committees shall be considered reimbursable for purposes of official travel.

D. Transportation expenses for witnesses may be charged to the Committee's official centrally billed government travel charge card and paid on direct vouchers to the charge card vendor. Additionally, per diem expenses for indigent witnesses may be charged to the Committee's official government charge card and paid on direct vouchers to the charge card vendor.

V. Regulations Governing Payments and Reimbursements from the Senate Contingent Funds for Expenses of Senate Committees and Administrative Offices

(Adopted by the Committee on Rules and Administration on July 23, 1987, as authorized by S. Res. 258, 100th Congress, 1st session, these regulations supersede regulations adopted by the Committee on October 22, 1975, and April 30, 1981, as amended.)

Section 1. Unless otherwise authorized by law or waived pursuant to Section 6, herein, no payment or reimbursement will be made from the contingent fund of the Senate for any official expenses incurred by any Senate committee (standing, select, joint, or special), commission, administrative office, or other authorized Senate activity whose funds are disbursed by the Secretary of the Senate, in excess of $50, unless the voucher submitted for such expenses is accompanied by documentation, and the voucher is certified by the properly designated staff member and approved by the Chairman or elected Senate Officer. The designation of such staff members for certification shall be done by means of a letter to the Chairman of the Committee on Rules and Administration. ''Official expenses,'' for the purposes of these regulations, means ordinary and necessary business expenses in support of a committee's or administrative office's official duties.

Section 2. Such documentation should consist of invoices, bills, statements, receipts, or other evidence of expenses incurred, and should include ALL of the following information:

(a) date expense was incurred;

(b) the amount of the expense;

(c) the product or service that was provided;

(d) the vendor providing the product or service;

(e) the address of the vendor; and

(f) the person or office to whom the product or service was provided.

Expenses being claimed should reflect only current charges. Original copies of documentation should be submitted. However, legible facsimiles will be accepted.

Section 3. Official expenses of $50 or less must either be documented or must be itemized in sufficient detail so as to leave no doubt of the identity of, and the amount spent for, each item. However, hotel bills or other evidence of lodging costs will be considered necessary in support of per diem expenses and cannot be itemized.

Section 4. Documentation for services rendered on a contract fee basis shall consist of a contract status report form available from the Disbursing Office. However, other expenses authorized expressly in the contract will be subject to the documentation requirements set forth in these regulations.

Section 5. No documentation will be required for the following expenses:

(a) salary reimbursement for compensation on a ''When Actually Employed'' basis;

(b) reimbursement of official travel in a privately owned vehicle;

(c) foreign travel expenses incurred by official congressional delegations, pursuant to S. Res. 179, 95th Congress, 1st session;

(d) expenses for receptions of foreign dignitaries, pursuant to S. Res. 247, 87th Congress, 2nd session, as amended; and

(e) expenses for receptions of foreign dignitaries pursuant to Sec. 2 of P.L. 100–71 effective July 11, 1987.

Section 6. In special circumstances, the Committee on Rules and Administration may require documentation for expenses incurred of $50 or less, or authorize payment of expenses incurred in excess of $50 without documentation.

Section 7. Cash advances from the Disbursing Office are to be used for travel and petty cash expenses only. No more than $5000 may be outstanding at one time for Senate committees or administrative offices, unless otherwise authorized by law or resolution, and no more than $300 of that amount may be used for a petty cash fund. The individual receiving the cash advance will be personally liable. The Committee on Rules and Administration may, in special instances, increase these non-statutory limits upon written request by the Chairman of that committee and proper justification.

Section 8. Documentation of petty cash expenses shall be listed on an official petty cash itemization sheet available from the Disbursing Office and should include ALL of the following information:

(a) date expense was incurred;

(b) amount of expense;

(c) product or service provided; and

(d) the person incurring the expense (payee).

Each sheet must be signed by the Senate employee receiving cash and an authorizing official (i.e., someone other than the employee(s) authorized to certify vouchers). Original receipts or facsimiles must accompany the itemization sheet for petty cash expenses over $50.

Section 9. Petty cash funds should be used for the following incidental expenses:

(a) postage;

(b) delivery expenses;

(c) interdepartmental transportation (reimbursements for parking, taxi, subway, bus, privately owned automobile (p.o.a.), etc.;

(d) single copies of publications (not subscriptions);

(e) office supplies not available in the Senate Stationery Room; and

(f) official telephone calls made from a staff member's residence or toll charges incurred within a staff member's duty station.

Petty cash funds should not be used for the procurement of equipment.

Section 10. Committees are encouraged to maintain a separate checking account only for the purpose of a petty cash fund and with a balance not in excess of $300.

Section 11. Vouchers for the reimbursement of official travel expenses to a committee chairman or member, officer, employee, contractor, detailee, or witness shall be accompanied by an ''Expense Summary Report—Travel'' signed by such person. Vouchers for the reimbursement to any such individual for official expenses other than travel expenses shall be accompanied by an ''Expense Summary Report—Non-Travel'' signed by such person.

APPENDIX A: THE FEDERAL TORT CLAIMS ACT

Pursuant to the provisions of S. Res. 492, agreed to December 10, 1982, the Sergeant at Arms has the authority to consider and ascertain and, with the approval of the Committee on Rules and Administration, determine, compromise, adjust, and settle, in accordance with the provisions of chapter 171 of Title 28, United States Code (The Federal Tort Claims Act), any claim for money damages against the United States for injury of loss of property or personal injury or death caused by negligent or wrongful act or omission of any Member, Officer, or Employee of the Senate while acting within the scope of his/her employment. Any compromise, adjustment, or settlement of any such claim not exceeding $2,500 shall be paid from the contingent fund of the Senate on a voucher approved by the Chairman of the Committee on Rules and Administration.

Payments of awards, compromises, or settlements in excess of $2,500 are obtained by the agency by referring the award, compromise, or settlement to the General Accounting Office for payment. Appropriations or funds for the payment of judgments and compromises are made available for payment of awards, compromises, and settlements under the Federal Tort Claims Act.

However, any award under the Federal Tort Claims Act in excess of $25,000 cannot take effect except with the prior written approval of the Attorney General.

FURTHER CHANGES TO S. CON. RES. 21

Mr. CONRAD. Mr. President, pursuant to section 302 of S. Con. Res. 21, I filed revisions to S. Con. Res. 21, the 2008 budget resolution. Those revisions were made for legislation that improved certain services for and benefits to wounded or disabled military personnel and retirees, veterans, and their survivors and dependents.

Congress cleared the conference report accompanying H.R. 1585, the National Defense Authorization Act for fiscal year 2008, on December 14, 2007. Unfortunately, H.R. 1585 was not signed into law by the President. Consequently, I am further revising the 2008 budget resolution and reversing the adjustments previously made pursuant to section 302 to the aggregates and the allocation provided to the Senate Armed Services Committee.

Mr. President, last week the House passed H.R. 4986, a bill that is substantially similar to H.R. 1585 and that also meets the conditions of the reserve fund for veterans and wounded servicemembers. Consequently, for the information of my colleagues, I will be further revising the 2008 budget resolution pursuant to section 302 of S. Con. Res. 21 for Senate consideration of H.R. 4986.

I ask unanimous consent that the following revisions to S. Con. Res. 21 be printed in the RECORD.

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

CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2008—S. CON. RES. 21; FURTHER REVISIONS TO THE CONFERENCE AGREEMENT PURSUANT TO SECTION 302 DEFICIT-NEUTRAL RESERVE FUND FOR VETERANS AND WOUNDED SERVICEMEMBERS

[In billions of dollars]

Section 101	
(1)(A) Federal Revenues:	
FY 2007	1,900.340
FY 2008	2,025.851
FY 2009	2,122.271
FY 2010	2,176.587
FY 2011	2,357.853
FY 2012	2,500.250
(1)(B) Change in Federal Revenues:	
FY 2007	−4.366
FY 2008	−24.945
FY 2009	15.345
FY 2010	12.866
FY 2011	−36.697
FY 2012	−96.846
(2) New Budget Authority:	
FY 2007	2,371.470
FY 2008	2,512.564
FY 2009	2,526.556
FY 2010	2,581.669
FY 2011	2,696.949
FY 2012	2,736.623
(3) Budget Outlays:	
FY 2007	2,294.862
FY 2008	2,476.456
FY 2009	2,573.413
FY 2010	2,609.610
FY 2011	2,702.343
FY 2012	2,715.437

CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2008—S CON RES 21; FURTHER REVISIONS TO THE CONFERENCE AGREEMENT PURSUANT TO SECTION 302 DEFICIT-NEUTRAL RESERVE FUND FOR VETERANS AND WOUNDED SERVICEMEMBERS

[In millions of dollars]

Current Allocation to Senate Armed Services Committee:	
FY 2007 Budget Authority	98,717
FY 2007 Outlays	98,252
FY 2008 Budget Authority	102,110
FY 2008 Outlays	102,041
FY 2008–2012 Budget Authority	547,250
FY 2008–2012 Outlays	546,657
Adjustments:	
FY 2007 Budget Authority	0
FY 2007 Outlays	0
FY 2008 Budget Authority	15
FY 2008 Outlays	112
FY 2008–2012 Budget Authority	−258
FY 2008–2012 Outlays	22
Revised Allocation to Senate Armed Services Committee:	
FY 2007 Budget Authority	98,717
FY 2007 Outlays	98,252
FY 2008 Budget Authority	102,125
FY 2008 Outlays	102,153
FY 2008–2012 Budget Authority	546,992
FY 2008–2012 Outlays	546,679

FURTHER CHANGES TO S. CON. RES. 21

Mr. CONRAD. Mr. President, section 302 of S. Con. Res. 21, the 2008 budget resolution, permits the chairman of the Senate Budget Committee to revise the allocations, aggregates, and other appropriate levels for legislation that improves certain services for and benefits to wounded or disabled military personnel and retirees, veterans, and their survivors and dependents. Section 302 authorizes the revisions provided that the legislation does not worsen the deficit over either the period of the total of fiscal years 2007 through 2012 or the period of the total of fiscal years 2007 through 2017.

I find that H.R. 4986, the National Defense Authorization Act for fiscal year 2008, satisfies the conditions of the deficit-neutral reserve fund for veterans and wounded servicemembers. Therefore, pursuant to section 302, I am adjusting the aggregates in the 2008 budget resolution, as well as the allocation provided to the Senate Armed Services Committee.

I ask unanimous consent that the following revisions to S. Con. Res. 21 be printed in the RECORD.

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

CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2008—S. CON. RES. 21; FURTHER REVISIONS TO THE CONFERENCE AGREEMENT PURSUANT TO SECTION 302 DEFICIT-NEUTRAL RESERVE FUND FOR VETERANS AND WOUNDED SERVICEMEMBERS

[In billions of dollars]

Section 101	
(1)(A) Federal Revenues:	
FY 2007	1,900.340
FY 2008	2,025.853
FY 2009	2,122.272
FY 2010	2,176.581
FY 2011	2,357.845
FY 2012	2,500.246
(1)(B) Change in Federal Revenues:	
FY 2007	−4.366
FY 2008	−24.943
FY 2009	15.346
FY 2010	12.860
FY 2011	−36.705
FY 2012	−96.850
(2) New Budget Authority:	
FY 2007	2,371.470
FY 2008	2,512.558
FY 2009	2,527.441
FY 2010	2,581.501
FY 2011	2,696.692
FY 2012	2,736.438
(3) Budget Outlays:	
FY 2007	2,294.862
FY 2008	2,476.425
FY 2009	2,574.227
FY 2010	2,609.365
FY 2011	2,702.029
FY 2012	2,715.194

CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2008—S. CON. RES. 21; FURTHER REVISIONS TO THE CONFERENCE AGREEMENT PURSUANT TO SECTION 302 DEFICIT-NEUTRAL RESERVE FUND FOR VETERANS AND WOUNDED SERVICEMEMBERS

[In millions of dollars]

Current Allocation to Senate Armed Services Committee:	
FY 2007 Budget Authority	98,717
FY 2007 Outlays	98,252
FY 2008 Budget Authority	102,125
FY 2008 Outlays	102,153
FY 2008–2012 Budget Authority	546,992
FY 2008–2012 Outlays	546,679
Adjustments:	
FY 2007 Budget Authority	0
FY 2007 Outlays	0
FY 2008 Budget Authority	−6
FY 2008 Outlays	−31
FY 2008–2012 Budget Authority	271
FY 2008–2012 Outlays	−17
Revised Allocation to Senate Armed Services Committee:	
FY 2007 Budget Authority	98,717
FY 2007 Outlays	98,252
FY 2008 Budget Authority	102,119
FY 2008 Outlays	102,122
FY 2008–2012 Budget Authority	547,263
FY 2008–2012 Outlays	546,662

HONORING SENATOR TRENT LOTT

Mr. LUGAR. I join my Senate colleagues in expressing our confidence that many wonderful adventures lie before our friend, Trent Lott, and his family, even as we are saddened by his plans to leave the Senate.

Tributes to Trent will include praise of his extraordinary leadership abilities, his thoughtfulness for others, his physical strength and endurance during long sessions of work, his even temper and good humor, and even his vocal performance talents.

But Senate ''insiders'' will usually turn to the concept of ''Trent the Vote-Counter'' in an attempt to identify how and why our friend succeeded on so many occasions while many colleagues did not fare so well. I would not suggest for a moment that Trent lacked any counting ability, but I would suggest that a search for his crystal ball misses a major point. Trent was successful because he convinced people that they should support him and demonstrate that support by voting for him.

Long before he announced his interest in elective office or commenced ''herding cats'' on the House or Senate floors, Trent studied the Congress with the benefit of his able mentors, and he learned the fundamentals of how they had gained election in his home State of Mississippi. Trent learned that long before any vote-counting commenced, the fundamental task was to win hearts, minds, and trust of individual voters, and that requires evaluation of interests, the best arguments delivered in the most appropriate language with the best selection of time and place, and the steady development of trust.

We watched Trent win elections in Mississippi, from afar, but we have witnessed his House and Senate leadership races up close. He faced strong and able opposition. He was a graceful winner. He fulfilled all expectations and promises, and we know he will continue to do so.

Trent, I thank you for loyal friendship, personal encouragement, and the times we have enjoyed great experiences, together. I pray for your continuing good health and vitality which will make possible the enjoyment of your loving family and your service to others.

HONORING OUR ARMED FORCES

STAFF SERGEANT SEAN M. GAUL

Mr. GRASSLEY. Mr. President, today I salute a great American hero who has fallen in service to his country in support of Operation Iraqi Freedom. Army SSG Sean M. Gaul gave his life on January 9, 2008, after sustaining wounds when an improvised explosive device detonated while he was on patrol in Sinsil, Iraq, in the Diyala Province. He was serving his fifth deployment in Iraq and Afghanistan. His loyalty and bravery will be remembered. My thoughts and prayers go out to Sean's family and friends, especially to his wife Jessica and their young daughter, his mother Christine, and his father Michael.

Sean Gaul lived in Cresco, IA, with his parents until the age of 7. He then moved to Reno, NV, with his mother. He attended Reed High School, where he was a member of the Junior Reserve Officers' Training Corps. In 1997, he passed the GED exam. He was first deployed to Afghanistan shortly after the Sept. 11, 2001, terrorist attacks. Before deploying for the final time, he completed the Army's sniper school.

Staff Sergeant Gaul's wife Jessica called him a ''very good man and loving husband.'' She said, ''He did not waiver from his responsibility. He always trained hard as he led the way by example. He was focused and determined as he sought out more special forces training.'' Again, my sincerest condolences go to his family and friends. I ask my colleagues here in the Senate and all Americans to remember with gratitude and appreciation a fine man and an exemplary solider, Army SSG Sean M. Gaul.

RECOGNIZING THE SAFE COALITION

Mr. DORGAN. Mr. President, early in 2007 I met with a distinguished group of American business leaders and retired military officers who had formed an organization called Securing America's Future Energy, SAFE, Coalition for the purpose of improving our country's energy security.

This organization was comprised of a high level group of business and retired military leaders led by Federal Express CEO Fred Smith, and retired Marine GEN P.X. Kelley. They understood that our country's continued dependence on foreign oil coming from troubled parts of the world holds our entire economy hostage to events that are outside of our control. They knew that our energy security relates to both economic security and our national security and they wanted to do something about it.

Their organization worked to develop a specific, aggressive plan that would reduce our dependence on foreign oil and reduce the intensity of oil use.

Specifically, the plan called for an increase in vehicle efficiency through more aggressive CAFE standards. It also called for additional energy production here at home, both renewable and fossil energy, a much greater emphasis on conservation, and new and innovative ways to make more efficient use of our energy.

Following our meeting I decided to take the lead in sponsoring legislation to implement the bulk of the SAFE Coalition's plan because I believed it was the best combination of approaches to begin solving our problem of excessive dependence on foreign oil.

By the end of 2007 I am pleased to say that a substantial portion of that legislation which was recommended by the SAFE Coalition is now law. For the first time in over 34 years, Congress finally increased CAFE standards that require a 10-mile-per-gallon increase over 10 years. It applies to both automobiles and trucks and does it in a way that does not penalize large vehicles. But it requires all vehicles to meet greater efficiency standards.

The Congress also included major new goals with respect to a robust renewable fuel standard of 36 billion gallons a year. All of those provisions were recommendations of the SAFE Coalition and recommendations in the legislation that I introduced in the Congress.

The recommendations on additional production of energy was advanced with the recent passage legislation to open a portion of the Gulf of Mexico, known as Lease 181, to additional production of oil and natural gas.

There is still more to be done to reduce our oil intensity and to allow us to become less dependent on foreign sources of oil. But I was proud to have been a member of the Energy Committee in the Senate that has advanced an energy bill with real and constructive solutions that will improve America's energy future.

And I was also pleased to work with Fred Smith, P.X. Kelley, and many other American leaders who wanted to do the right thing for this country and whose efforts as a part of the SAFE Coalition, I believe, had measurable and substantial impact on the progress that we made this year.

In a climate of so much partisanship, and at a time when it is so difficult to get things done, I am proud that all of us, working together, did something that represents a real investment in America's future.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

HONORING SARGENT SHRIVER

• Mrs. CLINTON. Mr. President, I would like to pay tribute to Sargent Shriver, a humanitarian and powerful advocate for the poor and most vulnerable among us.

While serving under President John F. Kennedy, Sargent Shriver was the driving force behind the creation of the Peace Corps and is credited with turning a bold idea for public service into a reality. Each year, more than 8,000 of our best and brightest citizens travel around the world, representing our Nation and values, to work with governments, nonprofits, schools, and local citizens to fulfill three goals: providing aid to those in need, promoting a better understanding of America, and fostering greater understanding between people of different nations.

Today, Peace Corps volunteers join with people across the globe in helping to lift up families and communities: farming and agricultural development in Paraguay; promoting education in China; combating HIV/AIDS in Ghana; and so much else. More than 190,000 Peace Corps volunteers have served in nearly 140 countries. The work Peace Corps volunteers are carrying out on behalf of our country has never been more important than it is today. There is an urgent need to repair the damage to America's image abroad, both among our friends and those who do not wish America well.

And the Peace Corps is only one part of Sargent Shriver's important contributions to our country.

Sargent Shriver served as the first Director of the Office of Economic Opportunity under President Lyndon Johnson. He helped lead President Johnson's war on poverty where he created or inspired the creation of many social programs, including Volunteers in Service to America, VISTA, Head Start, Foster Grandparents, Job Corps, Upward Bound, and the Legal Services Corporation. I was honored and proud to serve on the board of Legal Services Corporation from 1978 to 1981, chairing the board of directors from 1978 to 1980. The Legal Services Corporation, and many efforts mentioned, continue to help millions of low-income Americans today.

He played a significant role in the drafting and passage of the National Community Service Trust Act of 1993, legislation that created AmeriCorps, and I was proud to work with him on this effort in the Clinton administration. In recognition of his service to this Nation, on August 8, 1994, President Bill Clinton presented Sargent Shriver with the Presidential Medal of Freedom, our country's highest civilian honor.

I continue to be inspired by Sargent Shriver's service to our country. In fact, nearly a decade ago, I joined Sargent Shriver at the dedication of the new Peace Corps building and recounted a story I once heard. When the founders of Peace Corps were just starting out—still figuring out what the organization would look like and how it would work—Sargent Shriver was shown an organizational chart. This chart showed him at the top, with lines pointing down at staff members at various levels of a hierarchy. At the bottom of the chart was the word ''volunteer.'' When Sargent Shriver saw this chart, he turned it upside down because he believed deeply that the volunteers were the heart and soul—and the most important part—of the Peace Corps. His vision set the course of the agency—and that is how it has been run ever since.

Each of us has a responsibility to live up to that vision, to promote volunteerism, to give our young people a chance to give back to the Nation that has given each of us so much. That is why I stood with my colleagues in 2003 to undo massive funding cuts to AmeriCorps. These are cuts that would have meant thousands of Americans who wanted to serve through programs like VISTA, City Year, and Teach For America but would be turned away at the doors.

And that is why I have worked to support AmeriCorps and to remove barriers to public service. I proposed the Public Service Academy Act. It would create a new Public Service Academy, modeled on the military service academies, to provide a 4-year, affordable college education for more than 5,000 students each year in exchange for 5-year commitment to public service.

Sargent Shriver is a leader and servant whose legacy will live on for generations to come. It will live on in the work of Peace Corps volunteers in nations around the world. It will live on in the work of AmeriCorps helping to lift up communities here at home. And it will live on in his work to create more opportunities for children and families living in poverty.

Together, we can help to carry his legacy forward, too, through public service—and through small and large acts of kindness and generosity to build better communities and a better world.•

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

IRAQ'S RELIGIOUS MINORITIES

• Mr. OBAMA. Mr. President, I wrote to Secretary Rice on September 11, 2007, out of concern for Iraq's Christian and other non-Muslim religious minorities who appear to be targeted by Sunni, Shiite, and Kurdish militants. The severe violations of religious freedom faced by members of these indigenous communities, and their potential extinction from their ancient homeland, is deeply alarming in light of our mission to bring freedom to the Iraqi people.

In addition, such violence may be an indicator of greater sectarian violence. Such rising violence and the Iraqi internally displaced people and refugee crises potentially could serve as catalysts for wider regional instability. These crises demand an urgent response from our Government.

On January 11, 2008, I received a response from the Department of State to the questions I posed in my letter. I ask to have my original letter and the response from the Department of State printed in the CONGRESSIONAL RECORD.•

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

U.S. SENATE,
Washington, DC, September 11, 2007.

Hon. CONDOLEEZZA RICE,
Secretary, Department of State,
Washington, DC.

DEAR SECRETARY RICE: I am writing out of concern for Iraq's Christian and other non-Muslim religious minorities, including Catholic Chaldeans, Syriac Orthodox, Assyrian, Armenian and Protestant Christians, as well as smaller Yazidi and Sabean Mandaean communities. I know that the fate of these communities was the subject of a recent letter to you from the U.S. Commission on International Religious Freedom.

These communities appear to be targeted by Sunni, Shiite and Kurdish militants. The U.N. High Commissioner for Refugees reports that Christians, now less than 4 percent of Iraq's population, make up 40 percent of its refugees. And according to the United States Commission on International Religious Freedom, ''violence against members of Iraq's Christian community occurs throughout the country, and the Commission has raised particular concern about reports from Baghdad, Mosul, Basra, and the north Kurdish regions.''

Such violence bespeaks a humanitarian crisis of grave proportions. The severe violations of religious freedom faced by members

of these indigenous communities, and their potential extinction from their ancient homeland, is deeply alarming in light of our mission to bring freedom to the Iraqi people. In addition, such violence may be an indicator of greater sectarian violence. Such rising sectarian violence and the Iraqi internally displaced people and refugee crises potentially could serve as catalysts for wider regional instability. These crises demand an urgent response from our government.

In that regard. I request that you provide responses to the following questions:

(1) Is it the State Department's view that Iraq's Christian and other non-Muslim minorities face particular threats because of their religion? Do they face a level of threat and abuse disproportionate to their representation in the Iraqi population?

(2) Has the State Department or our embassy in Baghdad sought out members of these communities to inquire as to what the United States could do to enhance their protection?

(3) What steps, if any, has the State Department taken to urge the Iraqi government to provide protection to Iraq's Christian and other non-Muslim religious minorities?

(4) Has the Iraqi government been responsive to requests for such protection?

(5) Do you have reason to believe that any Iraqi security forces or other government forces or personnel are involved in violence against such vulnerable populations?

(6) What mechanisms are in place to ensure that U.S.-trained and equipped Iraqi Security Forces do not use U.S.-provided assistance for sectarian purposes?

(7) What plans have the Agency for International Development and State Department developed to increase humanitarian assistance to Iraq's internally displaced?

I thank you in advance for the consideration of these questions, and I look forward to your prompt reply.

Sincerely,

BARACK OBAMA,
United States Senator.

U.S. DEPARTMENT OF STATE,
Washington, DC., January 11, 2008.

Hon. BARACK OBAMA,
U.S. Senate,

DEAR SENATOR OBAMA: Thank you for your letter regarding the status of Iraq's religious minorities. We regret the delay in sending you this response, but we wanted to provide you with a reply that was both comprehensive and accurate.

We share the concerns you express in your letter and assure you the Department of State takes matters relating to the safety of Iraq's ethnic and religious minorities very seriously.

Iraqis from all ethnic and religious communities suffer from the sectarian and general violence in Iraq. While it is true that in some cases religious minorities, such as Christians, are targeted due to their religion, the threat to Iraq's religious minorities is not unique to them; Shi'a in Sunni majority areas face much the same situation, and vice versa. In fact, Muslim citizens generally who do not support the actions of militants within their region are subject to similar threats. The assassination in Anbar of Sunni Sheikh Abdul Sattar Bezia al-Rishawi, who rejected extremist ideologies and sectarianism, and the murders of associates of the Shi'a Grand Ayatollah Ali al-Sistani are recent examples of how violence impacts all of Iraq's communities, not just Christians or other non-Muslims.

Unfortunately, given the difficulty of compiling accurate data in Iraq, it is not possible to determine through statistical analysis whether violence against specific groups is disproportionate to their representation in the population. However, communities that are isolated or small in number and that lack the means of providing for their own protection are particularly at risk.

The Department of State is coordinating closely with several U.S. Government agencies, as well as the Government of Iraq, religious leaders, and local ethnic and religious organizations in Iraq, to help alleviate the plight of minority groups. Moreover, the Embassy and Provincial Reconstruction Teams (PRTs), together with Coalition Forces, are working at the national and provincial level to help the Iraqi Government provide the necessary protection and safety for all of its citizens, including Iraqi religious minorities. And the Government of Iraq continues to improve its capacity and capability to improve the overall security situation and, thereby, protect Iraq's minority communities. We would also note that while we have seen reports of violence against Iraqi non-Muslims, we have not seen evidence showing these acts were part of an orchestrated effort by Iraqi government forces.

As part of our efforts to help improve the situation for minority groups in Iraq, State Department and Embassy officials meet regularly with representatives of Iraq's ethnic and minority groups and raise their concerns with the appropriate Iraqi Government officials at all levels. The PRTs located in Ninewa province and the Kurdish region—areas with large Christian and other non-Muslim communities—also meet regularly with representatives from these communities and work to ensure that their concerns are heard at the provincial government level.

The status of religious minorities in Iraq will become more secure as groups representing them develop the capability to advocate on their own behalf and participate actively in the political system. To that end, U.S. Government-sponsored programs offer assistance to such groups upon request in areas such as conflict resolution, political party development, and human rights. In conjunction with these efforts, the U.S. Agency for International Development (USAID) and the Department of State's Bureau of Population, Refugees, and Migration (PRM) are supporting capacity-building programs for the Government of Iraq's Ministry of Displacement and Migration at both the local and national levels. While PRM focuses primarily on assisting refugees and facilitating entry into the U.S. Refugee Admissions Program for the most vulnerable Iraqi refugees, it coordinates its programs with those of USAIP to ensure that as many vulnerable Iraqis as possible receive essential services as quickly as possible.

USAID's Office of Foreign Disaster Assistance (OFDA) has five implementing partner organizations presently working with internally displaced persons (IDPs) in all 18 of Iraq's provinces. For 2007, assistance has been targeted to reach approximately 550,000 of the most vulnerable IDP beneficiaries. OFDA plans to obligate an additional $26 million by December 31, 2007, and has requested an additional $80 million for Iraqi IDP in FY 2008. USAID is also funding humanitarian organizations to collect data on IDP movements and needs to prioritize humanitarian assistance.

USAID's understanding of the current breakdown in IDP accommodation is that 56 percent are renting accommodations, 19 percent are living with host families, 25 percent are living in abandoned buildings such as former military sites (barracks, etc.), and less than one percent are living in tented camps. This indicates that coping mechanis remain for the majority of IDPs, although threats and vulnerabilities still exist, including a continuing need for access to food and potable water, adequate shelter and sanitation, and health care and other social services. In addition, IDPs are faced with border crossing closures; restrictions on their abilities to register as IDPs, and the upcoming winter. USAID is prepared to help IDPs respond to these vulnerabilities with existing resources and partners, and plans to continue responding with additional resources expected to be obligated by the end of calendar year 2007.

The Secretary of Defense could best address your question about mechanisms to ensure that U.S.-trained and equipped Iraqi Security Forces do not use U.S.-provided assistance for sectarian purposes.

We hope this information is helpful to you. Please do not hesitate to contact us if we can be of further assistance on this or any other matter.

Sincerely,

JEFFREY T. BERGNER,
Assistant Secretary, Legislative Affairs.

ADDITIONAL STATEMENTS

TRIBUTE TO REVEREND DR. WALLACE S. HARTSFIELD, SR.

• Mr. BOND. Mr. President, today I wish to recognize a devoted pastor, community leader, father and friend: Reverend Dr. Wallace S. Hartsfield, Sr.

On January 1 of this year, Reverend Hartsfield retired as senior pastor of the Metropolitan Missionary Baptist Church in Kansas City, MO. He served as the congregation's pastor for more than 40 years and as a dedicated member of the clergy for more than 55 years.

Dr. Hartsfield has worked as a key leader and mentor in social, political, and religious circles in Kansas City and throughout the country. He has served at every level of the National Baptist Convention of America and as the president of the General Baptist Convention of Missouri, Kansas, and Nebraska.

My friend, Congressman EMANUEL CLEAVER, has dubbed this remarkable leader the ''Godfather of Preachers'' for his ministerial knowledge and superior oratorical skills.

Countless Kansas Citians—and Americans—have been touched by this man and his messages. Always positive, Dr. Hartsfield speaks out for peace, social and racial justice, AIDS intervention, faith, and hard work. And like a true pastor, he cares deeply for his congregation and the surrounding community. My guess is he will not slow down much even in retirement.

As a measure of our appreciation for Pastor Hartsfield's long service to the community, Congressman CLEAVER, Senator MCCASKILL, and I worked to enact legislation designating the U.S. Postal Service facility at 4320 Blue Parkway in Kansas City the ''Wallace S. Hartsfield Post Office Building.'' This designation is but small recognition of Dr. Hartsfield's many accomplishments as a minister, dedicated community activist, civil servant, and compassionate role model. I am proud to call him a friend.

Future generations will look to his leadership and example to find hope and inspiration. Dr. Hartsfield has truly made the world a better place.●

HONORING MAXINE FROST

● Mrs. BOXER. Mr. President, I ask my colleagues to join me in recognizing the accomplishments of Maxine Pierce Frost, a longtime community leader in Riverside, CA, and nationally renown leader in education. In November 2007 Maxine Frost announced her retirement from the Riverside Unified School District after 40 years of dedicated service. Due to failing health, she died shortly thereafter.

Since 1967, Maxine Frost has provided leadership to her community, the State of California, and our Nation. As a board member of the Riverside Unified School District, Frost has seen great change in education policy throughout her tenure. Being a member of the first large school district in the Nation to voluntarily desegregate, she has helped pave the way for similar changes across America.

Throughout periods of intense growth in the State and the region, Maxine Frost has worked diligently to ensure that students and educators are provided with adequate resources. The Riverside Unified School District has grown from roughly 23,000 students to 43,000 students during Frost's tenure. Throughout this period of intense growth, she has maintained her resolve that every student have the resources they need to succeed.

Numerous academic committees across the State of California and our Nation have benefitted from the leadership and experience of Maxine Frost. She has held a number of leadership posts: president of the Pacific Region of National School Boards Association, the California School Boards Association Legislative Network, the California Association of Suburban School Districts, the Schools Accrediting Commissions, the Council for Basic Education, and the California Association of Student Council's Board of Directors. In 1981, after serving as president of the California School Boards Association, California Governor George Deukmejian appointed her to the Education Commission of the States, in which she served alongside future President William Jefferson Clinton, who chaired the commission at that time.

On October 16, 2006, the Riverside Unified School District adopted a resolution to designate one of its elementary schools as Maxine Frost Elementary School, in honor of her longtime service and dedication to the community.

On her retirement from four decades of service and dedication to the students, families, and educators of California and our Nation, I am pleased to ask my colleagues to join me in posthumously thanking her for her fine work. Her tremendous leadership and lifetime of achievement will be long remembered.●

100TH ANNIVERSARY OF MUIR WOODS NATIONAL MONUMENT

● Mrs. BOXER. Mr. President, I take this opportunity to observe the 100th anniversary of Muir Woods National Monument, located in Marin County, CA.

It was U.S. Representative William Kent whose visionary actions would lead to the creation of Muir Woods National Monument. During the mid-nineteenth century, the Gold Rush brought treasure seekers to northern California in large numbers. To accommodate this rapid population growth in San Francisco and other coastal cities, timber, meat, and crops were needed in much larger quantities. As a result, much of the easily accessible timber in Marin County was logged between 1840 and 1870.

Representative Kent witnessed this massive resource depletion and decided to take action to preserve coastal redwood forest areas. In 1905, he purchased 612 acres of the Redwood Canyon from the Tamalpais Land & Water Co. On December 26, 1907, in order to best protect the land, Representative Kent and his wife, Elizabeth Thatcher Kent, donated 298 acres of Redwood Canyon to the Federal Government. On January 9, 1908, President Theodore Roosevelt declared Muir Woods a National Monument. This year, we celebrate its centennial anniversary.

Coast redwoods, Sequoia sempervirens, are the dominant feature of Muir Woods' forest. These ancient wonders are also the world's tallest living tree species and the official tree of the State of California. This species of redwood is believed to have existed when the dinosaurs roamed the Earth. Visitors to Muir Woods are left fascinated as they get to experience living history by exploring the Bohemian and Cathedral groves of Muir Woods, where many trees are more than 1,200 years old. Muir Woods is also home to douglas fir, tanbark oak, bigleaf maple, and bay laurel trees, leading conservationist and namesake John Muir to remark that Muir Woods ''is the best tree-lovers' monument that could possibly be found in all the forests of the world.''

Only 15 miles north of San Francisco, Muir Woods National Monument offers a stunning glimpse of the redwood forests that once covered northern California's coastal valleys. For 100 years, Muir Woods National Monument has served as a recreational escape for nature enthusiasts, hikers, and those seeking a glimpse of northern California's rich history. It is a powerful reminder of the beauty of nature and the importance of conservation efforts.

I commend the National Park Service staff and volunteers for maintaining the natural beauty and historical significance of Muir Woods National Monument. I look forward to future generations having the opportunity to study and enjoy this unique piece of our State and national history for another 100 years.●

100TH ANNIVERSARY OF PINNACLES NATIONAL MONUMENT

● Mrs. BOXER. Mr. President, I take this opportunity to recognize the 100th anniversary of Pinnacles National Monument, located in San Benito County, CA.

On January 16, 1908, President Theodore Roosevelt proclaimed 2,080 acres of the Pinnacles National Forest Reserve as Pinnacles National Monument. This year, we celebrate its centennial anniversary. Part of an extinct volcano, the spectacular geology of Pinnacles National Monument has fascinated visitors for decades. A variety of flora and fauna flourishes in this unusual landscape, including an exquisite chaparral ecosystem and nearly 400 species of bees, the highest known bee-diversity of any place on Earth.

Situated near the San Andreas Rift Zone with the Central Coast to the west and Gabilan Mountain Range to the east, Pinnacles National Monument now occupies over 26,000 acres 14,000 acres of which are congressionally designated wilderness. With surrounding lands tended by farmers whose ancestors homesteaded the region and cowboys who watch over the cattle that graze on the expansive plains, Pinnacles National Monument offers a sublime glimpse into California's past.

Pinnacles is home to 20 endemic species holding special Federal or state status and is also the ancestral home range of the California condor. Pinnacles is the only National Park site that releases and maintains this extremely endangered bird species, and is critical to the overall condor recovery effort. Pinnacles is also located within the Pacific Flyway migratory route and contains the highest concentration of nesting prairie falcons of any national park in the country.

Only 100 miles from the urban centers of San Francisco and San Jose, Pinnacles National Monument remains a haven of solitude for nature enthusiasts and offers a stunning reflection of California's rural history and heritage. For 100 years, Pinnacles National Monument has served as a recreational escape for hikers, outdoor enthusiasts, and those seeking a glimpse of California's rich history. It is a powerful reminder of the beauty of nature and the importance of conservation efforts.

I commend the National Park Service staff and volunteers for maintaining the natural beauty and historical significance of Pinnacles National Monument. I look forward to future generations having the opportunity to study and enjoy this unique piece of our State and national history for another 100 years.●

RIALTO AIDS WALK

• Mrs. BOXER. Mr. President, I wish to recognize an important event that has occurred in my State of California. To honor World AIDS Day, the city of Rialto partnered with Brothers and Sisters in Action, BASIA, and First Chance/Youth-Community Health Outreach Workers to host the inaugural AIDS Walk Rialto on December 8, 2007. I am pleased to say that it was a success.

Since reported in 1981, HIV/AIDS has become the most significant communicable disease in San Bernardino County for African Americans. The rate of HIV among this group has increased dramatically since the first cases were reported. In 2005, 18 percent of the new HIV cases in San Bernardino County were in African Americans, yet African Americans represent only 8.5 percent of the population of the county. AIDS Walk Rialto aimed to broaden awareness of this disparity.

I commend the city of Rialto and the organizers of this event for the work that they are doing to turn the tide of HIV/AIDS infections on the local level. Better education and awareness programs can make a tremendous difference in stopping the spread of this disease, and I encourage an even larger parade next year.•

HONORING THE LIFE OF VU NGUYEN

• Mrs. BOXER. Mr. President, I ask my colleagues to join me as I honor the life of Sacramento sheriff's deputy Vu Dinh Nguyen, who was tragically killed in the line of duty on December 19, 2007.

Deputy Nguyen dedicated his career to law enforcement and public safety. He was a member of the Sacramento Sheriff's Department for 7 years, serving as a member of the gang unit for 3 years. Prior to his career with the Sheriff's Department, he was a probation officer for Sacramento County.

Vu Nguyen was born in Vietnam in 1970 and immigrated to the United States in 1975. His family settled in Modesto, CA, where he attended Burbank Elementary School, Mark Twain Junior High School, and Modesto High School. While attending Modesto High School he participated in several activities including football, yearbook, and student government.

Vu continued his education at California State University, Sacramento, where he graduated cum laude with a degree in criminal justice. He continued to excel at the Sheriff's Academy where he graduated with high honors.

Deputy Nguyen was married in April and is survived by his wife Phanh, parents, five sisters, and two brothers. His family, friends, and colleagues remember him as a humble man, a respected officer, and an ambassador for the Sheriff's Department in the Asian-American community where he often reached out to troubled youth.

Deputy Vu Nguyen's brave service and commitment to public safety will not be forgotten.•

ALPHA KAPPA ALPHA SORORITY

• Mrs. CLINTON. Mr. President, I am pleased to commemorate the centennial anniversary of the Alpha Kappa Alpha Sorority, Incorporated, America's first Greek-letter organization established by Black college women. It is with great pride that I join my friends Congresswoman SHEILA JACKSON-LEE, Congresswomen DIANE WATSON, and Congresswoman EDDIE BERNICE JOHNSON in extending our congratulations to all of its members on this tremendous occasion.

On January 15, 1908, Alpha Kappa Alpha Sorority was founded at Howard University in Washington, DC, by Ethel Hedgeman Lyle, who envisioned AKA as a source of social and intellectual enrichment for its members. Over the past century, AKA has evolved into a nationwide organization of college-trained women working to improve the socioeconomic conditions in their cities, States, and countries throughout the world. Today, the sorority serves through a membership of more than 200,000 women in 975 chapters in the United States and several other countries.

In September 2005, along with my colleagues in the House, I had the pleasure of cohosting a reception on Capitol Hill for the House AKA leadership and nearly 100 members. I was reminded yet again of the remarkable strength and unwavering dedication of AKA to improve the lives of others.

AKA's significant contributions to the Black community and to American society over the past century are widespread. From election reform and safety to and health care and education initiatives, AKA has raised money for and spread awareness about issues that directly impact countless lives across the country. In addition to advancing these services, AKA maintains a focus on strengthening the quality of life for its members. AKA cultivates and encourages high scholastic and ethical standards, promotes unity and friendship among college women, alleviates problems facing girls and women, maintains a progressive interest in college life and continues to demonstrate the power of Ethel Hedgeman Lyle's vision a century later.

Today marks not only a moment for celebration but also a time to give thanks to all members for the significant contributions AKA have made to our communities and America over the past century.

AKA's members have built an enduring legacy of leadership and service that has made a profound contribution to our history and to our future. As the women of AKA celebrate this significant milestone, I add to the chorus of thanks and praise for your 100 years of groundbreaking achievement and the many accomplishments yet to come.•

RETIREMENT OF MR. DAVID J. WILLIAMS

• Mr. SPECTER. Mr. President, I congratulate David J. Williams for his 30 years of service to the vaccine industry and Pennsylvania.

Mr. Williams was born in Scranton, PA, and received his accounting degree from the University of Scranton in 1973. He then joined Connaught Laboratories in 1978 as the manager of financial services. Mr. Williams was a member of the executive team and was named chief operating officer of Connaught Laboratories in 1989.

Mr. Williams steered the company through several mergers and acquisitions, growing the organization from 100 employees and sales of just over $5 million in 1978, to the creation of today's Sanofi Pasteur, the world's largest vaccine manufacturer with 11,000 employees and more than $4 billion in sales in 2007. Under Mr. Williams' guidance, more than a billion doses of Sanofi Pasteur's lifesaving vaccines are administered to more than 500 million people around the world each year, representing more than 25 percent of the global vaccine market.

Mr. Williams recognized his company's ability to address current and future public health needs by investing in a research and development program and a production plan for pandemic preparedness in the event that a public health emergency strikes the United States. Mr. Williams and Sanofi Pasteur have helped to build the domestic infrastructure necessary to protect millions of Americans from deadly diseases, while addressing public health around the world.

Mr. Williams has served as an advocate for the survival of the vaccine industry. I am told that in 1986, when the industry was being diminished by lawsuits, he served as the industry point person for negotiation of The National Childhood Vaccine Injury Compensation Act, which established the Vaccine Injury Compensation Fund. In his dedication to the larger immunization community, he created the Vaccine Policy Committee of the Pharmaceutical Research and Manufacturers of America and is a founding member of the Partnership for Prevention which includes public and private sector representatives who focus on preventative health care policies.

Mr. Williams served as the first liaison member of the Advisory Committee on Immunization Practices to the U.S. Centers for Disease Control and Prevention, which sets immunization policy in the United States. He has also served on the board of directors of the Biotechnology Industry Organization, Blue Cross of Northeastern Pennsylvania, the Hospital Service Association of Northeastern Pennsylvania, and the Board of Regents of the University of Scranton. He is one of the founding board members of the Medical Education Development Consortium.

I am advised that Mr. Williams has cultivated a culture of community involvement at Sanofi Pasteur and demonstrated a commitment to philanthropy through the company's contributions to United Way and donations of vaccines through UNICEF, the Global Alliance for Vaccines Immunization, GAVI, the World Health Organization's Global Polio Eradication Initiative and various humanitarian relief efforts.

Mr. Williams has also been committed to the economic growth and development of the Commonwealth of Pennsylvania. This includes expanding the impressive campus in Swiftwater to maintain a domestic manufacturing base for many vaccines, including influenza. Under his guidance, Sanofi Pasteur has grown to be the largest private employer in Monroe County and a purchaser of over $145 million in goods and services from Pennsylvania-based vendors. I have been pleased to assist in this important expansion through appropriation of Federal funding which not only benefits the county but the entire Commonwealth and Nation.

On January 16, 2008, after 30 years of service, David J. Williams will retire as the chairman, president, and chief executive officer of Sanofi Pasteur. I commend Dr. Williams for his distinguished career and leadership in the advancement of immunizations and the eradication of vaccine-preventable diseases.●

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mrs. Neiman, 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 and treaties which were referred to the appropriate committees.

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

REPORT ON THE PROPOSED AGREEMENT FOR COOPERATION BETWEEN THE UNITED STATES AND THE REPUBLIC OF TURKEY RELATIVE TO PEACEFUL USES OF NUCLEAR ENERGY—PM 34

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; which was referred to the Committee on Foreign Relations:

To the Congress of the United States:

I transmit to the Congress, pursuant to sections 123 b. and 123 d. of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2153(b), (d)) (the ''Act''), the text of the proposed Agreement for Cooperation between the United States of America and the Republic of Turkey Concerning Peaceful Uses of Nuclear Energy (the ''Agreement'') together with a copy of the unclassified Nuclear Proliferation Assessment Statement (NPAS) and of my approval of the proposed Agreement and determination that the proposed Agreement will promote, and will not constitute an unreasonable risk to, the common defense and security. The Secretary of State will submit the classified NPAS and accompanying annexes separately in appropriate secure channels.

The Agreement was signed on July 26, 2000, and President Clinton approved and authorized execution and made the determinations required by section 123 b. of the Act (Presidential Determination 2000–26, 65 FR 44403 (July 18, 2000)). However, immediately after signature, U.S. agencies received information that called into question the conclusions that had been drawn in the required NPAS and the original classified annex, specifically, information implicating Turkish private entities in certain activities directly relating to nuclear proliferation. Consequently, the Agreement was not submitted to the Congress and the executive branch undertook a review of the NPAS evaluation.

My Administration has completed the NPAS review as well as an evaluation of actions taken by the Turkish government to address the proliferation activities of certain Turkish entities (once officials of the U.S. Government brought them to the Turkish government's attention). The Secretary of State, the Secretary of Energy, and the members of the Nuclear Regulatory Commission are confident that the pertinent issues have been sufficiently resolved and that there is a sufficient basis (as set forth in the classified annexes, which will be transmitted separately by the Secretary of State) to proceed with congressional review of the Agreement and, if legislation is not enacted to disapprove it, to bring the Agreement into force.

In my judgment, entry into force of the Agreement will serve as a strong incentive for Turkey to continue its support for nonproliferation objectives and enact future sound nonproliferation policies and practices. It will also promote closer political and economic ties with a NATO ally, and provide the necessary legal framework for U.S. industry to make nuclear exports to Turkey's planned civil nuclear sector.

This transmittal shall constitute a submittal for purposes of both section 123 b. and 123 d. of the Act. My Administration is prepared to begin immediate consultations with the Senate Foreign Relations Committee and the House Foreign Affairs Committee as provided in section 123 b. Upon completion of the period of 30 days of continuous session provided for in section 123 b., the period of 60 days of continuous session provided for in section 123 d. shall commence.

GEORGE W. BUSH.

THE WHITE HOUSE, *January 22, 2008*.

MEASURES REFERRED

The following bills were read the first and the second times by unanimous consent, and referred as indicated:

H.R. 1216. An act to direct the Secretary of Transportation to issue regulations to reduce the incidence of child injury and death occurring inside or outside of light motor vehicles, and for other purposes; to the Committee on Commerce, Science, and Transportation.

H.R. 1374. An act to amend the Florida National Forest Land Management Act of 2003 to authorize the conveyance of an additional tract of National Forest System land under that Act, and for other purposes; to the Committee on Energy and Natural Resources.

H.R. 2517. An act to amend the Missing Children's Assistance Act to authorize appropriations, and for other purposes; to the Committee on the Judiciary.

H.R. 2768. An act to establish improved mandatory standards to protect miners during emergencies, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

H.R. 3179. An act to amend title 40, United States Code, to authorize the use of Federal supply schedules for the acquisition of law enforcement, security, and certain other related items by State and local governments; to the Committee on Homeland Security and Governmental Affairs.

H.R. 3524. An act to reauthorize the HOPE VI program for revitalization of severely distressed public housing, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

H.R. 3866. An act to reauthorize certain programs under the Small Business Act for each of fiscal years 2008 and 2009; to the Committee on Small Business and Entrepreneurship.

H.R. 3911. An act to designate the facility of the United States Postal Service located at 95 Church Street in Jessup, Pennsylvania, as the ''Lance Corporal Dennis James Veater Post Office''; to the Committee on Homeland Security and Governmental Affairs.

H.R. 4210. An act to designate the facility of the United States Postal Service located at 401 Washington Avenue in Weldon, North Carolina'', as the ''Dock M. Brown Post Office Building''; to the Committee on Homeland Security and Governmental Affairs.

H.R. 4220. An act to encourage the donation of excess food to nonprofit organizations that provide assistance to food-insecure people in the United States in contracts entered into by executive agencies for the provision, service, or sale of food; to the Committee on Homeland Security and Governmental Affairs.

H.R. 4286. An act to award a congressional gold medal to Daw Aung San Suu Kyi in recognition of her courageous and unwavering commitment to peace, nonviolence, human rights, and democracy in Burma; to the Committee on Banking, Housing, and Urban Affairs.

H.R. 4341. An act to extend the trade adjustment assistance program under the Trade Act of 1974 for 3 months; to the Committee on Finance.

H.R. 4342. An act to designate the facility of the United States Postal Service located at 824 Manatee Avenue West in Bradenton, Florida, as the ''Dan Miller Post Office Building''; to the Committee on Homeland Security and Governmental Affairs.

H.R. 4351. An act to amend the Internal Revenue Code of 1986 to provide individuals temporary relief from the alternative minimum tax, and for other purposes; to the Committee on Finance.

The following concurrent resolution was read, and referred as indicated:

H. Con. Res. 246. Concurrent resolution honoring the United States Marine Corps for serving and defending the United States on the anniversary of its founding on November 10, 1775; to the Committee on Armed Services.

MEASURES PLACED ON THE CALENDAR

The following bill was read the first and second times by unanimous consent, and placed on the calendar:

H.R. 783. An act to modify the boundary of Mesa Verde National Park, and for other purposes.

EXECUTIVE AND OTHER COMMUNICATIONS

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

EC–4532. A communication from the Administrator, Agricultural Marketing Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''Oranges, Grapefruit, Tangerines, Tangelos Grown in Florida; Decreased Assessment Rate'' (Docket No. AMS-FV-07-0088) received on January 2, 2008; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4533. A communication from the Administrator, Agricultural Marketing Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''National Organic Program—Amendments to the National List of Allowed and Prohibited Substances (Crops and Livestock)'' (RIN0581-AC61) received on January 2, 2008; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4534. A communication from the Administrator, Agricultural Marketing Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''Pistachios Grown in California; Changes in Handling Requirements'' (Docket No. AMS-FV-07-0082) received on January 2, 2008; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4535. A communication from the Administrator, Agricultural Marketing Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''National Organic Program—Amendments to the National List of Allowed and Prohibited Substances (Livestock)'' (RIN0581-AC62) received on January 2, 2008; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4536. A communication from the Administrator, Agricultural Marketing Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''Marketing Order Regulating the Handling of Spearmint Oil Produced in the Far West; Revision of the Salable Quantity and Allotment Percentage for Class 3 Spearmint Oil for the 2007-2008 Marketing Year'' (Docket No. AMS-FV-07-0134) received on January 2, 2008; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4537. A communication from the Congressional Review Coordinator, Animal and Plant Health Inspection Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''Veterinary Diagnostic Services User Fees'' (Docket No. APHIS-2006-0161) received on January 2, 2008; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4538. A communication from the Secretary of Health and Human Services, transmitting, pursuant to law, a report relative to violations of the Antideficiency Act in the Health and Resource Services Administration's National Health Service Corps Scholarship and Loan Repayment Programs; to the Committee on Appropriations.

EC–4539. A communication from the Assistant Secretary of the Navy (Installations and Environment), transmitting, pursuant to law, a report relative to the Department's decision to cancel a public-private competition for the Naval Supply Systems Command's ocean terminal operations and maintenance services; to the Committee on Armed Services.

EC–4540. A communication from the Principal Deputy, Office of the Under Secretary of Defense (Personnel and Readiness), transmitting, the report of (23) officers authorized to wear the insignia of the grade of brigadier general in accordance with title 10, United States Code, section 777; to the Committee on Armed Services.

EC–4541. A communication from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting, pursuant to law, the report of a rule entitled ''Lead System Integrators'' (DFARS Case 2006-D051) received on January 3, 2008; to the Committee on Armed Services.

EC–4542. A communication from the Principal Deputy Under Secretary of Defense, transmitting, pursuant to law, the Department's annual report relative to the Regional Defense Combating Terrorism Fellowship Program for fiscal year 2007; to the Committee on Armed Services.

EC–4543. A communication from the Secretary of the Federal Trade Commission, transmitting, pursuant to law, the report of a rule entitled ''Annual Adjustment of Ceiling on Allowable Charge for Certain Disclosures Under the Fair Credit Reporting Act Section 612(f)'' (FR Doc. E7–24672) received on January 3, 2008; to the Committee on Banking, Housing, and Urban Affairs.

EC–4544. A communication from the Secretary of the Securities and Exchange Commission, transmitting, pursuant to law, the report of a rule entitled ''Acceptance from Foreign Private Issuers of Financial Statements Prepared in Accordance with International Financial Reporting Standards without Reconciliation to U.S. GAAP'' (RIN3235-AJ90) received on January 2, 2008; to the Committee on Banking, Housing, and Urban Affairs.

EC–4545. A communication from the Chairman and President, Export-Import Bank of the United States, transmitting, pursuant to law, a report relative to a transaction involving the export of railway equipment to China; to the Committee on Banking, Housing, and Urban Affairs.

EC–4546. A communication from the Chairman and President, Export-Import Bank of the United States, transmitting, pursuant to law, a report relative to a transaction involving the export of materials needed to construct a natural gas plant in Peru; to the Committee on Banking, Housing, and Urban Affairs.

EC–4547. A communication from the Secretary, Securities and Exchange Commission, transmitting, pursuant to law, the report of a rule entitled ''Revisions to the Eligibility Requirements for Primary Securities Offerings on Forms S-3 and F-3'' (RIN3235-AJ89) received on December 19, 2007; to the Committee on Banking, Housing, and Urban Affairs.

EC–4548. A communication from the Secretary, Securities and Exchange Commission, transmitting, pursuant to law, the report of a rule entitled ''Smaller Reporting Company Regulatory Relief and Simplification'' (RIN3235-AJ86) received on December 19, 2007; to the Committee on Banking, Housing, and Urban Affairs.

EC–4549. A communication from the Regulatory Specialist, Legislative and Regulatory Activities Division, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Community Reinvestment Act Regulations'' (RIN1557-AD05) received on January 3, 2008; to the Committee on Banking, Housing, and Urban Affairs.

EC–4550. A communication from the Counsel for Legislation and Regulations, Office of Community Planning and Development, Department of Housing and Urban Development, transmitting, pursuant to law, the report of a rule entitled ''Empowerment Zones: Performance Standards for Utilization of Grant Funds'' (RIN2506-AC16) received on January 3, 2008; to the Committee on Banking, Housing, and Urban Affairs.

EC–4551. A communication from the Chief Financial Officer, Department of Housing and Urban Development, transmitting, pursuant to law, a report relative to the Department's competitive sourcing efforts during fiscal year 2007; to the Committee on Banking, Housing, and Urban Affairs.

EC–4552. A communication from the Chairman, Federal Housing Finance Board, transmitting, pursuant to law, the Board's Annual Performance Budget for fiscal year 2008; to the Committee on Banking, Housing, and Urban Affairs.

EC–4553. A communication from the Federal Register Certifying Officer, Financial Management Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Federal Government Participation in the Automated Clearing House'' (RIN1510-AB00) received on January 3, 2008; to the Committee on Banking, Housing, and Urban Affairs.

EC–4554. A communication from the Assistant to the Board of Governors of the Federal Reserve System, transmitting, pursuant to law, the report of a rule entitled ''Community Reinvestment Act'' (Docket No. R-1302) received on December 21, 2007; to the Committee on Banking, Housing, and Urban Affairs.

EC–4555. A communication from the Assistant to the Board of Governors of the Federal Reserve System, transmitting, pursuant to law, the report of a rule entitled ''Home Mortgage Disclosure Act'' (Docket No. R-1303) received on December 21, 2007; to the Committee on Banking, Housing, and Urban Affairs.

EC–4556. A communication from the Chairman, Securities and Exchange Commission, transmitting, pursuant to law, a report relative to competitions initiated or completed by the Commission during fiscal year 2007; to the Committee on Commerce, Science, and Transportation.

EC–4557. A communication from the Deputy Assistant Administrator for Regulatory Programs, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled ''Fisheries of the Northeastern United States; Regulatory Amendment to Modify Recordkeeping and Reporting and Observer Requirements; Emergency Secretarial Action; Correction'' (RIN0648-AW20) received on December 21, 2007; to the Committee on Commerce, Science, and Transportation.

EC–4558. A communication from the Deputy Assistant Administrator for Regulatory Programs, National Marine Fisheries Service, Department of Commerce, transmitting,

pursuant to law, the report of a rule entitled ''Correcting Amendment to 50 CFR 300 Pacific Halibut Fisheries'' (RIN0648-AW14) received on December 21, 2007; to the Committee on Commerce, Science, and Transportation.

EC–4559. A communication from the Attorney, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Vessel Documentation; Recording of Instruments'' ((RIN1625-AB18)(Docket No. USCG-2007-28098)) received on January 3, 2008; to the Committee on Commerce, Science, and Transportation.

EC–4560. A communication from the Attorney Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Rates for Pilotage on the Great Lakes'' ((RIN1625-AB05)(USCG 2006-24414)) received on January 3, 2008; to the Committee on Commerce, Science, and Transportation.

EC–4561. A communication from the Chief of Regulations and Administrative Law, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Safety Zone: Lower Cowlitz River Dredging Operation; Longview, Washington'' (RIN1624-AA00) received on January 3, 2008; to the Committee on Commerce, Science, and Transportation.

EC–4562. A communication from the Chief of Regulations and Administrative Law, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Drawbridge Operation Regulations (including 4 regulations beginning with CGD01-07-161)'' (RIN1624-AA09) received on January 3, 2008; to the Committee on Commerce, Science, and Transportation.

EC–4563. A communication from the Chief of Regulations and Administrative Law, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Drawbridge Operation Regulations; Gulf Intracoastal Waterway (Algiers Alternate Route), Belle Chasse, LA'' ((RIN1625-AA09)(CGD08-07-042)) received on January 3, 2008; to the Committee on Commerce, Science, and Transportation.

EC–4564. A communication from the Chief of Regulations and Administrative Law, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Regulated Navigation Area; Buzzards Bay, Massachusetts; Navigable Waterways within the First Coast Guard District'' ((RIN1625–AB17)(CGD01–04–133)) received on January 3, 2008; to the Committee on Commerce, Science, and Transportation.

EC–4565. A communication from the Chief of Regulations and Administrative Law, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Drawbridge Operation Regulations Zone (including 3 regulations beginning with CGD01–07–136)'' (RIN1625–AA09) received on January 3, 2008; to the Committee on Commerce, Science, and Transportation.

EC–4566. A communication from the Chief of Regulations and Administrative Law, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Drawbridge Operation Regulations; Quinnipiac River, New Haven, CT'' ((RIN1625–AA09)(CGD01–07–091)) received on January 3, 2008; to the Committee on Commerce, Science, and Transportation.

EC–4567. A communication from the Chief of Regulations and Administrative Law, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Transportation Worker Identification Credential Implementation in the Maritime Sector; Hazardous Materials Endorsement for a Commercial Driver's License'' ((RIN1652–AA41)(USCG–2006–24196)) received on January 3, 2008; to the Committee on Commerce, Science, and Transportation.

EC–4568. A communication from the Chief of Regulations and Administrative Law, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Anchorage Regulations: Edgecomb, Maine, Sheepscot River'' ((RIN1625–AA01)(CGD01–07–011)) received on January 3, 2008; to the Committee on Commerce, Science, and Transportation.

EC–4569. A communication from the Chief of Regulations and Administrative Law, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Security Zone: Kahului Harbor, Maui, HI'' ((RIN1625–AA87)(USCG–2007–0093)) received on January 3, 2008; to the Committee on Commerce, Science, and Transportation.

EC–4570. A communication from the Chief of Regulations and Administrative Law, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Security Zone: Tinian, Commonwealth of the Northern Mariana Islands'' ((RIN1625–AA87)(COTP Guam 07–005)) received on January 3, 2008; to the Committee on Commerce, Science, and Transportation.

EC–4571. A communication from the Chief of Regulations and Administrative Law, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Regattas and Marine Parades; Great Annual Marine Events'' ((RIN1625–AA08)(USCG–2007–27373)) received on January 3, 2008; to the Committee on Commerce, Science, and Transportation.

EC–4572. A communication from the Chief of Regulations and Administrative Law, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Safety Zones (including 3 regulations beginning with COTP San Francisco Bay 07–051)'' (RIN1625–AA00) received on January 3, 2008; to the Committee on Commerce, Science, and Transportation.

EC–4573. A communication from the Deputy Assistant Administrator for Regulatory Programs, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled ''Correcting Amendment to 50 CFR 300.65 Pacific Halibut Fisheries; Subsistence Fishing'' (RIN0648–AW04) received on January 3, 2008; to the Committee on Commerce, Science, and Transportation.

EC–4574. A communication from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Exclusive Service Contracts for Provision of Video Services in Multiple Dwelling United and Other Real Estate Developments'' ((FCC 07–189)(MB Docket 07–51)) received on January 2, 2008; to the Committee on Commerce, Science, and Transportation.

EC–4575. A communication from the Deputy General Counsel, Federal Energy Regulatory Commission, transmitting, pursuant to law, the report of a rule entitled ''Transparency Provisions under Section 23 of the Natural Gas Act'' (RIN1902–AD32) received on January 2, 2008; to the Committee on Energy and Natural Resources.

EC–4576. A communication from the Deputy Assistant Secretary, Human Capital, Performance, and Partnerships, Department of the Interior, transmitting, pursuant to law, a report relative to the competitions conducted by the Department of Interior in fiscal year 2007; to the Committee on Energy and Natural Resources.

EC–4577. A communication from the Attorney, Office of Assistant General Counsel for Legislation and Regulatory Law, Department of Energy, transmitting, pursuant to law, the report of a rule entitled ''Energy Conservation Standards for New Federal Commercial and Multi-Family High-Rise Residential Buildings and New Federal Low-Rise Residential Buildings'' (RIN1904–AB13) received on January 3, 2008; to the Committee on Energy and Natural Resources.

EC–4578. A communication from the Assistant Secretary of the Army (Civil Works), transmitting, pursuant to law, a report relative to the progress of the Louisiana Coastal Protection and Restoration study; to the Committee on Environment and Public Works.

EC–4579. A communication from the Assistant Secretary of the Army (Civil Works), transmitting, pursuant to law, a report relative to the progress of the Comprehensive Plan report on the Mississippi Coastal Improvements Program; to the Committee on Environment and Public Works.

EC–4580. A communication from the Inspector General, Nuclear Regulatory Commission, transmitting, pursuant to law, a report relative to the commercial and inherently governmental activities for fiscal year 2007; to the Committee on Environment and Public Works.

EC–4581. A communication from the Acting Assistant Secretary for Fish, Wildlife and Parks, Fish and Wildlife Service, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled ''Endangered and Threatened Wildlife and Plants; Designation of Critical Habitat for Arenaria ursina, Castilleja cinerea, and Eriogonum kennedyi var. austromontanum'' (RIN1018–AU80) received on December 20, 2007; to the Committee on Environment and Public Works.

EC–4582. A communication from the Acting Assistant Secretary for Fish, Wildlife and Parks, Fish and Wildlife Service, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled ''Endangered and Threatened Wildlife and Plants; Designation of Critical Habitat for the Coastal California Gnatcatcher'' (RIN1018–AV38) received on December 20, 2007; to the Committee on Environment and Public Works.

EC–4583. A communication from the Acting Assistant Secretary for Fish, Wildlife and Parks, Fish and Wildlife Service, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled ''Endangered and Threatened Wildlife and Plants; Designation of Critical Habitat for the San Diego Fairy Shrimp'' (RIN1018–AI71) received on December 20, 2007; to the Committee on Environment and Public Works.

EC–4584. A communication from the Acting Chair, Federal Subsistence Board, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled ''Subsistence Management Regulations for Public Lands in Alaska, Subpart C and Subpart D—2007–2008 Subsistence Taking of Wildlife Regulations; 2007–2008 Subsistence Taking of Fish on the Kenai Peninsula Regulations'' (RIN1018–AU15) received on December 20, 2007; to the Committee on Environment and Public Works.

EC–4585. A communication from the Principal Deputy Associate Administrator, Office of Policy, Economics and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Michigan: Final Authorization of State Hazardous Waste Management Program Revision'' (FRL No. 8514–1) received on January 3, 2008; to the Committee on Environment and Public Works.

EC–4586. A communication from the Principal Deputy Associate Administrator, Office

of Policy, Economics and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of Air Quality Implementation Plans; West Virginia; Section 110(a)(1) 8-Hour Ozone Maintenance Plan and Amendments to the 1-Hour Ozone Maintenance Plan'' (FRL No. 8513–8) received on January 3, 2008; to the Committee on Environment and Public Works.

EC–4587. A communication from the Principal Deputy Associate Administrator, Office of Policy, Economics and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Difenoconazole; Pesticide Tolerance'' (FRL No. 8343–5) received on January 3, 2008; to the Committee on Environment and Public Works.

EC–4588. A communication from the Commissioner, Social Security Administration, transmitting, pursuant to law, a report relative to the Administration's competitive sourcing efforts during fiscal year 2007; to the Committee on Finance.

EC–4589. A communication from the Program Manager, Centers for Medicare and Medicaid Services, Department of Health and Human Services, transmitting, pursuant to law, the report of a rule entitled ''Revisit User Fee Program for Medicare Survey and Certification Activities'' (RIN0938–AP22) received on January 2, 2008; to the Committee on Finance.

EC–4590. A communication from the Program Manager, Centers for Medicare and Medicaid Services, Department of Health and Human Services, transmitting, pursuant to law, the report of a rule entitled ''Medicare Program; Elimination of Reimbursement under Medicaid for School Administration Expenditures and Costs Related to Transportation of School-Age Children between Home and School'' (RIN0938–AP13) received on January 2, 2008; to the Committee on Finance.

EC–4591. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Section 6615 of SWOTA on 10-year Amortization for Funding Modifying Section 402 of PPA'06'' (Announcement 2008–2) received on January 2, 2008; to the Committee on Finance.

EC–4592. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Applicable Federal Rates—January 2008'' (Rev. Rul. 2008–4) received on January 2, 2008; to the Committee on Finance.

EC–4593. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Diversification of Investments in Certain Defined Contribution Plans—Extension of Notice 2006–107'' (Notice 2008–7) received on January 2, 2008; to the Committee on Finance.

EC–4594. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''CPI Adjustment for Section 1274A for 2008'' (Rev. Rul. 2008–3) received on January 2, 2008; to the Committee on Finance.

EC–4595. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Active Conduct of a Trade or Business'' (Notice 2008–9) received on January 2, 2008; to the Committee on Finance.

EC–4596. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Disclosure of Return Information to the Bureau of the Census'' ((RIN1545–BE08)(TD 9372)) received on January 2, 2008; to the Committee on Finance.

EC–4597. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Reduction of Foreign Tax Credit Limitation Categories under Section 904(d)'' ((RIN1545–BG55)(TD 9368)) received on January 2, 2008; to the Committee on Finance.

EC–4598. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Treatment of Overall Foreign and Domestic Losses'' ((RIN1545–BH13)(TD 9371)) received on January 2, 2008; to the Committee on Finance.

EC–4599. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''User Fees Relating to Enrollment to Perform Actuarial Services'' ((RIN1545–BG88)(TD 9370)) received on January 2, 2008; to the Committee on Finance.

EC–4600. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Application of Wash Sale Rule when Stock is Repurchased in an IRA'' (Rev. Rul. 2008–5) received on January 2, 2008; to the Committee on Finance.

EC–4601. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Information Reporting Requirements under Internal Revenue Code Section 6039'' (Notice 2008–8) received on January 2, 2008; to the Committee on Finance.

EC–4602. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Disclosure of Return Information to the Bureau of the Census'' ((RIN1545–BH30)(TD 9373)) received on January 2, 2008; to the Committee on Finance.

EC–4603. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Calculating and Apportioning Section 11(b)(1) Additional Tax under Section 1561 for Controlled Groups'' ((RIN1545–BG40)(TD 9369)) received on January 2, 2008; to the Committee on Finance.

EC–4604. A communication from the Assistant Secretary, Office of Legislative Affairs, Department of State, transmitting, pursuant to law, a report relative to actions taken to extend certain conditions of an agreement with the Republic of Mali; to the Committee on Finance.

EC–4605. A communication from the Director, Alcohol and Tobacco Tax and Trade Bureau, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Small Domestic Producer Wine Tax Credit—Implementation of Public Law 104–108, Section 1702, Amendments Related to the Revenue Reconciliation Act of 1990'' (RIN1515–AA05) received on December 19, 2007; to the Committee on Finance.

EC–4606. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Regulations Under Section 367(a) Applicable to Certain Outbound Reorganizations and Section 351 Exchanges'' (Notice 2008–10) received on January 3, 2008; to the Committee on Finance.

REPORTS OF COMMITTEES DURING ADJOURNMENT

Under the authority of the order of the Senate of December 19, 2007, the following reports of committees were submitted on January 8, 2008:

By Mr. BAUCUS, from the Committee on Finance, without amendment:

S. 2532. An original bill to amend titles XVIII, XIX, and XXI of the Social Security Act to improve health care provided to Indians under the Medicare, Medicaid, and State Children's Health Insurance Programs, and for other purposes (Rept. No. 110–255).

By Mr. LIEBERMAN, from the Committee on Homeland Security and Governmental Affairs, without amendment:

S. 550. A bill to preserve existing judgeships on the Superior Court of the District of Columbia (Rept. No. 110–256).

By Mr. INOUYE, from the Committee on Commerce, Science, and Transportation, with amendments:

S. 1650. A bill to establish a digital and wireless network technology program, and for other purposes (Rept. No. 110–257).

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS DURING ADJOURNMENT

By Mr. BAUCUS:

S. 2532. An original bill to amend titles XVIII, XIX, and XXI of the Social Security Act to improve health care provided to Indians under the Medicare, Medicaid, and State Children's Health Insurance Programs, and for other purposes; from the Committee on Finance; placed on the calendar.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

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

By Mr. KENNEDY (for himself, Mr. SPECTER, and Mr. LEAHY):

S. 2533. A bill to enact a safe, fair, and responsible state secrets privilege Act; to the Committee on the Judiciary.

By Mr. BAYH:

S. 2534. A bill to designate the facility of the United States Postal Service located at 2650 Dr. Martin Luther King Jr. Street, Indianapolis, Indiana, as the ''Julia M. Carson Post Office Building''; to the Committee on Homeland Security and Governmental Affairs.

By Mr. REID (for Mrs. CLINTON):

S. 2535. A bill to revise the boundary of the Martin Van Buren National Historic Site, and for other purposes; to the Committee on Energy and Natural Resources.

By Mrs. HUTCHISON:

S. 2536. A bill to amend title 38, United States Code, to prohibit the Secretary of Veterans Affairs from collecting certain debts to the United States in the case of veterans who die as a result of a service-connected disability incurred or aggravated on

active duty in a combat zone, and for other purposes; to the Committee on Veterans' Affairs .

By Mr. VITTER:

S. 2537. A bill to suspend temporarily the duty on cyclopentanone; to the Committee on Finance.

By Mr. VITTER:

S. 2538. A bill to suspend temporarily the duty on glyoxylic acid; to the Committee on Finance.

By Mr. SPECTER:

S. 2539. A bill to amend the Internal Revenue Code of 1986 to provide a special depreciation allowance for certain property placed in service during 2008 and 2009; to the Committee on Finance.

By Mr. SPECTER:

S. 2540. A bill to amend the Internal Revenue Code to provide expensing for certain property placed in service during 2008 and 2009; to the Committee on Finance.

By Mr. REID:

S. 2541. A bill to extend the provisions of the Protect America Act of 2007 for an additional 30 days; to the Committee on the Judiciary.

By Mrs. FEINSTEIN:

S. 2542. A bill to amend the Truth in Lending Act to provide for enhanced disclosure under an open end credit plan; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. ENSIGN (for himself, Mr. ALEXANDER, Mr. BROWNBACK, Mr. BUNNING, Mr. COBURN, Mr. COLEMAN, Mr. CORNYN, Mrs. DOLE, Mr. GRAHAM, Mr. GRASSLEY, Mr. HAGEL, Mrs. HUTCHISON, Mr. INHOFE, Mr. KYL, Mr. MCCAIN, Mr. MCCONNELL, Mr. ROBERTS, Mr. SESSIONS, Mr. SHELBY, Mr. THUNE, Mr. VOINOVICH, Mr. HATCH, and Mr. NELSON of Nebraska):

S. 2543. A bill to amend title 18, United States Code, to prohibit taking minors across State lines in circumvention of laws requiring the involvement of parents in abortion decisions; to the Committee on the Judiciary.

By Mr. KENNEDY (for himself, Mr. DODD, Mr. BINGAMAN, Mr. HARKIN, Mr. REED, Mrs. CLINTON, Mr. OBAMA, and Mr. BROWN):

S. 2544. A bill to provide for a program of temporary extended unemployment compensation; to the Committee on Finance.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. STEVENS (for himself, Mr. BYRD, and Mr. COLEMAN):

S. Res. 419. A resolution honoring the life and extraordinary contributions of Diane Wolf; considered and agreed to.

By Mr. REID (for himself, Mr. MCCONNELL, Mr. AKAKA, Mr. ALEXANDER, Mr. ALLARD, Mr. BARRASSO, Mr. BAUCUS, Mr. BAYH, Mr. BENNETT, Mr. BIDEN, Mr. BINGAMAN, Mr. BOND, Mrs. BOXER, Mr. BROWN, Mr. BROWNBACK, Mr. BUNNING, Mr. BURR, Mr. BYRD, Ms. CANTWELL, Mr. CARDIN, Mr. CARPER, Mr. CASEY, Mr. CHAMBLISS, Mrs. CLINTON, Mr. COBURN, Mr. COCHRAN, Mr. COLEMAN, Ms. COLLINS, Mr. CONRAD, Mr. CORKER, Mr. CORNYN, Mr. CRAIG, Mr. CRAPO, Mr. DEMINT, Mr. DODD, Mrs. DOLE, Mr. DOMENICI, Mr. DORGAN, Mr. DURBIN, Mr. ENSIGN, Mr. ENZI, Mr. FEINGOLD, Mrs. FEINSTEIN, Mr. GRAHAM, Mr. GRASSLEY, Mr. GREGG, Mr. HAGEL, Mr. HARKIN, Mr. HATCH, Mrs. HUTCHISON, Mr. INHOFE, Mr. INOUYE, Mr. ISAKSON, Mr. JOHNSON, Mr. KENNEDY, Mr. KERRY, Ms. KLOBUCHAR, Mr. KOHL, Mr. KYL, Ms. LANDRIEU, Mr. LAUTENBERG, Mr. LEAHY, Mr. LEVIN, Mr. LIEBERMAN, Mrs. LINCOLN, Mr. LUGAR, Mr. MARTINEZ, Mr. MCCAIN, Mrs. MCCASKILL, Mr. MENENDEZ, Ms. MIKULSKI, Ms. MURKOWSKI, Mrs. MURRAY, Mr. NELSON of Florida, Mr. NELSON of Nebraska, Mr. OBAMA, Mr. PRYOR, Mr. REED, Mr. ROBERTS, Mr. ROCKEFELLER, Mr. SALAZAR, Mr. SANDERS, Mr. SCHUMER, Mr. SESSIONS, Mr. SHELBY, Mr. SMITH, Ms. SNOWE, Mr. SPECTER, Ms. STABENOW, Mr. STEVENS, Mr. SUNUNU, Mr. TESTER, Mr. THUNE, Mr. VITTER, Mr. VOINOVICH, Mr. WARNER, Mr. WEBB, Mr. WHITEHOUSE, Mr. WICKER, and Mr. WYDEN):

S. Res. 420. A resolution commending Martin P. Paone; considered and agreed to.

ADDITIONAL COSPONSORS

S. 14

At the request of Mr. KYL, the name of the Senator from Pennsylvania (Mr. SPECTER) was added as a cosponsor of S. 14, a bill to repeal the sunset on certain tax rates and other incentives and to repeal the individual alternative minimum tax, and for other purposes.

S. 22

At the request of Mr. WEBB, the name of the Senator from Arkansas (Mr. PRYOR) was added as a cosponsor of S. 22, a bill to amend title 38, United States Code, to establish a program of educational assistance for members of the Armed Forces who serve in the Armed Forces after September 11, 2001, and for other purposes.

S. 170

At the request of Mr. ENSIGN, the name of the Senator from Texas (Mrs. HUTCHISON) was added as a cosponsor of S. 170, a bill to amend the Internal Revenue Code of 1986 to repeal the excise tax on telephone and other communications services.

S. 218

At the request of Ms. SNOWE, the name of the Senator from Arkansas (Mr. PRYOR) was added as a cosponsor of S. 218, a bill to amend the Internal Revenue Code of 1986 to modify the income threshold used to calculate the refundable portion of the child tax credit.

S. 367

At the request of Mr. DORGAN, the names of the Senator from New York (Mr. SCHUMER), the Senator from California (Mrs. BOXER) and the Senator from New Jersey (Mr. LAUTENBERG) were added as cosponsors of S. 367, a bill to amend the Tariff Act of 1930 to prohibit the import, export, and sale of goods made with sweatshop labor, and for other purposes.

S. 400

At the request of Mr. SUNUNU, the names of the Senator from New Mexico (Mr. BINGAMAN), the Senator from Arizona (Mr. MCCAIN) and the Senator from Washington (Mrs. MURRAY) were added as cosponsors of S. 400, a bill to amend the Employee Retirement Income Security Act of 1974 and the Internal Revenue Code of 1986 to ensure that dependent students who take a medically necessary leave of absence do not lose health insurance coverage, and for other purposes.

S. 502

At the request of Mr. CRAPO, the name of the Senator from Pennsylvania (Mr. SPECTER) was added as a cosponsor of S. 502, a bill to repeal the sunset on the reduction of capital gains rates for individuals and on the taxation of dividends of individuals at capital gains rates.

S. 543

At the request of Mr. NELSON of Nebraska, the name of the Senator from North Carolina (Mrs. DOLE) was added as a cosponsor of S. 543, a bill to improve Medicare beneficiary access by extending the 60 percent compliance threshold used to determine whether a hospital or unit of a hospital is an inpatient rehabilitation facility under the Medicare program.

S. 548

At the request of Mr. LEAHY, the name of the Senator from Indiana (Mr. BAYH) was added as a cosponsor of S. 548, a bill to amend the Internal Revenue Code of 1986 to provide that a deduction equal to fair market value shall be allowed for charitable contributions of literary, musical, artistic, or scholarly compositions created by the donor.

S. 627

At the request of Mr. HARKIN, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. 627, a bill to amend the Juvenile Justice and Delinquency Prevention Act of 1974 to improve the health and well-being of maltreated infants and toddlers through the creation of a National Court Teams Resource Center, to assist local Court Teams, and for other purposes.

S. 814

At the request of Mr. SPECTER, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. 814, a bill to amend the Internal Revenue Code of 1986 to allow the deduction of attorney-advanced expenses and court costs in contingency fee cases.

S. 937

At the request of Ms. COLLINS, her name was added as a cosponsor of S. 937, a bill to improve support and services for individuals with autism and their families.

S. 970

At the request of Mr. SMITH, the name of the Senator from Wyoming (Mr. BARRASSO) was added as a cosponsor of S. 970, a bill to impose sanctions on Iran and on other countries for assisting Iran in developing a nuclear program, and for other purposes.

At the request of Mr. DURBIN, the name of the Senator from Montana

(Mr. BAUCUS) was added as a cosponsor of S. 970, supra.

S. 980

At the request of Mrs. FEINSTEIN, the name of the Senator from Texas (Mr. CORNYN) was added as a cosponsor of S. 980, a bill to amend the Controlled Substances Act to address online pharmacies.

S. 988

At the request of Ms. MIKULSKI, the names of the Senator from North Carolina (Mrs. DOLE) and the Senator from Rhode Island (Mr. WHITEHOUSE) were added as cosponsors of S. 988, a bill to extend the termination date for the exemption of returning workers from the numerical limitations for temporary workers.

S. 1003

At the request of Ms. STABENOW, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. 1003, a bill to amend title XVIII of the Social Security Act to improve access to emergency medical services and the quality and efficiency of care furnished in emergency departments of hospitals and critical access hospitals by establishing a bipartisan commission to examine factors that affect the effective delivery of such services, by providing for additional payments for certain physician services furnished in such emergency departments, and by establishing a Centers for Medicare & Medicaid Services Working Group, and for other purposes.

S. 1107

At the request of Mr. SMITH, the name of the Senator from Minnesota (Mr. COLEMAN) was added as a cosponsor of S. 1107, a bill to amend title XVIII of the Social Security Act to reduce cost-sharing under part D of such title for certain non-institutionalized full-benefit dual eligible individuals.

S. 1120

At the request of Mr. HARKIN, the name of the Senator from New Jersey (Mr. LAUTENBERG) was added as a cosponsor of S. 1120, a bill to amend the Public Health Service Act to provide grants for the training of graduate medical residents in preventive medicine and public health.

S. 1204

At the request of Mr. DODD, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 1204, a bill to enhance Federal efforts focused on public awareness and education about the risks and dangers associated with Shaken Baby Syndrome.

S. 1259

At the request of Mr. SANDERS, his name was added as a cosponsor of S. 1259, a bill to amend the Foreign Assistance Act of 1961 to provide assistance for developing countries to promote quality basic education and to establish the achievement of universal basic education in all developing countries as an objective of United States foreign assistance policy, and for other purposes.

S. 1310

At the request of Mr. SCHUMER, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 1310, a bill to amend title XVIII of the Social Security Act to provide for an extension of increased payments for ground ambulance services under the Medicare program.

S. 1343

At the request of Mr. BROWN, his name was added as a cosponsor of S. 1343, a bill to amend the Public Health Service Act with respect to prevention and treatment of diabetes, and for other purposes.

S. 1395

At the request of Mr. LEVIN, the name of the Senator from Massachusetts (Mr. KENNEDY) was added as a cosponsor of S. 1395, a bill to prevent unfair practices in credit card accounts, and for other purposes.

S. 1406

At the request of Mr. KERRY, the name of the Senator from Connecticut (Mr. DODD) was added as a cosponsor of S. 1406, a bill to amend the Marine Mammal Protection Act of 1972 to strengthen polar bear conservation efforts, and for other purposes.

S. 1515

At the request of Mr. BIDEN, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S. 1515, a bill to establish a domestic violence volunteer attorney network to represent domestic violence victims.

S. 1551

At the request of Mr. BROWN, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 1551, a bill to amend the Public Health Service Act with respect to making progress toward the goal of eliminating tuberculosis, and for other purposes.

S. 1661

At the request of Mr. DORGAN, the name of the Senator from Arkansas (Mrs. LINCOLN) was added as a cosponsor of S. 1661, a bill to communicate United States travel policies and improve marketing and other activities designed to increase travel in the United States from abroad.

S. 1750

At the request of Mr. SPECTER, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. 1750, a bill to amend title XVIII of the Social Security Act to preserve access to community cancer care by Medicare beneficiaries.

S. 1812

At the request of Mr. LAUTENBERG, his name was added as a cosponsor of S. 1812, a bill to amend the Elementary and Secondary Education Act of 1965 to strengthen mentoring programs, and for other purposes.

S. 1914

At the request of Mrs. FEINSTEIN, the names of the Senator from Maryland (Ms. MIKULSKI) and the Senator from New Jersey (Mr. MENENDEZ) were added as cosponsors of S. 1914, a bill to require a comprehensive nuclear posture review, and for other purposes.

S. 1951

At the request of Mr. BAUCUS, the name of the Senator from Kansas (Mr. BROWNBACK) was added as a cosponsor of S. 1951, a bill to amend title XIX of the Social Security Act to ensure that individuals eligible for medical assistance under the Medicaid program continue to have access to prescription drugs, and for other purposes.

S. 1965

At the request of Mr. STEVENS, the name of the Senator from Maryland (Mr. CARDIN) was added as a cosponsor of S. 1965, a bill to protect children from cybercrimes, including crimes by online predators, to enhance efforts to identify and eliminate child pornography, and to help parents shield their children from material that is inappropriate for minors.

S. 1975

At the request of Mr. DODD, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. 1975, a bill to expand family and medical leave in support of servicemembers with combat-related injuries.

S. 1980

At the request of Mr. SMITH, the name of the Senator from Minnesota (Mr. COLEMAN) was added as a cosponsor of S. 1980, a bill to improve the quality of, and access to, long-term care.

S. 2050

At the request of Mr. BROWN, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. 2050, a bill to amend title II of the Social Security Act to eliminate the five-month waiting period in the disability insurance program, and for other purposes.

S. 2051

At the request of Mr. CONRAD, the name of the Senator from Idaho (Mr. CRAIG) was added as a cosponsor of S. 2051, a bill to amend the small rural school achievement program and the rural and low-income school program under part B of title VI of the Elementary and Secondary Education Act of 1965.

S. 2059

At the request of Ms. COLLINS, her name was added as a cosponsor of S. 2059, a bill to amend the Family and Medical Leave Act of 1993 to clarify the eligibility requirements with respect to airline flight crews.

At the request of Mr. MENENDEZ, his name was added as a cosponsor of S. 2059, supra.

At the request of Mr. BROWN, his name was added as a cosponsor of S. 2059, supra.

S. 2067

At the request of Mr. MARTINEZ, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 2067, a bill to amend the Federal Water

Pollution Control Act relating to recreational vessels.

S. 2071

At the request of Mrs. FEINSTEIN, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 2071, a bill to enhance the ability to combat methamphetamine.

S. 2092

At the request of Mr. DURBIN, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. 2092, a bill to amend title 11, United States Code, to improve protections for employees and retirees in business bankruptcies.

S. 2119

At the request of Mr. JOHNSON, the name of the Senator from Arkansas (Mr. PRYOR) was added as a cosponsor of S. 2119, a bill to require the Secretary of the Treasury to mint coins in commemoration of veterans who became disabled for life while serving in the Armed Forces of the United States.

S. 2166

At the request of Mr. CASEY, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 2166, a bill to provide for greater responsibility in lending and expanded cancellation of debts owed to the United States and the international financial institutions by low-income countries, and for other purposes.

At the request of Mr. KERRY, his name was added as a cosponsor of S. 2166, supra.

S. 2194

At the request of Mr. SALAZAR, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 2194, a bill to amend the Elementary and Secondary Education Act of 1965 to establish a partnership between the Department of Education and the National Park Service to provide educational opportunities for students and teachers, and for other purposes.

S. 2324

At the request of Mrs. MCCASKILL, the name of the Senator from Oklahoma (Mr. COBURN) was withdrawn as a cosponsor of S. 2324, a bill to amend the Inspector General Act of 1978 (5 U.S.C. App.) to enhance the Offices of the Inspectors General, to create a Council of the Inspectors General on Integrity and Efficiency, and for other purposes.

S. 2332

At the request of Mr. DORGAN, the name of the Senator from Oregon (Mr. WYDEN) was added as a cosponsor of S. 2332, a bill to promote transparency in the adoption of new media ownership rules by the Federal Communications Commission, and to establish an independent panel to make recommendations on how to increase the representation of women and minorities in broadcast media ownership.

S. 2337

At the request of Mr. GRASSLEY, the name of the Senator from Nevada (Mr. ENSIGN) was added as a cosponsor of S. 2337, a bill to amend the Internal Revenue Code of 1986 to allow long-term care insurance to be offered under cafeteria plans and flexible spending arrangements and to provide additional consumer protections for long-term care insurance.

S. 2368

At the request of Mr. PRYOR, the name of the Senator from Georgia (Mr. CHAMBLISS) was added as a cosponsor of S. 2368, a bill to provide immigration reform by securing America's borders, clarifying and enforcing existing laws, and enabling a practical employer verification program.

S. 2372

At the request of Mr. SMITH, the names of the Senator from Kansas (Mr. ROBERTS) and the Senator from Georgia (Mr. CHAMBLISS) were added as cosponsors of S. 2372, a bill to amend the Harmonized Tariff Schedule of the United States to modify the tariffs on certain footwear.

S. 2420

At the request of Mr. SCHUMER, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 2420, a bill to encourage the donation of excess food to nonprofit organizations that provide assistance to food-insecure people in the United States in contracts entered into by executive agencies for the provision, service, or sale of food.

S. 2423

At the request of Mrs. FEINSTEIN, the name of the Senator from Maine (Ms. SNOWE) was added as a cosponsor of S. 2423, a bill to facilitate price transparency in markets for the sale of emission allowances, and for other purposes.

S. 2426

At the request of Mr. WHITEHOUSE, the name of the Senator from Illinois (Mr. OBAMA) was added as a cosponsor of S. 2426, a bill to provide for congressional oversight of United States agreements with the Government of Iraq.

At the request of Mr. BAYH, his name was added as a cosponsor of S. 2426, supra.

S. 2453

At the request of Mr. ALEXANDER, the names of the Senator from North Dakota (Mr. CONRAD), the Senator from Kentucky (Mr. MCCONNELL), the Senator from Oklahoma (Mr. INHOFE) and the Senator from Alaska (Mr. STEVENS) were added as cosponsors of S. 2453, a bill to amend title VII of the Civil Rights Act of 1964 to clarify requirements relating to nondiscrimination on the basis of national origin.

S. 2456

At the request of Mr. BAYH, his name was added as a cosponsor of S. 2456, a bill to amend the Public Health Service Act to improve and secure an adequate supply of influenza vaccine.

S. 2485

At the request of Mr. TESTER, the name of the Senator from Minnesota (Mr. COLEMAN) was added as a cosponsor of S. 2485, a bill to amend the Public Health Service Act to provide for the participation of physical therapists in the National Health Service Corps Loan Repayment Program, and for other purposes.

S. 2486

At the request of Mr. KERRY, the name of the Senator from New Mexico (Mr. BINGAMAN) was added as a cosponsor of S. 2486, a bill to remove a provision from the Immigration and Nationality Act that prohibits individuals with HIV from being admissible to the United States, and for other purposes.

S.J. RES. 26

At the request of Mrs. DOLE, the names of the Senator from Oklahoma (Mr. INHOFE), the Senator from Georgia (Mr. CHAMBLISS), the Senator from Florida (Mr. MARTINEZ) and the Senator from South Carolina (Mr. GRAHAM) were added as cosponsors of S.J. Res. 26, a joint resolution supporting a base Defense Budget that at the very minimum matches 4 percent of gross domestic product.

S.J. RES. 27

At the request of Mrs. DOLE, the name of the Senator from Colorado (Mr. ALLARD) was added as a cosponsor of S.J. Res. 27, a joint resolution proposing an amendment to the Constitution of the United States relative to the line item veto.

S. CON. RES. 63

At the request of Mr. SPECTER, his name was added as a cosponsor of S. Con. Res. 63, a concurrent resolution expressing the sense of the Congress regarding the need for additional research into the chronic neurological condition hydrocephalus, and for other purposes.

S. RES. 106

At the request of Mr. DURBIN, the name of the Senator from Delaware (Mr. BIDEN) was added as a cosponsor of S. Res. 106, a resolution calling on the President to ensure that the foreign policy of the United States reflects appropriate understanding and sensitivity concerning issues related to human rights, ethnic cleansing, and genocide documented in the United States record relating to the Armenian Genocide.

AMENDMENT NO. 3857

At the request of Mrs. FEINSTEIN, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of amendment No. 3857 intended to be proposed to S. 2248, an original bill to amend the Foreign Intelligence Surveillance Act of 1978, to modernize and streamline the provisions of that Act, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. HUTCHISON:

S. 2536. A bill to amend title 38, United States Code, to prohibit the

Secretary of Veterans Affairs from collecting certain debts to the United States in the case of veterans who die as a result of a service-connected disability incurred or aggravated on active duty in a combat zone, and for other purposes; to the Committee on Veterans' Affairs.

Mrs. HUTCHISON. Mr. President, I rise to speak on a bill I filed today, the Combat Veterans Debt Elimination Act of 2008. This bill requires the Secretary of the Department of Veterans Affairs to forgive certain debts by our service members who have already paid the ultimate price in combat. This bill is about honoring our fallen heroes by treating the families they left behind with dignity, and by showing them we truly mean it when we tell them our Nation is grateful.

If a member of our Armed Forces is killed and owes the Department of Veterans Affairs any outstanding debts, the Secretary of VA is required by law to notify the deceased family of the debt. I am appalled at this. I am saddened. If a service member is killed in combat, his or her family has already paid enough. I cannot think of anything more insulting than to tell a family who has just lost a loved one that they owe a couple of hundred dollars to the Government. I for one will not stand for this.

Let me explain the scope of this problem to illustrate how simple it should be to fix. There are 22 service members who were killed in combat fighting in Iraq and Afghanistan who have debts to the VA. If you combined the debts of those 22 service members, the total amount of their debt would come to $56,366. In most cases the service member's debt came in the form of educational benefit payments so they could go to college. During their enrollment at school, they were called into service, and they were killed. Later on, the VA was forced to contact the families of the deceased and notify them of those outstanding debts. How tragic is this?

Three of the 22 cases occurred in my home State of Texas, which is more than any other State. One fallen hero, a brave young man from Raymondville, TX, joined the Army in 1997, right out of high school where he was both an academic star, and an athletic star. He had been accepted to a prestigious university, but put service to his country first. He was on his 3rd tour in Iraq when he was killed by a sniper's bullet. When he died, he owed the Government $389 in education assistance payments. The Secretary of VA was required by law to contact that family and ask for $389. I cannot imagine a more insensitive requirement. The family paid this debt in full because they believed it was the right thing to do. But did we do the right thing? I regret to say we did not. I am embarrassed that this happened and I beseech my colleagues to fix this problem today.

A second case involved an Army Sergeant from Missouri City, TX. After serving in the Marine Corps for a number of years, this young man enlisted in the Army. After high school he attended 2 different colleges utilizing VA education benefits. When he was deployed, he dropped out of school to serve his country. He served one tour in Afghanistan and was on his 2nd tour in Iraq when he was killed by a bomb explosion. Because he had dropped out of school, the deceased owed the VA $2,282. He is survived by a wife and 4 children. The family paid the VA because they also believed it was the right thing to do.

The third Texas case involved a Marine reservist. He graduated from Texas A&M University and intended to be a cardiovascular surgeon. He had received education assistance to go to the University. He was also killed in an explosion in Iraq. He was married and had 2 small children. Two days before his death the VA sent him a letter saying he owed $845.

This is not a bill that should in any way fall into politics. This bill should be passed quickly on a bipartisan basis. There are cases just like the ones I mentioned in Wisconsin, North Carolina, Illinois, Iowa, Connecticut, Nebraska, Colorado, Michigan, Washington, California, New York, Kentucky, Georgia and South Carolina. It is clear our entire Nation is affected and we have to do something now.

I know bills are usually referred to the committee of jurisdiction for review. I have served in this distinguished body for 15 years. But I am convinced this is a special case, and so I am here today asking the distinguished Majority and Minority Leaders to bring this bill to the floor before another family suffers the indignity of the current law. The VA has no choice but to follow the law, but we, here in Congress, have the power to change it. We can and should correct this requirement and honor the memories and the families of our fallen heroes.

I am calling on all of my colleagues to right this wrong immediately. We cannot let this law stand another day. Our soldiers and their families deserve better. Every day is crucial to passing this legislation and I ask my colleagues to join with me in this endeavor.

By Mr. SPECTER:

S. 2539. A bill to amend the Internal Revenue Code of 1986 to provide a special depreciation allowance for certain property placed in service during 2008 and 2009; to the Committee on Finance.

Mr. SPECTER. I have sought recognition to introduce two bills with a view to aiding an emergency economic stimulus package. I am pleased to see that the President and the Democratic leaders of the House of Representatives and the Senate have stated their intentions to work together to provide an economic stimulus package. There is no doubt, based upon what is happening in markets around the world, that there is an urgent need for such a package.

It has been well known that the American people have not looked kindly on what is happening in Washington, DC. The approval ratings of the President are low. The approval ratings of the Congress are low. It appears sometimes as if it is a race to the bottom as to who is going to be the lowest the fastest.

But now I think we have an opportunity, in the face of an emergency—what may accurately be described as a real crisis—to take some effective action. It is my hope we will move with dispatch, with all due deliberation. We have the finest economic minds at work on the issue. There have been a lot of studies, and with our background of knowledge we are in a position to move.

There is no doubt the Congress can move promptly when the Congress has the will to do so with the President. Congress and the President have the capacity to move promptly. It is only a question of the will. I think this is an opportunity for the Federal Government to redeem itself in the eyes of the American people by acting.

I am pleased to see that Federal Reserve Chairman Bernanke has acted this morning to drop interest rates by three-quarters of a percentage point to 3.5 percent. The Chairman of the Fed does not quite go so far as to say we are in a recession, but he has pretty dire news saying:

> The committee took this action in view of a weakening of the economic outlook and increasing downside risks to growth. While strains in short-term funding markets have eased somewhat, broader financial market conditions have continued to deteriorate and credit has tightened further for some businesses and households.

I think it is really an understatement. I think the credit market is a shambles, that if you look at the indicators in terms of borrowing on a variety of sources, credit is simply not there.

Many had urged the Fed to lower the rate to 3 percent. Candidly, that would have been my choice. But I think three-quarters of a percent is decisive action, and that should be the starting point for an economic package from Congress.

I appreciate the fact that the President has honored the wishes of the leaders of the Democrats in Congress to await specifics until there has been a meeting and a rejoinder of action. But I think the time has come now to be specific.

The two legislative proposals which I am suggesting today deal with depreciation schedules. Currently, there are depreciation schedules on the 3-, 5-, and 7-year mark which my legislation would expense—or, that is, depreciate—in the year when the expenditure is made. Calculating the cost of this legislation over a 10-year period, the Joint Committee on Taxation should find that it will not cost a great deal on the books.

The second bill which I am introducing would give a bonus depreciation

of 50 percent on items purchased on all depreciation schedules. The bonus of 50 percent in 2008 or 50 percent in 2009, if the purchases are made in either of these 2 years, will be a considerable stimulus.

These are not original ideas of mine; these ideas have been proposed from a variety of sources, including a commentary article from The Wall Street Journal dated January 12, 2008. The ideas were forwarded last week to the Secretary of Treasury, Secretary Paulson, and the Chairman of the Council of Economic Advisers, Edward Lazear.

It is my hope we will move promptly with an economic stimulus package. It is my hope that while there may be divergent views and many different points of view, that the efforts are being focused to the maximum extent possible on progrowth ideas.

There is no doubt we have a very serious problem with credit today. What the Federal Reserve has done in lowering the rate three-quarters of a percent to 3.5 percent is a significant start, but more needs to be done on seeing to it that credit is available in our economy.

Mr. President, I have sought recognition to introduce two pieces of legislation designed to provide immediate economic stimulus for an economy hindered by a housing crisis, rising oil prices, unemployment, sagging stock markets, and battered consumer confidence. Both bills I am introducing today, S. 2539 and S. 2540, provide incentives for firms to place new equipment and other assets into use, thus creating new job opportunities. Specifically, my proposals allow firms to deduct, or expense, a greater share of new equipment in the year placed in service. The need for aggressive action is becoming more apparent with each passing day.

There is increasing sentiment that timely action is needed by Congress to stimulate growth beyond what the Federal Reserve can achieve through lower interest rates. Many experts, including former Federal Reserve chairman Alan Greenspan and former Treasury Secretary Lawrence H. Summers, have indicated that the U.S. economy is not faring well and that a recession may be in our future.

Meanwhile, Federal Reserve Chairman Ben Bernanke has been hesitant to classify the deteriorating economy as being in recession. However, in response to an international stock selloff and the likelihood of a sharp drop in America, the Federal Reserve cut its benchmark short-term interest rate by ¾ of a percentage point to 3.5 percent this morning, Tuesday January 22, 2007. In a statement, the Federal Reserve said: ''The committee took this action in view of a weakening of the economic outlook and increasing downside risks to growth. While strains in short-term funding markets have eased somewhat, broader financial market conditions have continued to deteriorate and credit has tightened further for some businesses and households.''

Our current economic difficulties were accentuated with the subprime mortgage crisis. With interest rates at all-time lows, lenders increasingly offered mortgages to those who previously either would not have qualified for a mortgage or could not have afforded the payments on a mortgage. Many borrowers with adjustable rate, interest-only or no-down-payment mortgages have been unable to keep up with their monthly mortgage payments that have reset to higher rates. The implications of the subprime mortgage crisis have now spread beyond the housing sector.

A mere 18,000 jobs were added in December, falling significantly short from the 70,000 that were projected by industry analysts. According to the Labor Department's monthly report, the unemployment rate also jumped to 5 percent, up from November's 4.7 percent. Our economy has not seen that level of unemployment in 2 years. On January 2, 2007, crude oil prices hit the $100 per barrel milestone for the first time. The high cost of energy continues to drive up the cost of doing business. This also means a higher cost of living for American consumers. The Consumer Price Index increased 0.8 percent in November, its largest advance since September 2005. A weak holiday shopping season also suggests that consumer confidence is low. According to the International Council of Shopping Centers, sales growth for retailers was the lowest in 7 years.

On Friday, January 18, 2008, the President made clear that timely action is needed during a televised address with his economic advisors. The President outlined a broad framework for an economic stimulus package, one that: is big enough to make a difference; is built on broad-based tax relief; is temporary and takes effect right away; and does not include any tax increases. Specifically, the President called for Congress to enact temporary tax relief consisting of rebate checks for individuals and investment incentives for businesses. He has tasked Treasury Secretary Henry Paulson and Ed Lazear, Chairman of the Council on Economic Advisors, to work with Congress on agreeing on details of a package.

Many in Congress are floating ideas for a package to kick-start the economy, including boosting spending for extending unemployment benefits and providing States with fiscal relief. No matter what the final product, it is my belief that any package passed into law should include tax incentives to spur immediate business investment. The two bills I introduce today are designed to help firms acquire new capital and expand their operations. Incentives for investment will lead to job creation and help dampen the threat of a recession. In the long-term, investment incentives will lead to increased growth. On January 16, 2008, I wrote to Edward Lazear, Chairman of the President's Council of Economic Advisors, urging him to consider these proposals as cornerstones of any economic stimulus package. I sent a similar letter to Treasury Secretary Hank Paulson on January 18, 2008.

My first piece of legislation provides 2 years of ''bonus depreciation'' for all sectors of the economy. Specifically, firms would be allowed to expense 50 percent of the cost of new equipment in the first year the asset is put to use. Remaining value would be deducted over the course of its useful life by using the Internal Revenue Code depreciation schedules. By allowing firms to expense a greater share of the value of an asset in the first year, this proposal frees up additional resources for firms to hire more workers and expand their operations.

In the long-run, the cost of this proposal is minimal because it simply accelerates a tax benefit that is due over time. This proposal does not create a new deduction. However, because this proposal will affect assets depreciated on schedules longer than 10 years, this bill will have a static revenue cost over a 10-year scoring period.

The second piece of legislation I offer today will allow a variety of sectors to take advantage of one-hundred percent up-front expensing for new assets that are placed into service during tax years 2008 and 2009. Specifically, this legislation would allow all equipment which is currently depreciated on the 3-, 5-, and 7-year schedules to be fully expensed in year one. Under current law, when a company buys an asset that will last longer than 1 year, the company cannot, under most circumstances, deduct the entire cost and enjoy an immediate tax benefit. Instead, the company must depreciate the cost over the useful life of the asset, taking a tax deduction for a part of the cost each year. While the company will get to deduct the full cost of the asset, delaying this benefit is a disadvantage to the company. By allowing firms to deduct the cost of a new asset in year one, expensing spurs new investments quickly, which helps to drive immediate job creation.

The assets that currently depreciate on these schedules are so varied that virtually every sector of the economy would be able to take advantage of this benefit and expand their businesses. Some of the assets and sectors on these schedules include office equipment, transportation equipment, agriculture, textiles, furniture manufacturing, steel products and high-tech manufacturing. I have included at the conclusion of this statement a full list of the asset classes impacted by this bill.

One particular advantage to this legislation is the minimal cost impact as viewed by the Joint Committee on Taxation, the Congressional unit which investigates the operation and effects of internal revenue taxes and the administration of such taxes. Because revenue legislation is scored over a 10-year

window and the tax benefit inferred by this bill still occurs within that span, quicker, it is my belief that the revenue impact will be negligible. This point is of particular importance in the 110th Congress because of PAYGO scoring rules that require offsetting revenue raising provisions to be included in order to ''pay for'' tax relief.

A January 12, 2008, op-ed in the Wall Street Journal entitled ''The JFK Stimulus Plan,'' by Ernest S. Christian and Gary A. Robbins, provides an excellent argument for the approach I have identified with these two bills. According to Mr. Christian and Mr. Robbins, ''More investment means more productivity—and 80 percent of the net benefit from increased productivity goes to labor. Expensing is a no-risk tax cut. It worked four times in the 1960s and 1970s. It worked in 1981–1982 and again in 2002–2004.'' They cite a 2001 analysis conducted by the Institute for Policy Innovation: ''Each $1 of tax cut from first-year expensing produces about $9 of additional GDP growth.'' A copy of the op-ed is included for the RECORD.

To address a short-run need for economic stimulus, I urge my colleagues to support this legislation as Congress begins making important decisions on how best to address our slumping economy. These bills are supported by the U.S. Chamber of Commerce, the National Association of Manufacturers, Americans for Tax Reform, and the National Restaurant Association.

In the long run, it is my belief that Congress should consider taking steps to both enhance and make expensing tax benefits permanent. There are strong arguments for allowing all businesses to deduct these costs fully in the year paid instead of requiring them to collect a benefit over a long amount of time. In addition to the issue of providing tax incentives for businesses to invest in new growth capital, I believe it will also be important in the long-run to provide sustained relief for American taxpayers. The President has acknowledged that while passing a new growth package is our most pressing economic priority, Congress needs to turn next to making sure that tax relief that is now in place is not taken away.

I look forward to working with my colleagues to rapidly enact a bipartisan fiscal stimulus package to help our sluggish economy.

Mr. President I ask unanimous consent that the text of the bills of supporting material be printed in the RECORD.

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

S. 2539

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

SECTION 1. SPECIAL DEPRECIATION ALLOWANCE FOR CERTAIN PROPERTY PLACED IN SERVICE DURING 2008 AND 2009.

(a) IN GENERAL.—Subsection (k) of section 168 of the Internal Revenue Code of 1986 is amended to read as follows:

''(k) 50 PERCENT BONUS DEPRECIATION FOR CERTAIN PROPERTY.—

''(1) ADDITIONAL ALLOWANCE.—In the case of any qualified property—

''(A) the depreciation deduction provided by section 167(a) for the taxable year in which such property is placed in service shall include an allowance equal to 50 percent of the adjusted basis of the qualified property, and

''(B) the adjusted basis of the qualified property shall be reduced by the amount of such deduction before computing the amount otherwise allowable as a depreciation deduction under this chapter for such taxable year and any subsequent taxable year.

''(2) QUALIFIED PROPERTY.—For purposes of this subsection—

''(A) IN GENERAL.—The term 'qualified property' means property—

''(i)(I) to which this section applies which has a recovery period of 20 years or less,

''(II) which is computer software (as defined in section 167(f)(1)(B)) for which a deduction is allowable under section 167(a) without regard to this subsection,

''(III) which is water utility property,

''(IV) which is qualified leasehold improvement property,

''(V) which is qualified restaurant property (as defined in subsection (e)(7), but without regard to subparagraph (A) thereof), or

''(VI) which is qualified retail improvement property,

''(ii) the original use of which commences with the taxpayer on or after the starting date,

''(iii) which is—

''(I) acquired by the taxpayer on or after the starting date and before the ending date, but only if no written binding contract for the acquisition was in effect before the starting date, or

''(II) acquired by the taxpayer pursuant to a written binding contract which was entered into on or after the starting date and before the ending date, and

''(iv) which is placed in service by the taxpayer before the ending date, or, in the case of property described in subparagraph (B) or (C), before the date that is 1 year after the ending date.

''(B) CERTAIN PROPERTY HAVING LONGER PRODUCTION PERIODS TREATED AS QUALIFIED PROPERTY.—

''(i) IN GENERAL.—The term 'qualified property' includes any property if such property—

''(I) meets the requirements of clauses (i), (ii), and (iii) of subparagraph (A),

''(II) has a recovery period of at least 10 years or is transportation property,

''(III) is subject to section 263A, and

''(IV) meets the requirements of clause (ii) or (iii) of section 263A(f)(1)(B) (determined as if such clauses also apply to property which has a long useful life (within the meaning of section 263A(f))).

''(ii) ONLY PRE-ENDING DATE BASIS ELIGIBLE FOR ADDITIONAL ALLOWANCE.—In the case of property which is qualified property solely by reason of clause (i), paragraph (1) shall apply only to the extent of the adjusted basis thereof attributable to manufacture, construction, or production before the ending date.

''(iii) TRANSPORTATION PROPERTY.—For purposes of this subparagraph, the term 'transportation property' means tangible personal property used in the trade or business of transporting persons or property.

''(iv) APPLICATION OF SUBPARAGRAPH.—This subparagraph shall not apply to any property which is described in subparagraph (C).

''(C) CERTAIN AIRCRAFT.—The term 'qualified property' includes property—

''(i) which meets the requirements of clauses (ii) and (iii) of subparagraph (A),

''(ii) which is an aircraft which is not a transportation property (as defined in subparagraph (B)(iii)) other than for agricultural or firefighting purposes,

''(iii) which is purchased and on which such purchaser, at the time of the contract for purchase, has made a nonrefundable deposit of the lesser of—

''(I) 10 percent of the cost, or

''(II) $100,000, and

''(iv) which has—

''(I) an estimated production period exceeding 4 months, and

''(II) a cost exceeding $200,000.

''(3) EXCEPTIONS.—

''(A) ALTERNATIVE DEPRECIATION PROPERTY.—This subsection shall not apply to any property to which the alternative depreciation system under subsection (g) applies, determined—

''(i) without regard to paragraph (7) of subsection (g) (relating to election to have system apply), and

''(ii) after application of section 280F(b) (relating to listed property with limited business use).

''(B) ELECTION OUT.—If a taxpayer makes an election under this subparagraph with respect to any class of property for any taxable year, this subsection shall not apply to all property in such class placed in service during such taxable year.

''(4) SPECIAL RULES.—

''(A) SELF-CONSTRUCTED PROPERTY.—In the case of a taxpayer manufacturing, constructing, or producing property for the taxpayer's own use, the requirements of paragraph (2)(A)(iii) shall be treated as met if the taxpayer begins manufacturing, constructing, or producing the property after the starting date and before the ending date.

''(B) SALE-LEASEBACKS.—For purposes of subparagraph (C) and paragraph (2)(A)(ii), if property is—

''(i) originally placed in service on or after the starting date by a person, and

''(ii) sold and leased back by such person within 3 months after the date such property was originally placed in service,

such property shall be treated as originally placed in service not earlier than the date on which such property is used under the leaseback referred to in subclause (II).

''(C) SYNDICATION.—For purposes of paragraph (2)(A)(ii), if—

''(i) property is originally placed in service on or after the starting date by the lessor of such property,

''(ii) such property is sold by such lessor or any subsequent purchaser within 3 months after the date such property was originally placed in service (or, in the case of multiple units of property subject to the same lease, within 3 months after the date the final unit is placed in service, so long as the period between the time the first unit is placed in service and the time the last unit is placed in service does not exceed 12 months), and

''(iii) the user of such property after the last sale during such 3-month period remains the same as when such property was originally placed in service,

such property shall be treated as originally placed in service not earlier than the date of such last sale.

''(D) LIMITATIONS RELATED TO USERS AND RELATED PARTIES.—This subsection shall not apply to any property if—

''(i) the user of such property (as of the date on which such property is originally placed in service) or a person which is related (within the meaning of section 267(b) or 707(b)) to such user or to the taxpayer had a written binding contract in effect for the acquisition of such property at any time before the starting date, or

''(ii) in the case of property manufactured, constructed, or produced for such user's or person's own use, the manufacture, construction, or production of such property began at any time before the starting date.

''(5) COORDINATION WITH SECTION 280F.—For purposes of section 280F—

''(A) AUTOMOBILES.—In the case of a passenger automobile (as defined in section 280F(d)(5)) which is qualified property, the Secretary shall increase the limitation under section 280F(a)(1)(A)(i) by $7,650.

''(B) LISTED PROPERTY.—The deduction allowable under paragraph (1) shall be taken into account in computing any recapture amount under section 280F(b)(2).

''(6) DEDUCTION ALLOWED IN COMPUTING MINIMUM TAX.—For purposes of determining alternative minimum taxable income under section 55, the deduction under subsection (a) for qualified property shall be determined under this section without regard to any adjustment under section 56.

''(7) STARTING DATE; ENDING DATE.—For purposes of this paragraph—

''(A) STARTING DATE.—The term 'starting date' means January 1, 2008.

''(B) ENDING DATE.—The term 'ending date' means January 1, 2010.

''(8) QUALIFIED LEASEHOLD IMPROVEMENT PROPERTY.—For purposes of this subsection—

''(A) IN GENERAL.—The term 'qualified leasehold improvement property' means any improvement to an interior portion of a building which is nonresidential real property if—

''(i) such improvement is made under or pursuant to a lease (as defined in subsection (h)(7))—

''(I) by the lessee (or any sublessee) of such portion, or

''(II) by the lessor of such portion,

''(ii) such portion is to be occupied exclusively by the lessee (or any sublessee) of such portion, and

''(iii) such improvement is placed in service more than 3 years after the date the building was first placed in service.

''(B) CERTAIN IMPROVEMENTS NOT INCLUDED.—Such term shall not include any improvement for which the expenditure is attributable to—

''(i) the enlargement of the building,

''(ii) any elevator or escalator,

''(iii) any structural component benefitting a common area, and

''(iv) the internal structural framework of the building.

''(C) DEFINITIONS AND SPECIAL RULES.—For purposes of this paragraph—

''(i) COMMITMENT TO LEASE TREATED AS LEASE.—A commitment to enter into a lease shall be treated as a lease, and the parties to such commitment shall be treated as lessor and lessee, respectively.

''(ii) RELATED PERSONS.—A lease between related persons shall not be considered a lease. For purposes of the preceding sentence, the term 'related persons' means—

''(I) members of an affiliated group (as defined in section 1504), and

''(II) persons having a relationship described in subsection (b) of section 267; except that, for purposes of this clause, the phrase '80 percent or more' shall be substituted for the phrase 'more than 50 percent' each place it appears in such subsection.

''(9) QUALIFIED RETAIL IMPROVEMENT PROPERTY.—

''(A) IN GENERAL.—The term 'qualified retail improvement property' means any improvement to an interior portion of a building which is nonresidential real property if—

''(i) such portion is open to the general public and is used in the trade or business of selling tangible personal property or services to the general public, and

''(ii) such improvement is placed in service more than 3 years after the date the building was first placed in service.

''(B) CERTAIN IMPROVEMENTS NOT INCLUDED.—Such term shall not include any improvement for which the expenditure is attributable to—

''(i) the enlargement of the building,

''(ii) any elevator or escalator, or

''(iii) the internal structural framework of the building.''.

(b) COORDINATION WITH CELLULOSIC BIOMASS ETHANOL PLANT PROPERTY.—Paragraph (4) of section 168(l) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

''(D) BONUS DEPRECIATION PROPERTY.—Such term shall not include any property to which subsection (k) applies.''.

(c) CONFORMING AMENDMENTS.—

(1) Section 168(e)(6) of the Internal Revenue Code of 1986 is amended by striking ''section 168(k)(3)'' and inserting ''section 168(k)(8)''.

(2) Section 168(l) of such Code is amended—

(A) in paragraph (4), by striking ''168(k)(2)(D)(i)'' and inserting ''169(k)(3)(A)''.

(B) by striking paragraph (5) and inserting the following:

''(5) SPECIAL RULES.—For purposes of this subsection, rules similar to the rules of paragraph (4) of section 168(k) shall apply, except that in applying such paragraph—

''(A) the starting date shall be one day after the date of the enactment of subsection (l),

''(B) the ending date shall be January 1, 2013, and

''(C) 'qualified cellulosic biomass ethanol plant property' shall be substituted for 'qualified property' in clause (iv) thereof.'', and

(C) in paragraph (6), by striking ''168(k)(2)(G)'' and inserting ''168(k)(6)''.

(3) Section 1400L(b)(2) of such Code is amended—

(A) in subparagraph (A)(i)(I), by inserting ''(determined without regard to subclauses (V) and (VI) thereof)'' after ''168(k)(2)(A)(i)'',

(B) in subparagraph (C)(ii), by striking ''168(k)(2)(D)(i)'' and inserting ''168(k)(3)(A)'',

(C) in subparagraph (C)(iv), by striking ''168(k)(2)(D)(iii)'' and inserting ''168(k)(3)(B)'', and

(D) in subparagraph (E), by striking ''168(k)(2)(G)'' and inserting ''168(k)(6)''.

(4) Section 1400L(c) of such Code is amended—

(A) in paragraph (2), by striking ''168(k)(3)'' and inserting ''168(k)(8)'', and

(B) in paragraph (5), by striking ''168(k)(2)(D)(iii)'' and inserting ''168(k)(3)(B)''.

(5) Section 1400N(d) of such Code is amended—

(A) in paragraph (2)(A)(i)(I), by inserting ''(determined without regard to subclauses (V) and (VI) thereof)'' after ''168(k)(2)(A)(i)'', and

(B) in paragraph (2)(B)(i), by striking ''168(k)(2)(D)(i)'' and inserting ''168(k)(3)(A)'',

(C) by striking paragraph (3) and inserting the following:

''(5) SPECIAL RULES.—For purposes of this subsection, rules similar to the rules of paragraph (4) of section 168(k) shall apply, except that in applying such paragraph—

''(A) the starting date shall be August 28, 2005,

''(B) the ending date shall be January 1, 2008, and

''(C) 'qualified Gulf Opportunity Zone property' shall be substituted for 'qualified property' in clause (iv) thereof.'', and

(D) in paragraph (4), by striking ''168(k)(2)(G)'' and inserting ''168(k)(6)'', and

(E) in paragraph (6)(B)(ii)(II), by inserting ''(determined without regard to subclauses (V) and (VI) thereof)'' after ''168(k)(2)(A)(i)''.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to property placed in service after December 31, 2007.

S. 2540

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

SECTION 1. EXPENSING FOR CERTAIN PROPERTY PLACED IN SERVICE DURING 2008 AND 2009.

(a) IN GENERAL.—Section 168 of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsection:

''(m) SPECIAL ALLOWANCE FOR CERTAIN QUALIFIED PROPERTY PLACED IN SERVICE DURING 2008 AND 2009.—

''(1) IN GENERAL.—In the case of any qualified property—

''(A) the depreciation deduction provided by section 167(a) for the taxable year in which such property is placed in service shall include an allowance equal to 100 percent of the adjusted basis of the qualified property, and

''(B) the adjusted basis of the qualified property shall be reduced by the amount of such deduction before computing the amount otherwise allowable as a depreciation deduction under this chapter for such taxable year and any subsequent taxable year.

''(2) QUALIFIED PROPERTY.—For purposes of this subsection, the term 'qualified property' means property—

''(A) which is 3-year property, 5-year property, or 7-year property,

''(B) the original use of which commences with the taxpayer on or after the starting date,

''(C) which is—

''(i) acquired by the taxpayer on or after the starting date and before the ending date, but only if no written binding contract for the acquisition was in effect before the starting date, or

''(ii) acquired by the taxpayer pursuant to a written binding contract which was entered into on or after the starting date and before the ending date, and

''(D) which is placed in service by the taxpayer before the ending date.

''(3) EXCEPTIONS.—

''(A) ALTERNATIVE DEPRECIATION PROPERTY.—This subsection shall not apply to any property to which the alternative depreciation system under subsection (g) applies, determined—

''(i) without regard to paragraph (7) of subsection (g) (relating to election to have system apply), and

''(ii) after application of section 280F(b) (relating to listed property with limited business use).

''(B) ELECTION OUT.—If a taxpayer makes an election under this subparagraph with respect to any class of property for any taxable year, this subsection shall not apply to all property in such class placed in service during such taxable year.

''(4) SPECIAL RULES.—

''(A) SELF-CONSTRUCTED PROPERTY.—In the case of a taxpayer manufacturing, constructing, or producing property for the taxpayer's own use, the requirements of paragraph (2)(C) shall be treated as met if the taxpayer begins manufacturing, constructing, or producing the property after the starting date and before the ending date.

''(B) SALE-LEASEBACKS.—For purposes of subparagraph (C) and paragraph (2)(B), if property is—

''(i) originally placed in service on or after the starting date by a person, and

''(ii) sold and leased back by such person within 3 months after the date such property was originally placed in service,

such property shall be treated as originally placed in service not earlier than the date on

which such property is used under the leaseback referred to in subclause (II).

''(C) SYNDICATION.—For purposes of paragraph (2)(B), if—

''(i) property is originally placed in service on or after the starting date by the lessor of such property,

''(ii) such property is sold by such lessor or any subsequent purchaser within 3 months after the date such property was originally placed in service (or, in the case of multiple units of property subject to the same lease, within 3 months after the date the final unit is placed in service, so long as the period between the time the first unit is placed in service and the time the last unit is placed in service does not exceed 12 months), and

''(iii) the user of such property after the last sale during such 3-month period remains the same as when such property was originally placed in service,

such property shall be treated as originally placed in service not earlier than the date of such last sale.

''(D) LIMITATIONS RELATED TO USERS AND RELATED PARTIES.—This subsection shall not apply to any property if—

''(i) the user of such property (as of the date on which such property is originally placed in service) or a person which is related (within the meaning of section 267(b) or 707(b)) to such user or to the taxpayer had a written binding contract in effect for the acquisition of such property at any time before the starting date, or

''(ii) in the case of property manufactured, constructed, or produced for such user's or person's own use, the manufacture, construction, or production of such property began at any time before the starting date.

''(5) COORDINATION WITH SECTION 280F.—For purposes of section 280F—

''(A) AUTOMOBILES.—In the case of a passenger automobile (as defined in section 280F(d)(5)) which is qualified property, the Secretary shall increase the limitation under section 280F(a)(1)(A)(i) by $7,650.

''(B) LISTED PROPERTY.—The deduction allowable under paragraph (1) shall be taken into account in computing any recapture amount under section 280F(b)(2).

''(6) DEDUCTION ALLOWED IN COMPUTING MINIMUM TAX.—For purposes of determining alternative minimum taxable income under section 55, the deduction under subsection (a) for qualified property shall be determined under this section without regard to any adjustment under section 56.

''(7) STARTING DATE; ENDING DATE.—For purposes of this paragraph—

''(A) STARTING DATE.—The term 'starting date' means January 1, 2008.

''(B) ENDING DATE.—The term 'ending date' means January 1, 2010.''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to property placed in service after December 31, 2007.

TABLE OF ASSET CLASSES AND DEPRECIATION SCHEDULES—*INFORMATION ACQUIRED FROM INTERNAL REVENUE SERVICE

Asset Class	Description of assets included	Class Life (in years)	General Depreciation Schedule (in years)
00.11	Office Furniture, Fixtures, and Equipment: Includes furniture and fixtures that are not a structural component of a building. Includes such assets as desks, files, safes, and communications equipment. Does not include communications equipment that is included in other classes.	10	7
00.12	Information Systems: Includes Computers and their peripheral equipment used in administering normal business transactions and the maintenance of business records, their retrieval and analysis. Information Systems are defined as: (1) Computers: A computer is a programmable electronically activated device capable of accepting information, applying prescribed processes to the information, and supplying the results of these processes with or without human intervention. It usually consists of a central processing unit containing extensive storage, logic arithmetic, and control capabilities. Excluded from this category are adding machines, electronic desk calculators, etc., and other equipment described in class 00.13. (2) Peripheral equipment consists of the auxiliary machines which are designed to be placed under control of the central processing unit. Nonlimiting examples are: Card readers, card punches, magnetic tape feeds, high speed printers, optical character readers, tape cassettes, mass storage units, paper tape equipment, keypunches, data entry devices, teleprinters, terminals, tape drives, disc drives, disc files, disc packs, visual image projector tubes, card sorters, plotters, and collators. Peripheral equipment may be used on-line or off-line. Does not include equipment that is an integral part of other capital equipment that is included in other classes of economic activity, i.e., computers used primarily for process or production control switching, channeling, and automating distributive trades and services such as point of sale (POS) computer systems. Also does not include equipment of a kind used primarily for amusement or entertainment of the user.	6	5
00.13	Data Handling Equipment; except Computers: Includes only typewriters, calculators, adding and accounting machines, copiers, and duplicating equipment.	6	5
00.21	Airplanes (airframes and engines), except those used in commercial or contract carrying of passengers or freight, and all helicopters (airframes and engines).	6	5
00.22	Automobiles, Taxis	3	5
00.23	Buses	9	5
00.241	Light General Purpose Trucks: Includes trucks for use over the road (actual weight less than 13,000 pounds)	4	5
00.242	Heavy General purpose Trucks: Includes heavy general purpose trucks, concrete ready mix-trucks, and ore trucks, for use over the road (actual unloaded weight 13,000 pounds or more).	6	5
00.25	Railroad Cars and Locomotives, except those owned by railroad transportation companies	15	7
00.26	Tractor units for Use Over-The-Road	4	3
00.27	Trailers and Trailer-Mounted Containers	6	5
01.1	Agriculture: Includes machinery and equipment, grain bins, and fences but no other land improvements, that are used in the production of crops or plants, vines, and trees; livestock; the operation of farm dairies, nurseries, greenhouses, sod farms, mushroom cellars, cranberry bogs, apiaries and fur farms; the performance of agriculture, animal husbandry, and horticultural services.	10	7
01.11	Cotton Ginning Assets	12	7
01.21	Cattle, Breeding or Dairy	7	5
01.221	Any breeding or work horse that is more than 12 years old at the time it is placed in service	10	7
01.222	Any breeding or work horse that is more than 12 years old at the time it is placed in service	10	3
01.223	Any race horse that is more than 2 years old at the time it is placed in service	10	3
01.224	Any race horse that is more than 12 years old at the time it is placed in service and that is neither a race horse nor a horse described in class 01.222	10	3
01.225	Any horse not described in classes 01.221, 01.222, 01.223, or 01.224	10	7
01.23	Hogs, Breeding	3	3
01.24	Sheep and Goats, Breeding	5	5
10.0	Mining: Includes assets used in the mining and quarrying of metallic and nonmetallic minerals (including sand, gravel, stone, and clay) and the milling, beneficiation and other primary preparation of such materials.	10	7
13.0	Offshore Drilling: Includes assets used in offshore drilling for oil and gas such as floating, self-propelled and other drilling vessels, barges, platforms, and drilling equipment and support vessels such as tenders, barges, towboats and crewboats. Excludes oil and gas production assets.	.5	5
13.1	Drilling of Oil and Gas Wells: Includes assets used in the drilling of onshore oil and gas wells and the provision of geophysical and other exploration services; and the provision of such oil and gas field services as chemical treatment, plugging and abandoning of wells and cementing or perforating well casings. Does not include assets used in the performance of any of these activities and services by integrated petroleum and natural gas producers for their own account.	6	5
13.2	Exploration for and Production of Petroleum and Natural Gas Deposits: Includes assets used by petroleum and natural gas producers for drilling of wells and production of petroleum and natural gas, including gathering pipelines and related storage facilities. Also includes petroleum and natural gas offshore transportation facilities used by producers and others consisting of platforms (other than drilling platforms classified in Class 13.0), compression or pumping equipment, and gathering and transmission lines to the first onshore transshipment facility. The assets used in the first onshore transshipment facility are also included and consist of separation equipment (used for separation of natural gas, liquids, and in Class 49.23), and liquid holding or storage facilities (other than those classified in Class 49.25). Does not include support vessels.	14	7
15.0	Construction: Includes assets used in construction by general building, special trade, heavy and marine construction contractors, operative and investment builders, real estate subdividers and developers, and others except railroads.	6	5
20.4	Manufacture of Other Food and Kindred Products: Includes assets used in the production of foods and beverages not included in classes 20.1, 20.2 and 20.3.	12	7
20.5	Manufacture of Food and Beverages—Special Handling Devices: Includes assets defined as specialized materials handling devices such as returnable pallets, palletized containers, and fish processing equipment including boxes, baskets, carts, and flaking trays used in activities as defined in classes 20.1, 20.2, 20.3 and 20.4. Does not include general purpose small tools such as wrenches and drills, both hand and power-driven, and other general purpose equipment such as conveyors, transfer equipment, and materials handling devices.	4	3
21.0	Manufacture of Tobacco and Tobacco Products: Includes assets used in the production of cigarettes, cigars, smoking and chewing tobacco, snuff, and other tobacco products.	15	7
22.1	Manufacture of Knitted Goods: Includes assets used in the production of knitted and netted fabrics and lace. Assets used in yarn preparation, bleaching, dyeing, printing, and other similar finishing processes, texturing, and packaging, are elsewhere classified.	7.5	5
22.2	Manufacture of Yarn, Thread, and Woven Fabric: Includes assets used in the production of spun yarns including the preparing, blending, spinning, and twisting of fibers into yarns and threads, the preparation of yarns such as twisting, warping, and winding, the production of covered elastic yarn and thread, cordage, woven fabric, tire fabric, braided fabric, twisted jut for packaging, mattresses, pads, sheets, and industrial belts, and the processing of textile mill waste to recover fibers, flocks, and shoddies. Assets used to manufacture carpets, man-made fibers, and nonwovens, and assets used in texturing, bleaching, dyeing, printing, and other similar finishing processes, are elsewhere classified.	11	7
22.3	Manufacture of Carpets and Dyeing, Finishing, and Packaging of Textile Products and Manufacture of Medical and Dental Supplies: Includes assets used in the production of carpets, rugs, mats, woven carpet backing, chenille, and other tufted products, and assets used in the joining together of backing with carpet yarn or fabric. Includes assets used in washing, scouring, bleaching, dyeing, printing, drying, and similar finishing processes applied to textile fabrics, yarns, threads, and other textile goods. Includes assets used in the production and packaging of textile products, other than apparel, by creasing, forming, trimming, cutting, and sewing, such as the preparation of carpet and fabric samples, or similar joining together processes (other than the production of scrim reinforced paper products and laminated paper products) such as the sewing and folding of hosiery and panty hose, and the creasing, folding, trimming, and cutting of fabrics to produce nonwoven products, such as disposable diapers and sanitary products. Also includes assets used in the production of medical and dental supplies other than drugs and medicines. Assets used in the manufacture of nonwoven carpet backing, and hard surface floor covering such as tile, rubber, and cork, are elsewhere classified.	9	5

TABLE OF ASSET CLASSES AND DEPRECIATION SCHEDULES—*INFORMATION ACQUIRED FROM INTERNAL REVENUE SERVICE—Continued

Asset Class	Description of assets included	Class Life (in years)	General Depreciation Schedule (in years)
22.4	Manufacture of Textile Yarns: Includes assets used in the processing of yarns to impart bulk and/or stretch properties to the yarn. The principal machines involved are falsetwist, draw, beam-to-beam, and stuffer box texturing equipment and related highspeed twisters and winders. Assets, as described above, which are used to further process man-made fibers are elsewhere classified when located in the same plant in an integrated operation with man-made fiber producing assets. Assets used to manufacture man-made fibers and assets used in bleaching, dyeing, printing, and other similar finishing processes, are elsewhere classified.	8	5
22.5	Manufacture of Nonwoven Fabrics: Includes assets used in the production of nonwoven fabrics, felt goods including felt hats, padding, batting, wadding, oakum, and fillings, from new materials and from textile mill waste. Nonwoven fabrics are defined as fabrics (other than reinforced and laminated composites consisting of nonwovens and other products) manufactured by bonding natural and/or synthetic fibers and/or filaments by means of induced mechanical interlocking, fluid entanglement, chemical adhesion, thermal or solvent reaction, or by combination thereof other than natural hydration bonding as occurs with natural cellulose fibers. Such means include resin bonding, web bonding, and melt bonding. Specifically includes assets used to make flocked and needle punched products other than carpets and rugs. Assets, as described above, which are used to manufacture nonwovens are elsewhere classified when located in the same plant in an integrated operation with man-made fiber producing assets. Assets used to manufacture man-made fibers and assets used in bleaching, dyeing, printing, and other similar finishing processes, are elsewhere classified.	10	7
23.0	Manufacture of Apparel and Other Finished Products: Includes assets used in the production of clothing and fabricated textile products by the cutting and sewing of woven fabrics, other textile products, and furs; but does not include assets used in the manufacture of apparel from rubber and leather.	9	5
24.1	Cutting of Tiber: Includes logging machinery and equipment and roadbuilding equipment used by logging and sawmill operators and pulp manufacturers for their own account.	6	5
24.2	Sawing of Dimensional Stock from Logs: Includes machinery and equipment installed in permanent of well established sawmills	10	7
24.3	Sawing of Dimensional Stock from Logs: Includes machinery and equipment in sawmills characterized by temporary foundations and a lack, or minimum amount, of lumberhandling, drying, and residue disposal equipment and facilities.	6	5
24.4	Manufacture of Wood Products, and Furniture: Includes assets used in the production of plywood, hardboard, flooring, veneers, furniture, and other wood products, including the treatment of poles and timber.	10	7
26.1	Manufacture of Pulp and Paper: Includes assets for pulp materials handling and storage, pulpmill processing, bleach processing, paper and paperboard manufacturing, and on-line finishing. Includes pollution control assets and all land improvements associated with the factory site or production process such as effluent ponds and canals, provided such improvements are depreciable but does not include building and structural components as defined in section 1.4801(e)(1) of the regulations. Includes steam and chemical recovery boiler systems, with any rated capacity, used for the recovery and regeneration of chemicals used in manufacturing. Does not included assets used either in pulpwood logging, or in the manufacture of hardboard.	13	7
26.2	Manufacture of Converted Paper, Paperboard, and Pulp Products: Includes assets used for modification, or remanufacture of paper and pulp into converted products, such as paper coated off the paper machine, paper bags, paper boxes, cartons and envelopes. Does not include assets used for manufacture of nonwovens that are elsewhere classified.	10	7
27.0	Printing, Publishing, and Allied Industries: Includes assets used in printing by one or more processes, such as letter-press, lithography, gravure, or screen; the performance of services for the printing trade, such as bookbinding, typesetting, engraving, photo-engraving, and electrotyping and the publication of newspapers, books, and periodicals.	11	7
28.0	Manufacture of Chemicals and Allied Products: Includes assets used to manufacture basic organic and inorganic chemicals; chemical products to be used in further manufacture, such as synthetic fibers and plastics materials; and finished chemical products. Includes assets used to further process man-made fibers, to manufacture plastic film, and to manufacture nonwoven fabrics, when such assets are located in the same plant in an integrated operation with chemical products producing assets. Also includes assets used to manufacture photographic supplies, such as film, photographic paper, sensitized photographic paper, and developing chemicals. Includes all land improvements associated with plant site or production processes, such as effluent ponds and canals, provided such land improvements are depreciable but does not include building and structural components as defined in section 1.48–1(e) of the regulations. Does not include assets used in the manufacture of finished rubber and plastic products or in the production of natural gas products, butane, propane, and by-products of natural gas production plants.	9.5	5
30.1	Manufacture of Rubber Products: Includes assets used for the production of products from natural, synthetic, or reclaimed rubber, gutta percha, balata, or gutta siak, such as tires tubes, rubber footwear, mechanical rubber goods, heels and soles, flooring, and rubber sundries; and in the recapping, retreading, and rebuilding of tires.	14	7
30.11	Manufacture of Rubber Products—Special Tools and Devices: Includes assets defined as special tools, such as jigs, dies, mandrels, molds, lasts, patterns, specialty containers, pallets, shells; and tire molds, and accessory parts such as rings and insert plates used in activities as defined in class 30.1. Does not include tire building drums and accessory parts and general purpose small tools such as wrenches and drills, both power and hand-driven, and other general purpose equipment such as conveyors and transfer equipment.	4	3
30.2	Manufacture of Finished Plastic Products: Includes assets used in the manufacture of plastics products and the molding of primary plastics for the trade. Does not include assets used in the manufacture of basic plastics materials nor the manufacture of phonograph records.	11	7
30.21	Manufacture of Finished Products—Special Tools: Includes assets defined as special tools, such as jigs, dies, fixtures, molds, patterns, gauges, and specialty transfer and shipping devices, used in activities as defined in class 30.2. Special tools are specifically designed for the production or processing of particular parts and have no significant utilitarian value and cannot be adapted to further or different use after changes or improvements are made in the model design of the particular part produced by the special tools. Does not include general purpose small tools such as wrenches and drills, both hand and power-driven, and other general purpose equipment such as conveyors, transfer equipment, and materials handling devices.	3.5	3
31.0	Manufacture of Leather and Leather Products: Includes assets used in the tanning, currying, and finishing of hides and skins; the processing of fur pelts; and the manufacture of finished leather products, such as footwear, belting, apparel, and luggage.	11	7
32.1	Manufacture of Glass Products: Includes assets used in the production of flat, blown, or pressed products of glass, such as float and window glass, glass containers, glassware and fiberglass. Does not include assets used in the manufacture of lenses.	14	7
32.11	Manufacture of Glass Products—Special Tools: Includes assets defined as special tools such as molds, patterns, pallets, and specialty transfer and shipping devices such as steel racks to transport automotive glass, used in activities as defined in class 32.1. Special tools are specifically designed for the production or processing of particular parts and have no significant utilitarian value and cannot be adapted to further or different use after changes or improvements are made in the model design of the particular part produced by the special tools. Does not include general purpose small tools such as wrenches and drills, both hand and power-driven, and other general purpose equipment such as conveyors, transfer equipment, and materials handling devices.	2.5	3
32.3	Manufacture of Other Stone and Clay Products: Includes assets used in the manufacture of products from materials in the form of clay and stone, such as brick, tile, and pipe; pottery and related products, such as vitreous-china, plumbing fixtures, earthenware and ceramic insulating materials; and also includes assets used in manufacture of concrete and concrete products. Does not include assets used in any mining or extraction processes.	15	7
33.2	Manufacture of Primary Nonferrous Metals: Includes assets used in the smelting, refining, and electrolysis of nonferrous metals from ore, pig, or scrap, the rolling, drawing, and alloying of nonferrous metals; the manufacture of castings, forgings, and other basic products of nonferrous metals; and the manufacture of nails, spikes, structural shapes, tubing, wire, and cable.	14	7
33.21	Manufacture of Primary Nonferrous Metals—Special Tools: Includes assets defined as special tools such as dies, jigs, molds, patterns, fixtures, gauges and drawings concerning such special tools used in the activities as defined in class 33.2, Manufacture of Primary Nonferrous Metals. Special tools are specifically designed for the production or processing of particular products or parts and have no significant utilitarian value and cannot be adapted to further or different use after changes or improvements are made in the model design of the particular part produced by the special tools. Does not include general purpose small tools such as wrenches and drills, both hand and power-driven, and other general purpose equipment such as conveyors, transfer equipment, and materials handling devices. Rolls, mandrels and refractories are not included in class 33.21 but are included in class 33.2.	6.5	5
33.3	Manufacture of Foundry Products: Includes assets used in the casting of iron and steel, including related operations such as molding and coremaking. Also includes assets used in the finishing of castings and patternmaking when performed at the foundry, all special tools and related land improvements.	14	7
33.4	Manufacture of Primary Steel Mill Products: Includes assets used in the smelting, reduction, and refining of iron and steel from ore, pig, or scrap; the rolling, drawing and alloying of steel; the manufacture of nails, spikes, structural shapes, tubing, wire, and cable. Includes assets used by steel service centers, ferrous metal forges, and assets used in coke production, regardless of ownership. Also includes related land improvements and all special tools used in the above activities.	15	7
34.0	Manufacture of Fabricated Metal Products: Includes assets used in the production of metal cans, tinware, fabricated structural metal products, metal stampings, and other ferrous and nonferrous metal and wire products not elsewhere classified. Does not include assets used to manufacture non-electric heating apparatus.	12	7
34.01	Manufacture of Fabricated Metal Products—Special Tools: Includes assets defined as special tools such as dies, jigs, molds, patterns, fixtures, gauges, and returnable containers and drawings concerning such special tools used in the activities as defined in class 34.0. Special tools are specifically designed for the production or processing of particular machine components, products, or parts, and have no significant utilitarian value and cannot be adapted to further or different use after changes or improvements are made in the model design of the particular part produced by the special tools. Does not include general small tools such as wrenches and drills, both hand and power-driven, and other general purpose equipment such as conveyors, transfer equipment, and materials handling devices.	3	3
35.0	Manufacture of Electrical and Non-Electrical Machinery and Other Mechanical Products: Includes assets used to manufacture or rebuild finished machinery and equipment and replacement parts thereof such as machine tools, general industrial and special industry machinery, electrical power generation, transmission, and distribution systems, space heating, cooling, and refrigeration systems, commercial and home appliances, farm and garden machinery, construction machinery, mining and oil field machinery, internal combustion engines except those elsewhere classified), turbines (except those that power airborne vehicles), batteries, lamps and lighting fixtures, carbon and graphite products, and electromechanical and mechanical products including business machines, instruments, watches and clocks, vending and amusement machines, photographic equipment, medical and dental equipment and appliances, and ophthalmic goods. Includes assets used by manufacturers or rebuilders of such finished machinery and equipment in activities elsewhere classified such as the manufacture of castings, forging, rubber and plastic products, electronic subassemblies or other manufacturing activities if the interim products are used by the same manufacturer primarily in the manufacture, assembly or rebuilding of such finished machinery and equipment. Does not include assets used in mining, assets used in the manufacture of primary ferrous and nonferrous metals, assets included in class 00.11 through 00.4 and assets elsewhere classified.	10	7

TABLE OF ASSET CLASSES AND DEPRECIATION SCHEDULES—*INFORMATION ACQUIRED FROM INTERNAL REVENUE SERVICE—Continued

Asset Class	Description of assets included	Class Life (in years)	General Depreciation Schedule (in years)
36.0	Manufacture of Electronic Components, Products, and Systems: Includes assets used in the manufacture of electronic communication computation, instrumentation and control system, including airborne applications; also includes assets used in the manufacture of electronic products such as frequency and amplitude modulated transmitters and receivers, electronic switching stations, television cameras, video recorders, record players and tape recorders, computers and computer peripheral machines, and electronic instruments, watches, and clocks; also includes assets used in the manufacture of components, provided their primary use is products and systems defined above such as electron tubes, capacitors, coils, resistors, printed circuit substrates, switches, harness cables, lasers, fiber optic devices, and magnetic media devices. Specifically excludes assets used to manufacture electronic products and components, photocopiers, typewriters, postage meters and other electromechanical and mechanical business machines and instruments that are elsewhere classified. Does not include semiconductor manufacturing equipment included in class 36.1.	6	5
36.1	Any Semiconductor Manufacturing Equipment	5	5
37.11	Manufacture of Motor Vehicles: Includes assets used in the manufacture and assembly of finished automobiles, trucks, trailers, motor homes, and buses. Does not include assets used in mining, printing and publishing, production of primary metals, electricity, or steam, or the manufacture of glass, industrial chemicals, batteries, or rubber products, which are classified other than those excluded above, where such activities are incidental to and an integral part of the manufacture and assembly of finished motor vehicles such as the manufacture of parts and subassemblies of fabricated metal products, electrical equipment, textiles, plastics, leather, and foundry and forging operations. Does not include any assets not classified in manufacturing activity classes, e.g., does not include any assets classified in assets guideline classes 00.11 through 00.4. Activities will be considered incidental to the manufacture and assembly of finished motor vehicles only in 75 percent or more of the value of the products produced under one roof are used for the manufacture and assembly of finished motor vehicles. Parts that are produced as a normal replacement stock complement in connection with the manufacture and assembly of finished motor vehicles are considered used for the manufacture assembly of finished motor vehicles. Does not include assets used in the manufacture of component parts if these assets are used by taxpayers not engaged in the assembly of finished motor vehicles.	12	7
37.12	Manufacture of Motor Vehicles—Special Tools: Includes assets defined as special tools, such as jigs, dies, fixtures, molds, patterns, gauges, and specialty transfer and shipping devices, owned by manufacturers of finished motor vehicles and used in qualified activities as defined in class 37.11. Special tools are specifically designed for the production or processing of particular motor vehicle components and have no significant utilitarian value, and cannot be adapted to further or different use, after changes or improvement are made in the model design of the particular part produced by the special tools. Does not include general purpose small tools such as wrenches and drills, both hand and power-driven, and other general purpose equipment such as conveyors, transfer equipment, and materials handling devices.	3	3
37.2	Manufacture of Aerospace Products: Includes assets used in the manufacture and assembly of airborne vehicles and their component parts including hydraulic, pneumatic, electrical, and mechanical systems. Does not include assets used in the production of electronic airborne detection, guidance, control, radiation, computation, test navigation, and communication equipment or the components thereof.	10	7
37.31	Ship and Boat Building Machinery and Equipment: Includes assets used in the manufacture and repair of ships, boats, caissons, marine drilling rigs, and special fabrications not included in assets classes 37.32 and 37.33. Specifically includes all manufacturing and repairing machinery and equipment, including machinery and equipment used in the operation of assets included in assets class 37.32. Excludes building and their structural components.	12	7
37.33	Ship and Boat Building—Special Tools: Includes assets defined as special tools such as dies, jigs, molds, patterns fixtures, gauges, and drawings concerning such special tools used in the activities defined in classes 37.31 and 37.32. Special tools are specifically designed for the production or processing particular machine components, products or parts, and have no significant utilitarian value and cannot be adapted to further or different use after changes or improvements are made in the model design of the particular part produced by the special tools. Does not include general purpose small tools such as wrenches and drills, both hand and power-driven, and other general purpose equipment such as conveyors, transfer equipment, and materials handling devices.	6.5	5
37.41	Manufacture of Locomotives: Includes assets used in building or rebuilding railroad locomotives (including mining and industrial locomotives). Does not include assets of railroad transportation companies or assets of companies which manufacture components of locomotives but do not manufacture finished locomotives.	11.5	7
37.42	Manufacture of Railroad Cars: Includes assets used in building or rebuilding railroad freight or passenger cars (including rail transit cars). Does not include assets of railroad transportation companies or assets of companies which manufacture components of railroad cars but do not manufacture finished railroad cars.	12	7
39.0	Manufacture of Athletic, Jewelry, and Other Goods: Includes assets used in the production of jewelry; musical instruments; toys and sporting goods; motion picture and television films and tapes; and pens, pencils, office and art supplies, brooms, brushes, caskets, etc.	12	7
	Railroad Transportation: Classes with the prefix 40 include the assets identified below that are used in the commercial and contract carrying of passengers and freight by rail. Assets of electrified railroads will be classified in a manner corresponding to that set forth below for railroads not independently operated as electric lines. Excludes the assets included in classes with the prefix beginning 00.1 and 00.2 above, and also excludes and nondepreciable assets included in Interstate Commerce Commission accounts enumerated for this class.		
40.1	Railroad Machinery and Equipment: Includes assets classified in the following Interstate Commerce Commission accounts: Roadway accounts: (16) Station and office buildings (freight handling machinery and equipment only) (25) TOFC/COFC terminals (freight handling machinery and equipment only) (26) Communication systems (27) Signals and interlockers (37) Roadway machines (44) Shop machinery Equipment accounts: (52) Locomotives (53) Freight train cars (54) Passenger train cars (57)Work equipment	14	7
40.4	Railroad Track	10	7
41.0	Motor Transport—Passengers: Includes assets used in the commercial and contract carrying of freight by road, except the transportation assets included in classes with the prefix 00.2.	8	5
45.0	Air Transport: Includes assets (except helicopters) used in commercial and contract carrying of passengers and freight by air. For purposes of section 1.167(a)–11(d)(2)(iv)(a) of the regulations, expenditures for ''repair, maintenance, rehabilitation, or improvement,'' shall consist of direct maintenance expenses (irrespective of airworthiness provisions or charges) as defined by Civil Aeronautics Board uniform accounts 5200, maintenance burden (exclusive of expenses pertaining to maintenance buildings and improvements) as defined by Civil Aeronautics Board accounts 5300, and expenditures which are not ''excluded additions'' as defined in section 1.167(a)–11(d)(2)(vi) of the regulations and which would be charged to property and equipment accounts in the Civil Aeronautics Board uniform system of accounts.	12	7
45.1	Air Transport (restricted): Includes each assets described in the description of class 45.0 which was held by the taxpayer on April 15, 1976, or is acquired by the taxpayer pursuant to a contract which was, on April 15, 1976, and at all times thereafter, binding on the taxpayer. This criterion of classification based on binding contact concept is to be applied in the same manner as under the general rules expressed in section 49(b)(1), (4), (5) and (8) of the Code (as in effect prior to its repeal by the Revenue Act of 1978, section 312(c)(1), (d), 1978–3 C.B. 1, 60).	6	5
48.121	Computer-based Telephone Central Office Switching Equipment: Includes equipment whose function are those of a computer of peripheral equipment (as defined in section 168(i)(2)(B) of the Code) used in its capacity as telephone central office equipment. Does not include private exchange (PBX) equipment.	9.5	5
48.13	Telephone Station Equipment: Includes such station apparatus and connections and teletypewriters, telephones, booths, private exchanges, and comparable equipment as defined in Federal Communication Commission Part 31 Account Nos 231, 232, and 234.	10	7
48.2	Radio and Television Broadcastings: Includes assets used in radio and television broadcasting, except transmitting towers.	6	5
	Telegraph, Ocean Cable, and Satellite Communications (TOCSC) includes communications-related assets used to provide domestic and international radio-telegraph, wire-telegraph, ocean-cable, and satellite communications services; also includes related land improvements. If property described in Classes 48.31–48.45 is comparable to telephone distribution plant described in Class 48.14 and used for 2–way exchange of voice and data communication which is the equivalent of telephone communication, such property is assigned a class life of 24 years under this revenue procedure. Comparable equipment does not include cable television equipment used primarily for 1–way communication.		
48.32	TOCSC—High Frequency Radio and Microwave Systems: Includes assets such as transmitters and receivers, antenna supporting structure, antennas, transmission lines from equipment to antenna, transmitter cooling systems, and control and amplification equipment. Does not include cable and long-line systems.	13	7
48.35	TOCSC—Computerized Switching, Channeling, and Associated Control Equipment: Includes central office switching computers, interfacing computers, other associated specialized control equipment, and site improvements.	10.5	7
48.36	TOCSC—Satellite Ground Segment Property: Includes assets such as fixed earth station equipment, antennas, satellite communications equipment, and interface equipment used in satellite communications. Does not include general purpose equipment or equipment used in satellite space segment property.	10	7
48.37	TOCSC—Satellite Space Segment Property: Includes satellites and equipment used for telemetry, tracking, control, and monitoring when used in satellite communications.	8	5
48.38	TOCSC—Equipment Installed on Customer's Premises: Includes assets installed on customer's premises, such as computers, terminal equipment, power generation and distribution systems, private switching center, teleprinters, facsimile equipment and other associated and related equipment.	10	7
48.39	TOCSC—Support and Service Equipment: Includes assets used to support but not engage in communications. Includes store, warehouse and shop tools and test and laboratory assets.	13.5	7
	Cable Television (CATV): Includes communications-related assets used to provide cable television community antenna television services. Does not include assets used to provide subscribers with two-way communications services.		
48.41	CATV—Headend: Includes assets such as towers, antennas, preamplifiers, converters, modulation equipment, and program non-duplication systems. Does not include headend building and program origination assets.	11	7
48.42	CATV—Subscriber Connection and Distribution Systems: Includes assets such as trunk and feeder cable, connecting hardware, amplifiers, power equipment, passive devices, direction taps, pedestals, pressure taps, drop cables, matching transformers, multiple set connector equipment, and converters.	10	7
48.43	CATV—Program Origination: Includes assets such as cameras, film chains, video tape recorders, lighting, and remote location equipment excluding vehicles. Does not include buildings and their structural components.	9	5
48.44	CATV—Service and Test: Includes assets such as oscilloscopes, field strength meters, spectrum analyzers, and cable testing equipment, but does not include vehicles.	8.5	5

TABLE OF ASSET CLASSES AND DEPRECIATION SCHEDULES—*INFORMATION ACQUIRED FROM INTERNAL REVENUE SERVICE—Continued

Asset Class	Description of assets included	Class Life (in years)	General Depreciation Schedule (in years)
48.45	CATV—Microwave Systems: Includes assets such as towers, antennas, transmitting and receiving equipment, and broadband microwave assets used in the provision of cable television services. Does not include assets used in the provision of common carrier services.	9.5	5
49.121	Electric Utility Nuclear Fuel Assemblies: Includes initial core and replacement core nuclear fuel assemblies (i.e., the composite of fabricated nuclear fuel and container) when used in a boiling water, pressurized water, or high temperature gas reactor used in the production of electricity. Does not include nuclear fuel assemblies used in breader reactors.	5	5
49.222	Gas Utility Substitute Natural Gas (SNG) Production Plant (naphtha or lighter hydrocarbon feedstocks): Includes assets used in the catalytic conversion of feedstocks or naphtha or lighter hydrocarbons to a gaseous fuel which is completely interchangeable with domestic natural gas.	14	7
49.23	Natural Gas Production Plant	14	7
49.5	Waste Reduction and Resource Recovery Plants: Includes assets used in the conversion of refuse or other solid waste or biomass to heat or to a solid, liquid, or gaseous fuel. Also includes all process plant equipment and structures at the site used to receive, handle, collect, and process refuse or other solid waste or biomass in a waterwall, combustion system, oil or gas pyrolysis system, or refuse derived fuel system to create hot water, gas steam and electricity. Includes material recovery and support assets used in refuse or solid refuse or solid waste receiving, collecting, handling, sorting, shredding, classifying, and separation systems. Does not include any package boilers, or electric generators and related assets such as electricity, hot water, steam and manufactured gas production plants classified in classes 00.4, 49.13, 49.221, and 49.4. Does include, however, all other utilities such as water supply and treatment facilities, ash handling and other related land improvements of a waste reduction and resource recovery plant.	10	7
57.0	Distributive Trades and Services: Includes assets used in wholesale and retail trade, and personal and professional services. Includes section 1245 assets used in marketing petroleum and petroleum products.	9	5
79.0	Recreation: Includes assets used in the provision of entertainment services on payment of a fee or admission charge, as in the operation of bowling alleys, billiard and pool establishments, theaters, concert halls, and miniature golf courses. Does not include amusement and theme parks and assets which consist primarily of specialized land improvements or structures, such as golf courses, sports stadia, racetracks, ski slopes, and buildings which house the assets used in entertainment services.	10	7
80.0	Theme and Amusement Parks: Includes assets used in the provision of rides, attractions, and amusements in activities defined as theme and amusement parks, and includes appurtenances associated with a ride, attraction, amusement or theme setting within the park such as ticket booths, facades, shop interiors, and props, special purpose structures, and buildings other than warehouses, administration buildings, hotels, and motels. Includes all land improvements for or in support of park activities (e.g., parking lots, sidewalks, waterways, bridges, fences, landscaping, etc.), and support functions (e.g., food and beverage retailing, souvenir vending and other nonlodging accommodations) if owned by the park and provided exclusively for the benefit of park patrons. Theme and amusement parks are defined as combinations of amusements, rides, and attractions which are permanently situated on park land and open to the public for the price of admission. This guideline class is a composite of all assets used in this industry except transportation equipment (general purpose trucks, cars, airplanes, etc., which are included in asset guideline classes with the prefix 00.2), assets used in the provision of administrative services (asset classes with the prefix 00.1) and warehouses, administration buildings, hotels and motels.	12.5	7

[From the Wall Street Journal Online, Jan. 12, 2008]

THE JFK STIMULUS PLAN

(By Ernest S. Christian and Gary A. Robbins)

Got an economic downturn? Need a stimulus package? Why not adopt full or partial first-year expensing (or its cousin, the investment tax credit), which has come to the rescue many times since 1962, when President John F. Kennedy first administered this type of remedy to the economy?

By allowing more of the cost of machinery and equipment to be deducted more quickly, first-year expensing causes new investment to be made sooner. More investment means more productivity—and 80% of the net benefit from increased productivity goes to labor. Expensing is a no-risk tax cut. It worked four times in the 1960s and 1970s. It worked in 1981–1982 and again in 2002–2004.

It also has bipartisan appeal. Democrat Dan Rostenkowski proposed it in 1981, when he was Chairman of the House Ways and Means Committee. More recently, Democrat Max Baucus, the current Chairman of the Senate Finance Committee, was the Senate sponsor of 30% partial expensing in 2002.

During the recession that started in 2000, the economy did not respond much to a Keynesian tax cut in 2001, consisting mostly of a new 10% bottom bracket for individuals and a child credit. In the first quarter of 2001, real investment began falling at an annual rate of 6%. The decline was stopped by the 30% partial expensing enacted in the spring of 2002. Investment started rising again at a real annual rate of 9% beginning with the enactment in 2003 of 50% partial expensing, in combination with lower rates of tax on capital gains and dividends.

Expensing is the favorite of tightfisted budgeters because ultimately it pays for most of its cost. This is true even when the Treasury uses old-fashioned static revenue estimates that do not take into account feedback revenues from the large amount of induced economic growth. Expensing is the low-cost remedy because it does not create any new deductions, but merely accelerates forward in time currently allowable depreciation write-offs.

Much of the revenue payback starts quickly. In the case of a full, first-year deduction for the cost of equipment with a five-year depreciation life, the Treasury gets 52% of its money back in the first two years. The economy gets a boost even quicker.

In terms of the real benefit from capital investment—induced economic growth and higher living standards—first-year expensing produces enormous bang for the buck. Experience in 2003–2004 shows that new orders for manufacturing equipment and other business durables begin to be placed within weeks of the enactment date. Small businesses and other producers will not order what they do not need. But when the price goes down (which is the effect of expensing), they can afford to order what they do need more quickly, and in larger volumes.

An analysis for the Institute for Policy Innovation in 2001 concluded that, over time, each $1 of tax cut from first-year expensing produces about $9 of additional GDP growth. The high ratio occurs in large part because more capital investment leads to more employment and higher wages.

Expensing is not the favorite of the financial accountants who treat it as a tax deferral rather than a tax cut—and for that reason it is probably also not the favorite of some corporate financial officers. But it ranks very high with economists, tax reformers and many members of Congress. In fact, first-year expensing is not a stimulant for emergency use only. It is the correct way to treat capital investment and is, therefore, a key component of all mainstream tax-reform proposals.

A surefire economic stimulus with an exceptional pedigree that ultimately pays for most of its cost and can get enacted ought to be at the top of the list for inclusion in President George Bush's upcoming State of the Union message. It ought also to be made a permanent part of the tax code.

Although essentially revenue neutral in the long run, full and permanent fist-year expensing is not ''free'' from a budget-accounting standpoint. The static revenue cost may on average be as much as $80 billion per year until it is paid back. But these sums do not take into account feedbacks, and are relatively small compared to all the money that simply falls through the cracks on the spending side of the budget. And then there are all the earmarks and other waste.

Surely Congress and the administration can find enough money to finance the temporary cost of a much needed tax reform that will make the American people at least $2.5 trillion better off through economic growth.

CHAMBER OF COMMERCE
OF THE UNITED STATES OF AMERICA,
Washington, DC, January 15, 2008.

Hon. ARLEN SPECTER,
U.S. Senate,
Washington, DC.

DEAR SENATOR SPECTER: The U.S. Chamber of Commerce, the world's largest business federation representing more than three million businesses and organizations of every size, sector, and region, appreciates the introduction of your legislative proposals that would accelerate cost recovery, The Chamber believes that provisions such as these that promote economic growth should be included in any tax legislation that moves this year.

The Chamber recognizes that the U.S. economy has weakened and believes that a tax package to combat this economic deterioration should encourage broad based activity. Your accelerated cost recovery proposals would, in the short run, act as an insurance policy by encouraging immediate investment, and, in the long run, would increase productivity and further the prospects for long-term economic growth.

Thank you for your leadership on this issue. The Chamber looks forward to working with you to ensure that it is considered in the coming debate on the economy.

Sincerely,

R. BRUCE JOSTEN,
Executive Vice President,
Government Affairs.

U.S. SENATE,
Washington, DC, January 18, 2008.

Hon. HENRY M. PAULSON, JR.,
Secretary, Department of the Treasury, Washington, DC.

DEAR SECRETARY PAULSON: I am writing to bring to your attention two pieces of legislation which I plan to introduce when the Senate returns on Tuesday, January 22, 2008, to provide immediate economic stimulus for an economy hindered by a housing crisis, rising oil prices, unemployment, sagging stock markets, and battered consumer confidence. Both are designed to spur new business investments through the use of partial- and full-expensing. By allowing firms to expense a greater share of the value of an asset in the first year, these proposals free up additional resources for firms to hire more workers and expand their operations.

The first bill provides two years of ''bonus depreciation'' for all sectors of the economy.

Specifically, firms would be allowed to expense fifty percent of the cost of new equipment in the first year the asset is put to use. Remaining value would be deducted over the course of its useful life by using the Internal Revenue Code depreciation schedules.

The second bill allows a variety of sectors to take advantage of one-hundred percent up-front expensing for new assets that are placed into service during tax years 2008 and 2009. Specifically, this legislation would allow all equipment which is currently depreciated on the three-, five-, and seven-year schedules to be fully expensed in year one. One particular advantage to this legislation is the minimal cost impact as viewed by the Joint Committee on Taxation. Because revenue legislation is scored over a ten-year window and the tax benefit inferred by this bill still occurs within that span (only quicker), the revenue impact will be negligible.

I believe that these proposals should be the cornerstone of any economic stimulus package crafted by the Administration and/or Congress. To that end, I urge you to review these proposals and include them in any potential stimulus package.

Thank you for your attention to this important matter.

Sincerely,

ARLEN SPECTER.

U.S. SENATE,
Washington, DC, January 16, 2008.

Hon. EDWARD P. LAZEAR,
Chairman, Council of Economic Advisers, Washington, DC.

DEAR CHAIRMAN LAZEAR: I am writing to bring to your attention two pieces of legislation which I plan to introduce when the Senate returns on Tuesday, January 22, 2008, to provide immediate economic stimulus for an economy hindered by a housing crisis, rising oil prices, unemployment, sagging stock markets, and battered consumer confidence. Both are designed to spur new business investments through the use of partial- and full-expensing. By allowing firms to expense a greater share of the value of an asset in the first year, these proposals free up additional resources for firms to hire more workers and expand their operations.

The first bill provides two years of ''bonus depreciation'' for all sectors of the economy. Specifically, firms would be allowed to expense fifty percent of the cost of new equipment in the first year the asset is put to use. Remaining value would be deducted over the course of its useful life by using the Internal Revenue Code depreciation schedules.

The second bill allows a variety of sectors to take advantage of 100 percent up-front expensing for new assets that are placed into service during tax years 2008 and 2009. Specifically, this legislation would allow all equipment which is currently depreciated on the three-, five-, and seven-year schedules to be fully expensed in year one. One particular advantage to this legislation is the minimal cost impact as viewed by the Joint Committee on Taxation. Because revenue legislation is scored over a ten-year window and the tax benefit ihferred by this bill still occurs within that span (only quicker), the revenue impact will be negligible.

I believe that these proposals should be the cornerstone of any economic stimulus package crafted by the Administration and/or Congress. To that end, I urge you to review these proposals and include them in any potential stimulus package drafted by the Administration.

Thank you for your attention to this important matter.

Sincerely,

ARLEN SPECTER.

NATIONAL RESTAURANT ASSOCIATION,
Washington, DC, January 18, 2008.

DEAR SENATOR SPECTER: The National Restaurant Association, founded in 1919, is the leading business association for the restaurant industry, which is comprised of 945,000 restaurant and foodservice outlets and a work force of 13.1 million employees, generating estimated sales of $558 billion in 2008.

Not only are restaurants the cornerstone of the economy, they are also the cornerstone of career opportunities and community involvement. Nearly half of all American adults have worked in a restaurant and 32 percent of adults got their first job experience in a restaurant. Eight out of 10 salaried employees in restaurants started as hourly employees and the restaurant industry employs more minority managers than any other industry. Furthermore, more than one in nine restaurants are involved in some type of charitable activity.

We commend you for introducing this legislation that would help stimulate the economy by allowing businesses, like restaurants, to use partial- and full-expensing and spur on new investments. Under current law, when a company buys an asset that will last longer than one year, the company cannot, under most circumstances, deduct the entire cost and enjoy an immediate tax benefit. Instead, the company must depreciate the cost over the useful life of the asset, taking a tax deduction for a part of the cost each year. By allowing firms to deduct the cost of a new asset in year one, expensing spurs new investments quickly and drives immediate job creation.

It is clear an economic stimulus package is needed quickly to help the U.S. economy. Restaurants are in the unique position to help by creating more demand for projects that will bring increased opportunity for new construction and improvements to our businesses. The restaurant industry will quickly respond to signals and take advantage of bonus depreciation periods, as we have done in the past, should such provisions be enacted into law.

Restaurants also have a great opportunity to create more jobs for Americans. Not only will we build new locations and improve existing ones, thereby creating more jobs within the restaurant industry, but we can also generate jobs in other sectors of the economy. According to the Bureau of Economic Analysis, every dollar spent in the construction industry generates an additional $2.39 in spending in the rest of the economy, while every $1 million spent in the construction industry creates more than 28 jobs in the overall economy.

Again, we commend you and support your efforts with these two pieces of legislation. We look forward to working with you as discussions quickly move forward to craft an economic stimulus package for the country.

Sincerely,

JOHN GAY,
Senior Vice President, Government Affairs and Public Policy.

By Mr. REID:

S. 2541. A bill to extend the provisions of the Protect America Act of 2007 for an additional 30 days; to the Committee on the Judiciary.

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

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

S. 2541

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

SECTION 1. EXTENSION OF THE PROTECT AMERICA ACT OF 2007.

Subsection (c) of section 6 of the Protect America Act of 2007 (Public Law 110–55; 121 Stat. 557; 50 U.S.C. 1803 note) is amended by striking ''180'' and inserting ''210''.

By Mrs. FEINSTEIN:

S. 2542. A bill to amend the Truth in Lending Act to provide for enhanced disclosure under an open end credit plan; to the Committee on Banking, Housing, and Urban Affairs.

Mrs. FEINSTEIN. Mr. President, I rise to introduce the Credit Card Minimum Payment Notification Act.

Many Americans now own multiple credit cards. The average American has four credit cards, and 1 in 7 Americans hold more than 10 cards.

The proliferation of credit cards can be traced, in part, to a dramatic increase in credit card solicitation. In 1990, credit card companies sent about 1.1 billion solicitations to American homes; in 2006, they sent over 9.2 billion.

As one would expect, the increase in credit card ownership has also yielded an increase in credit card debt. Individuals get 6, 7, or 8 different credit cards, pay only the minimum payment required, and many end up drowning in debt. That happens in case after case.

Over the past two decades, the credit card debt of American consumers has nearly tripled—from $238 billion in 1989 to a staggering $800 billion in 2005.

As a result, the average American household now has about $9,500 of credit card debt. That is almost twice the average level of credit card debt from just 10 years ago.

In light of these figures it should be no surprise that vast numbers of Americans have been filing for bankruptcy in recent years. In 2005—just before the implementation date of the Bankruptcy Reform Act—over 2 million nonbusiness bankruptcies were filed.

Many of these personal bankruptcies are people who utilize credit cards. The benefits and flexibility these cards offer are enormously attractive. However, these individual credit card holders receive no information on the impact of carrying a balance with compounding interest. Too often individuals make just the minimum payment. They pay it for 1 year, 2 years—they make additional purchases, they get another card, and another, and another.

After, 2 or 3 years, many find that the interest on the debt is larger than the total purchases they originally made, such that they can never repay these cards—and they do not know what to do about it.

The Credit Card Minimum Payment Notification Act would help prevent this problem. Let me tell you exactly what the bill would do. It would require credit card companies to add two items to each consumer's monthly credit card statement: a notice warning credit card holders that making only the minimum payment each month will increase the interest they

pay and the amount of time it takes to repay their debt; and examples of the amount of time and money required to repay a credit card debt if only minimum payments are made.

If the consumer makes only minimum payments for, 6 consecutive months, the amount of time and money required to repay the individual's specific credit card debt, under the terms of their credit card agreement.

The bill would also require that a toll-free number be included on statements, to allow consumers to call and speak to a live person to get an estimate of the time and money required to repay their balance if only minimum payments are made.

If the consumer makes only minimum payments for 6 consecutive months, they will receive a toll-free number for an accredited credit counseling service.

The disclosure requirements in this bill would only apply if the consumer has a minimum payment that is less than 10 percent of the debt on the credit card. Otherwise, none of these disclosures would be required on their statement.

Statistics vary about the number of individuals who make only the minimum payments. One study in 2004 determined that 35 million people pay only the minimum on their credit cards. In a 2005 poll, 40 percent of respondents said that they pay the minimum or slightly more.

What is certain is that many Americans pay only the minimum, and that paying only the minimum has harsh financial consequences.

I suspect that most people would be surprised to know how much interest can pile up when paying the minimum. Take the average household, with $9,500 of credit card debt, and the average credit card interest rate, which last week was 13.74 percent. If only the 2 percent minimum payment is made, it will take them 35 years and $21,799.07 to pay off the card.

That is if the family doesn't spend another cent on their credit cards—an unlikely assumption. In other words, the family will need to pay over $12,000 in interest to repay just $9,500 of principal.

For individuals or families with more than average debt, the pitfalls are even greater. $20,000 of credit card debt at the average 13.74 percent interest rate will take 42 years and more than $46,300 to pay off if only the minimum payments are made.

Mr. President, 13.74 percent is only the average rate. Interest rates around 20 percent are not uncommon. Penalty interest rates on credit cards average 27.3 percent, and seven major credit cards charge penalty rates of more than 30 percent.

Even if we assume only a 20 percent interest rate, a family that has the average debt of $9,500 at a 20 percent interest rate and makes the minimum payments will need an incredible 82 years and $55,084 to pay off that initial $9,500 of debt. That's $45,584 in interest payments—an amount that approaches 5 times the original debt. These examples are far from extreme.

Last March, the Permanent Subcommittee on Investigations of the Committee on Homeland Security and Governmental Affairs heard testimony from Wesley Wannemacher, a consumer from Lima, OH.

Mr. Wannemacher charged $3,200 to a credit card in 2001 and 2002. He never charged anything on the card again, but he spent the next 6 years struggling to pay it off, as he experienced the kinds of events that American households routinely face—unexpected medical expenses, a growing family, and so on.

By early 2007 Mr. Wannemacher had paid $6,300 on the initial $3,200 in debt, but he still owed $4,400 on the card. Interest charges, late fees, and $1,500 in fees for going over the limit—even though the balance had only exceeded the limit three times—had resulted in total charges of $10,700 for that initial $3,200 in credit.

Fortunately for Mr. Wannemacher, his credit card company reviewed his account—after it became known that he was going to testify to Congress about his experience. The remaining balance on his account was forgiven.

Mr. President, testifying before a Senate committee is not something that Americans could—or should have to—do to escape from crushing credit card debt.

That is one of the reasons why it is so important for this Congress to pass the Credit Card Minimum Payment Notification Act.

There will always be people who cannot afford to pay more than their minimum payments. But there is also a large number of consumers who can afford to pay more but feel comfortable paying the minimum payment because they don't realize the consequences of doing so.

Now I am certainly not trying to demonize credit cards or the credit card industry. Credit cards are an important part of everyday life, and they help the economy operate more smoothly by giving consumers and merchants a reliable, convenient way to exchange funds.

However, I do think that people should understand the dangers of paying only their monthly minimums. In this way individuals will be able to act responsibly.

The bottom line is that for many consumers, the two percent minimum payment is a financial trap.

The Credit Card Minimum Payment Notification Act is designed to ensure that people are not caught in this trap through lack of information. The bill tracks the language of an amendment I cosponsored during the debate on the 2005 bankruptcy bill.

The language of this bill is based on a California law, the California Credit Card Payment Warning Act, passed in 2001. Unfortunately, in 2002, this California law was struck down in U.S. District Court as being preempted by the 1968 Truth in Lending Act.

The Truth in Lending Act was enacted in part because Congress found that, ''The informed use of credit results from an awareness of the cost thereof by consumers.''

This bill would amend the Truth in Lending Act, and would also further its core purpose.

These disclosures will allow consumers to know exactly what it means for them to carry a balance and only make minimum payments, so they can make informed decisions on credit card use and repayment.

The disclosure required by this bill is straightforward—how much it will cost to pay off the debt if only minimum payments are made, and how long it will take to do it. As for expense, my staff tells me that on the Web site Cardweb.com, there is a free interest calculator that does these calculations in under a second. Moreover, I am told that banks make these calculations internally to determine credit risk. The expense of making these disclosures would be minimal.

Percentage rates and balances are constantly changing, and each month, the credit card companies are able to assess the minimum payment, late fees, over-the-limit fees and finance charges for millions of accounts.

If the credit card companies can put in their bills what the minimum monthly payment is, they can certainly figure out how to disclose to their customers how much it might cost them if they stick to that minimum payment.

The credit card industry is the most profitable sector of banking, and in 2006 it made $36.8 billion in profits—an increase of nearly 80 percent from their profits in 2000. I don't think they will have any trouble implementing the requirements of this bill.

I believe that this legislation is extraordinarily important and that it will reduce bankruptcies. In the face of the subprime mortgage crisis, and as we appear to be heading toward a recession, this bill is needed now more than ever.

The harsh effects of the 2005 bankruptcy bill are starting to become apparent. I continue to believe that a bill requiring a limited but meaningful disclosure by credit card companies is a necessary accompaniment. I think you will see consumers acting more cautiously if these disclosures are made, and I believe that will be good for the bankruptcy courts in terms of reducing their caseloads, and also good for American consumers.

The credit card debt problem facing our Nation is significant. I believe that this bill is an important step in providing individuals with the information needed to act responsibly, and it does so with a minimal burden on the industry.

I urge my colleagues to support this legislation.

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

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

S. 2542

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 ''Credit Card Minimum Payment Notification Act of 2008''.

SEC. 2. ENHANCED DISCLOSURE UNDER AN OPEN END CREDIT PLAN.

Section 127(b) of the Truth in Lending Act (15 U.S.C. 1637(b)) is amended by adding at the end the following:

''(13) ENHANCED DISCLOSURE UNDER AN OPEN END CREDIT PLAN.—

''(A) IN GENERAL.—A credit card issuer shall, with each billing statement provided to a cardholder in a State, provide the following on the front of the first page of the billing statement, in type no smaller than that required for any other required disclosure, but in no case in less than 8-point capitalized type:

''(i) A written statement in the following form: 'Minimum Payment Warning: Making only the minimum payment will increase the interest you pay and the time it takes to repay your balance.'.

''(ii) Either of the following:

''(I) A written statement in the form of and containing the information described in item (aa) or (bb), as applicable, as follows:

''(aa) A written 3-line statement, as follows: 'A one thousand dollar ($1,000) balance will take 17 years and 3 months to pay off at a total cost of two thousand five hundred ninety dollars and thirty-five cents ($2,590.35). A two thousand five hundred dollar ($2,500) balance will take 30 years and 3 months to pay off at a total cost of seven thousand seven hundred thirty-three dollars and forty-nine cents ($7,733.49). A five thousand dollar ($5,000) balance will take 40 years and 2 months to pay off at a total cost of sixteen thousand three hundred five dollars and thirty-four cents ($16,305.34). This information is based on an annual percentage rate of 17 percent and a minimum payment of 2 percent or ten dollars ($10), whichever is greater.'. In the alternative, a credit card issuer may provide this information for the 3 specified amounts at the annual percentage rate and required minimum payment that are applicable to the cardholder's account. The statement provided shall be immediately preceded by the statement required by clause (i).

''(bb) Instead of the information required by item (aa), retail credit card issuers shall provide a written 3-line statement to read, as follows: 'A two hundred fifty dollar ($250) balance will take 2 years and 8 months to pay off at a total cost of three hundred twenty-five dollars and twenty-four cents ($325.24). A five hundred dollar ($500) balance will take 4 years and 5 months to pay off at a total cost of seven hundred nine dollars and ninety cents ($709.90). A seven hundred fifty dollar ($750) balance will take 5 years and 5 months to pay off at a total cost of one thousand ninety-four dollars and forty-nine cents ($1,094.49). This information is based on an annual percentage rate of 21 percent and a minimum payment of 5 percent or ten dollars ($10), whichever is greater.'. In the alternative, a retail credit card issuer may provide this information for the 3 specified amounts at the annual percentage rate and required minimum payment that are applicable to the cardholder's account. The statement provided shall be immediately preceded by the statement required by clause (i). A retail credit card issuer is not required to provide this statement if the cardholder has a balance of less than five hundred dollars ($500).

''(II) A written statement providing individualized information indicating an estimate of the number of years and months and the approximate total cost to pay off the entire balance due on an open-end credit card account if the cardholder were to pay only the minimum amount due on the open-ended account based upon the terms of the credit agreement. For purposes of this subclause only, if the account is subject to a variable rate, the creditor may make disclosures based on the rate for the entire balance as of the date of the disclosure and indicate that the rate may vary. In addition, the cardholder shall be provided with referrals or, in the alternative, with the '800' telephone number of the National Foundation for Credit Counseling through which the cardholder can be referred, to credit counseling services in, or closest to, the cardholder's county of residence. The credit counseling service shall be in good standing with the National Foundation for Credit Counseling or accredited by the Council on Accreditation for Children and Family Services. The creditor is required to provide, or continue to provide, the information required by this clause only if the cardholder has not paid more than the minimum payment for 6 consecutive months, beginning after July 1, 2002.

''(iii)(I) A written statement in the following form: 'For an estimate of the time it would take to repay your balance, making only minimum payments, and the total amount of those payments, call this toll-free telephone number: (Insert toll-free telephone number).'. This statement shall be provided immediately following the statement required by clause (ii)(I). A credit card issuer is not required to provide this statement if the disclosure required by clause (ii)(II) has been provided.

''(II) The toll-free telephone number shall be available between the hours of 8 a.m. and 9 p.m., 7 days a week, and shall provide consumers with the opportunity to speak with a person, rather than a recording, from whom the information described in subclause (I) may be obtained.

''(III) The Federal Trade Commission shall establish not later than 1 month after the date of enactment of this paragraph a detailed table illustrating the approximate number of months that it would take and the approximate total cost to repay an outstanding balance if the consumer pays only the required minimum monthly payments and if no other additional charges or fees are incurred on the account, such as additional extension of credit, voluntary credit insurance, late fees, or dishonored check fees by assuming all of the following:

''(aa) A significant number of different annual percentage rates.

''(bb) A significant number of different account balances, with the difference between sequential examples of balances being no greater than $100.

''(cc) A significant number of different minimum payment amounts.

''(dd) That only minimum monthly payments are made and no additional charges or fees are incurred on the account, such as additional extensions of credit, voluntary credit insurance, late fees, or dishonored check fees.

''(IV) A creditor that receives a request for information described in subclause (I) from a cardholder through the toll-free telephone number disclosed under subclause (I), or who is required to provide the information required by clause (ii)(II), may satisfy the creditor's obligation to disclose an estimate of the time it would take and the approximate total cost to repay the cardholder's balance by disclosing only the information set forth in the table described in subclause (III). Including the full chart along with a billing statement does not satisfy the obligation under this paragraph.

''(B) DEFINITIONS.—In this paragraph:

''(i) OPEN-END CREDIT CARD ACCOUNT.—The term 'open-end credit card account' means an account in which consumer credit is granted by a creditor under a plan in which the creditor reasonably contemplates repeated transactions, the creditor may impose a finance charge from time to time on an unpaid balance, and the amount of credit that may be extended to the consumer during the term of the plan is generally made available to the extent that any outstanding balance is repaid and up to any limit set by the creditor.

''(ii) RETAIL CREDIT CARD.—The term 'retail credit card' means a credit card that is issued by or on behalf of a retailer, or a private label credit card, that is limited to customers of a specific retailer.

''(C) EXEMPTIONS.—

''(i) MINIMUM PAYMENT OF NOT LESS THAN TEN PERCENT.—This paragraph shall not apply in any billing cycle in which the account agreement requires a minimum payment of not less than 10 percent of the outstanding balance.

''(ii) NO FINANCE CHARGES.—This paragraph shall not apply in any billing cycle in which finance charges are not imposed.''.

By Mr. ENSIGN (for himself, Mr. ALEXANDER, Mr. BROWNBACK, Mr. BUNNING, Mr. COBURN, Mr. COLEMAN, Mr. CORNYN, Mrs. DOLE, Mr. GRAHAM, Mr. GRASSLEY, Mr. HAGEL, Mrs. HUTCHISON, Mr. INHOFE, Mr. KYL, Mr. MCCAIN, Mr. MCCONNELL, Mr. ROBERTS, Mr. SESSIONS, Mr. SHELBY, Mr. THUNE, Mr. VOINOVICH, Mr. HATCH, and Mr. NELSON of Nebraska):

S. 2543. A bill to amend title 18, United States Code, to prohibit taking minors across State lines in circumvention of laws requiring the involvement of parents in abortion decisions; to the Committee on the Judiciary.

• Mr. MCCAIN. Mr. President, today in Washington, DC, thousands of people of all ages are taking part in the annual March for Life and staking a claim for the rights of the unborn. I commend them and am in awe of their great dedication to the cause of protecting life. I share their strong pro-life beliefs, and I am proud to be an original cosponsor of the Child Custody Protection Act that is being introduced today.

This is one of the most important pieces of legislation to be introduced during this Congress, and for good reason. While more than 20 States require a minor to receive parental consent prior to obtaining an abortion, these laws are being violated. Today, minors, with the assistance of adults—who are not their parents—are being transported across State lines to receive abortions without obtaining parental consent. We need to end this circumvention of State laws and, far more importantly, the consequences such actions have on life.

This legislation would make it a Federal offense to knowingly transport a minor across a State line for the purpose of an abortion, in circumvention of a State's parental consent or notification laws, unless it is needed to save the life of the minor. We have attempted to enact similar legislation in previous Congresses without success, and it is critical that we do not allow opponents to further stall its enactment.

I am and always have been pro-life, and my record during my tenure in Congress reflects my strong belief that life is sacred. We must stand up for the rights of the unborn and do all that we can to enact this important legislation.●

By Mr. KENNEDY (for himself, Mr. DODD, Mr. BINGAMAN, Mr. HARKIN, Mr. REED, Mrs. CLINTON, Mr. OBAMA, and Mr. BROWN):

S. 2544. A bill to provide for a program of temporary extended unemployment compensation; to the Committee on Finance.

Mr. KENNEDY. Mr. President, it is clear that our economy is going from bad to worse. Every day the headlines bring more bad news. Fuel prices are going through the roof. Millions of families are at risk of losing their homes. Bankruptcies have risen by 40 percent in the last year alone.

Most alarming, we are seeing a drastic rise in the number of Americans out of work. In December, half a million more Americans were unemployed than the month before. Today nearly 8 million Americans are looking for a job and can't find one. The national unemployment rate has shot up to 5 percent—the biggest increase since the last recession. Experts say this number will rise well above 6 percent in 2009. Vulnerable parts of our population have been hit even harder—last month, 9 percent of African-American workers were unemployed, up sharply from 8.4 percent in November. Latino workers now have an unemployment rate of 6 percent.

What's more, we are seeing a large number of out-of-work Americans who still can't find a new job months later. Nearly one out of five Americans who is looking for work has been out of a job for over 6 months—compared with roughly one out of ten in 2001, before the last recession. With only 4 million job openings and nearly 8 million unemployed Americans, there are two workers for every job. As unemployment rises, there will be even more workers competing for each job. As highlighted in yesterday's front-page article in the Washington Post, this problem is affecting workers across our economy—even those with college educations and years of experience can't find work.

These aren't just statistics. These numbers are coworkers, our relatives, our neighbors. For each and every one of those families, a pink slip can spell economic disaster.

Losing a job isn't just losing a paycheck—it can mean losing the results of years of hard work and sacrifice.

For too many families, losing a job means losing health insurance. Without insurance, an unexpected hospital stay—from a broken leg or a cancer diagnosis—means certain financial disaster. Mr. President, 77 percent of middle class Americans do not have enough assets to pay essential expenses for 3 months. Without a paycheck, the rising price of daily necessities—housing, gasoline, and even groceries—becomes impossible to afford.

Our unemployment insurance program is intended to help workers weather a job loss. Workers pay into the program throughout their careers. If they lose their jobs, they can collect a benefit while they look for work. The amounts are modest—typically less than half of a worker's regular wages—but they help families to pay their rent, keep the house warm, and put food on the table.

In good economic times, such benefits are enough to tide workers and their families over for the few weeks it takes to find a job. But these are not good times. It is taking longer and longer for unemployed Americans to find new work. Over 1.3 million Americans have been looking for a job for 6 months or more. As a result, an increasing number of workers have not found a new job by the time their unemployment benefits run out. Over the past year, over 2.6 million Americans—or 35 percent of all unemployed workers—have exhausted their unemployment benefits. Unless we respond soon, these and other families will be left in the cold.

So we must act, and we must act now, to help these workers before financial disaster strikes. That is why I am introducing legislation today to give workers the help they need and have earned. The Emergency Unemployment Compensation Extension Act will ensure that Americans who keep looking for work but can't find a job after 6 months will be eligible for up to 20 weeks of additional benefits. In very high-unemployment States, workers could also receive up to 13 more weeks of benefits. Because out-of-work families are facing skyrocketing costs of gas, home heating, food, and housing, long-term unemployed workers will temporarily receive $50 extra each week to help pay their bills.

Providing this extension is a matter of fairness. We owe it to all workers who have lost their jobs in this struggling economy to provide help while they look for new jobs. Out-of-work Americans have worked hard all their lives. They have paid into the unemployment insurance system with the promise they would receive its protection when our economy is in crisis. Part of the American Dream is the opportunity to work hard, provide for your family, put your children through school, and save for retirement. When the economy isn't working the way it should and the jobs simply aren't there, we must stick together. We must take care of those who can't find a job.

But there's another major reason to act. Economists agree that extending unemployment benefits is a powerful, cost-effective way to deliver a boost to the economy. The extension of benefits puts money into the hands of those who need assistance the most and are most likely to spend it immediately on basic essentials. This means money is flowing immediately to local businesses, which will in turn provide a further economic boost.

Indeed, according to a report by Mark Zandi of Moody's, each dollar invested in benefits to out-of-work Americans leads to a $1.73 increase in growth—the most of any measure tested. That compares with only pennies on the dollar for cuts in income tax rates or cuts in taxes on investments.

The Congressional Budget Office agrees. Its report last week on short-term economic stimulus found that extending unemployment benefits is among the most cost-effective, potent, temporary steps that Congress can take to jump-start our economy.

This is a tried and true approach to helping working families in economic downturns. In each recession since the late 1950s, Congress has extended unemployment benefits to those who have exhausted their benefits and can't find work. It has often done so by overwhelming, bipartisan votes. Layoffs don't discriminate by party.

Extending unemployment benefits is the right thing to do for the economy and the fair thing to do for workers. I urge my colleagues to join me in helping out-of-work Americans and putting our economy back on track.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 419—HONORING THE LIFE AND EXTRAORDINARY CONTRIBUTIONS OF DIANE WOLF

Mr. STEVENS (for himself, Mr. BYRD, and Mr. COLEMAN) submitted the following resolution; which was considered and agreed to:

S. RES. 419

Whereas the Senate has heard with profound sorrow and deep regret of the untimely death of Diane Wolf, a member of the Senate Preservation Board of Trustees and a former distinguished member of the United States Commission of Fine Arts; and

Whereas for over 2 decades Diane Wolf devoted extraordinary personal efforts to and displayed great passion for the preservation and restoration of the United States Capitol Building, and was singularly instrumental in supporting and guiding the early efforts of the United States Capitol Preservation Commission and developing the plans for striking the coins commemorating the Bicentennial of the United States Capitol: Now, therefore, be it

Resolved, That the Senate—

(1) honors the life and extraordinary contributions of Diane Wolf;

(2) conveys its sorrow and deepest condolences to the family of Diane Wolf on her untimely death; and

(3) requests the Secretary of the Senate to convey an enrolled copy of this resolution to the family of Diane Wolf.

SENATE RESOLUTION 420—COMMENDING MARTIN P. PAONE

Mr. REID (for himself, Mr. MCCONNELL, Mr. AKAKA, Mr. ALEXANDER, Mr. ALLARD, Mr. BARRASSO, Mr. BAUCUS, Mr. BAYH, Mr. BENNETT, Mr. BIDEN, Mr. BINGAMAN, Mr. BOND, Mrs. BOXER, Mr. BROWN, Mr. BROWNBACK, Mr. BUNNING, Mr. BURR, Mr. BYRD, Ms. CANTWELL, Mr. CARDIN, Mr. CARPER, Mr. CASEY, Mr. CHAMBLISS, Mrs. CLINTON, Mr. COBURN, Mr. COCHRAN, Mr. COLEMAN, Ms. COLLINS, Mr. CONRAD, Mr. CORKER, Mr. CORNYN, Mr. CRAIG, Mr. CRAPO, Mr. DEMINT, Mr. DODD, Mrs. DOLE, Mr. DOMENICI, Mr. DORGAN, Mr. DURBIN, Mr. ENSIGN, Mr. ENZI, Mr. FEINGOLD, Mrs. FEINSTEIN, Mr. GRAHAM, Mr. GRASSLEY, Mr. GREGG, Mr. HAGEL, Mr. HARKIN, Mr. HATCH, Mrs. HUTCHISON, Mr. INHOFE, Mr. INOUYE, Mr. ISAKSON, Mr. JOHNSON, Mr. KENNEDY, Mr. KERRY, Ms. KLOBUCHAR, Mr. KOHL, Mr. KYL, Ms. LANDRIEU, Mr. LAUTENBERG, Mr. LEAHY, Mr. LEVIN, Mr. LIEBERMAN, Mrs. LINCOLN, Mr. LUGAR, Mr. MARTINEZ, Mr. MCCAIN, Mrs. MCCASKILL, Mr. MENENDEZ, Ms. MIKULSKI, Ms. MURKOWSKI, Mrs. MURRAY, Mr. NELSON of Florida, Mr. NELSON of Nebraska, Mr. OBAMA, Mr. PRYOR, Mr. REED, Mr. ROBERTS, Mr. ROCKEFELLER, Mr. SALAZAR, Mr. SANDERS, Mr. SCHUMER, Mr. SESSIONS, Mr. SHELBY, Mr. SMITH, Ms. SNOWE, Mr. SPECTER, Ms. STABENOW, Mr. STEVENS, Mr. SUNUNU, Mr. TESTER, Mr. THUNE, Mr. VITTER, Mr. VOINOVICH, Mr. WARNER, Mr. WEBB, Mr. WHITEHOUSE, Mr. WICKER, and Mr. WYDEN) submitted the following resolution; which was considered and agreed to:

S. RES. 420

Whereas Marty Paone has faithfully served the Congress in various capacities over the past 32 years, twenty-eight of which were spent in service to the Senate;

Whereas Marty Paone is the first person to rise through the ranks of various positions—including Vehicular Placement Specialist—to finally serve with distinction as Secretary for the Minority, and concluding his Senate service as Secretary for the Majority;

Whereas Marty Paone has at all times discharged the important duties and responsibilities of his office with great efficiency, dedication and diligence;

Whereas his dedication, good humor, and exceptional service have earned him the respect and admiration of Democratic and Republican Senators, as well as their staffs; Now, therefore be it

Resolved, that the Senate expresses its appreciation to Marty Paone and commends him for his lengthy, faithful and outstanding service to the Senate.

The Secretary of the Senate shall transmit a copy of this resolution to Martin P. Paone.

AMENDMENTS SUBMITTED AND PROPOSED

SA 3893. Mr. BROWNBACK (for himself, Mr. DORGAN, Ms. CANTWELL, and Mr. INOUYE) submitted an amendment intended to be proposed to amendment SA 3899 proposed by Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act.

SA 3894. Mr. BINGAMAN (for himself and Mr. THUNE) proposed an amendment to amendment SA 3899 proposed by Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) to the bill S. 1200, supra.

SA 3895. Mr. VITTER submitted an amendment intended to be proposed by him to the bill S. 1200, supra; which was ordered to lie on the table.

SA 3896. Mr. VITTER submitted an amendment intended to be proposed to amendment SA 3899 proposed by Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) to the bill S. 1200, supra.

SA 3897. Mr. SMITH (for himself, Ms. CANTWELL, Mr. WYDEN, Mr. CRAPO, and Mrs. MURRAY) submitted an amendment intended to be proposed by him to the bill S. 1200, supra; which was ordered to lie on the table.

SA 3898. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill S. 1200, supra; which was ordered to lie on the table.

SA 3899. Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) proposed an amendment to the bill S. 1200, supra.

SA 3900. Mr. SANDERS (for himself, Mr. OBAMA, Ms. CANTWELL, Mr. KERRY, Ms. SNOWE, Ms. COLLINS, Mr. SUNUNU, Mr. MENENDEZ, Mr. LEAHY, Mrs. CLINTON, Mr. KENNEDY, and Mr. DURBIN) proposed an amendment to amendment SA 3899 proposed by Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) to the bill S. 1200, supra.

TEXT OF AMENDMENTS

SA 3893. Mr. BROWNBACK (for himself, Mr. DORGAN, Ms. CANTWELL, and Mr. INOUYE) submitted an amendment intended to be proposed to amendment SA 3899 proposed by Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; as follows:

At the end, add the following:

TITLE III—MISCELLANEOUS

SEC. 301. RESOLUTION OF APOLOGY TO NATIVE PEOPLES OF UNITED STATES.

(a) FINDINGS.—Congress finds that—

(1) the ancestors of today's Native Peoples inhabited the land of the present-day United States since time immemorial and for thousands of years before the arrival of people of European descent;

(2) for millennia, Native Peoples have honored, protected, and stewarded this land we cherish;

(3) Native Peoples are spiritual people with a deep and abiding belief in the Creator, and for millennia Native Peoples have maintained a powerful spiritual connection to this land, as evidenced by their customs and legends;

(4) the arrival of Europeans in North America opened a new chapter in the history of Native Peoples;

(5) while establishment of permanent European settlements in North America did stir conflict with nearby Indian tribes, peaceful and mutually beneficial interactions also took place;

(6) the foundational English settlements in Jamestown, Virginia, and Plymouth, Massachusetts, owed their survival in large measure to the compassion and aid of Native Peoples in the vicinities of the settlements;

(7) in the infancy of the United States, the founders of the Republic expressed their desire for a just relationship with the Indian tribes, as evidenced by the Northwest Ordinance enacted by Congress in 1787, which begins with the phrase, ''The utmost good faith shall always be observed toward the Indians'';

(8) Indian tribes provided great assistance to the fledgling Republic as it strengthened and grew, including invaluable help to Meriwether Lewis and William Clark on their epic journey from St. Louis, Missouri, to the Pacific Coast;

(9) Native Peoples and non-Native settlers engaged in numerous armed conflicts;

(10) the Federal Government violated many of the treaties ratified by Congress and other diplomatic agreements with Indian tribes;

(11) the United States should address the broken treaties and many of the more ill-conceived Federal policies that followed, such as extermination, termination, forced removal and relocation, the outlawing of traditional religions, and the destruction of sacred places;

(12) the United States forced Indian tribes and their citizens to move away from their traditional homelands and onto federally established and controlled reservations, in accordance with such Acts as the Act of May 28, 1830 (4 Stat. 411, chapter 148) (commonly known as the ''Indian Removal Act'');

(13) many Native Peoples suffered and perished—

(A) during the execution of the official Federal Government policy of forced removal, including the infamous Trail of Tears and Long Walk;

(B) during bloody armed confrontations and massacres, such as the Sand Creek Massacre in 1864 and the Wounded Knee Massacre in 1890; and

(C) on numerous Indian reservations;

(14) the Federal Government condemned the traditions, beliefs, and customs of Native Peoples and endeavored to assimilate them by such policies as the redistribution of land under the Act of February 8, 1887 (25 U.S.C. 331; 24 Stat. 388, chapter 119) (commonly known as the ''General Allotment Act''), and the forcible removal of Native children from their families to faraway boarding schools where their Native practices and languages were degraded and forbidden;

(15) officials of the Federal Government and private United States citizens harmed Native Peoples by the unlawful acquisition of recognized tribal land and the theft of tribal resources and assets from recognized tribal land;

(16) the policies of the Federal Government toward Indian tribes and the breaking of covenants with Indian tribes have contributed to the severe social ills and economic troubles in many Native communities today;

(17) despite the wrongs committed against Native Peoples by the United States, Native Peoples have remained committed to the protection of this great land, as evidenced by the fact that, on a per capita basis, more Native Peoples have served in the United States Armed Forces and placed themselves in harm's way in defense of the United States in every major military conflict than any other ethnic group;

(18) Indian tribes have actively influenced the public life of the United States by continued cooperation with Congress and the

Department of the Interior, through the involvement of Native individuals in official Federal Government positions, and by leadership of their own sovereign Indian tribes;

(19) Indian tribes are resilient and determined to preserve, develop, and transmit to future generations their unique cultural identities;

(20) the National Museum of the American Indian was established within the Smithsonian Institution as a living memorial to Native Peoples and their traditions; and

(21) Native Peoples are endowed by their Creator with certain unalienable rights, and among those are life, liberty, and the pursuit of happiness.

(b) ACKNOWLEDGMENT AND APOLOGY.—The United States, acting through Congress—

(1) recognizes the special legal and political relationship Indian tribes have with the United States and the solemn covenant with the land we share;

(2) commends and honors Native Peoples for the thousands of years that they have stewarded and protected this land;

(3) recognizes that there have been years of official depredations, ill-conceived policies, and the breaking of covenants by the Federal Government regarding Indian tribes;

(4) apologizes on behalf of the people of the United States to all Native Peoples for the many instances of violence, maltreatment, and neglect inflicted on Native Peoples by citizens of the United States;

(5) expresses its regret for the ramifications of former wrongs and its commitment to build on the positive relationships of the past and present to move toward a brighter future where all the people of this land live reconciled as brothers and sisters, and harmoniously steward and protect this land together;

(6) urges the President to acknowledge the wrongs of the United States against Indian tribes in the history of the United States in order to bring healing to this land by providing a proper foundation for reconciliation between the United States and Indian tribes; and

(7) commends the State governments that have begun reconciliation efforts with recognized Indian tribes located in their boundaries and encourages all State governments similarly to work toward reconciling relationships with Indian tribes within their boundaries.

(c) DISCLAIMER.—Nothing in this section—

(1) authorizes or supports any claim against the United States; or

(2) serves as a settlement of any claim against the United States.

SA 3894. Mr. BINGAMAN (for himself and Mr. THUNE) proposed an amendment to amendment SA 3899 proposed by Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; as follows:

At the end of title II, add the following:

SEC. _____. LIMITATION ON CHARGES FOR CONTRACT HEALTH SERVICES PROVIDED TO INDIANS BY MEDICARE PROVIDERS.

(a) ALL PROVIDERS OF SERVICES.—

(1) IN GENERAL.—Section 1866(a)(1)(U) of the Social Security Act (42 U.S.C. 1395cc(a)(1)(U)) is amended by striking ''in the case of hospitals which furnish inpatient hospital services for which payment may be made under this title,'' in the matter preceding clause (i).

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply to Medicare participation agreements in effect (or entered into) on or after the date that is 1 year after the date of enactment of this Act.

(b) ALL SUPPLIERS.—

(1) IN GENERAL.—Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

''(n) LIMITATION ON CHARGES FOR CONTRACT HEALTH SERVICES PROVIDED TO INDIANS BY SUPPLIERS.—No payment may be made under this title for an item or service furnished by a supplier (as defined in section 1861(d)) unless the supplier agrees (pursuant to a process established by the Secretary) to be a participating provider of medical care both—

''(1) under the contract health services program funded by the Indian Health Service and operated by the Indian Health Service, an Indian Tribe, or Tribal Organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act), with respect to items and services that are covered under such program and furnished to an individual eligible for such items and services under such program; and

''(2) under any program funded by the Indian Health Service and operated by an urban Indian Organization with respect to the purchase of items and services for an eligible Urban Indian (as those terms are defined in such section 4),

in accordance with regulations promulgated by the Secretary regarding payment methodology and rates of payment (including the acceptance of no more than such payment rate as payment in full for such items and services.''.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply to items and services furnished on or after the date that is 1 year after the date of enactment of this Act.

SA 3895. Mr. VITTER submitted an amendment intended to be proposed by him to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

At the end, add the following:

TITLE III—ELECTION LAW

SEC. 301. APPLICATION OF FECA TO INDIAN TRIBES.

(a) CONTRIBUTIONS AND EXPENDITURES BY CORPORATIONS.—Section 316 of the Federal Election Campaign Act of 1971 (2 U.S.C. 441b) is amended by adding at the end the following:

''(d) TREATMENT OF INDIAN TRIBES AS CORPORATIONS.—

''(1) IN GENERAL.—In this section, the term 'corporation' includes an unincorporated Indian tribe.

''(2) TREATMENT OF MEMBERS AS STOCKHOLDERS.—In applying this subsection, a member of an unincorporated Indian tribe shall be treated in the same manner as a stockholder of a corporation.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply with respect to any election that occurs on or after the date of enactment of this Act.

SA 3896. Mr. VITTER submitted an amendment intended to be proposed to amendment SA 3899 proposed by Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; as follows:

Strike section 805 of the Indian Health Care Improvement Act (as amended by section 101(a)) and insert the following:

''SEC. 805. LIMITATION RELATING TO ABORTION.

''(a) DEFINITION OF HEALTH BENEFITS COVERAGE.—In this section, the term 'health benefits coverage' means a health-related service or group of services provided pursuant to a contract, compact, grant, or other agreement.

''(b) LIMITATION.—

''(1) IN GENERAL.—Except as provided in paragraph (2), no funds or facilities of the Service may be used—

''(A) to provide any abortion; or

''(B) to provide, or pay any administrative cost of, any health benefits coverage that includes coverage of an abortion.

''(2) EXCEPTIONS.—The limitation described in paragraph (1) shall not apply in any case in which—

''(A) a pregnancy is the result of an act of rape, or an act of incest against a minor; or

''(B) the woman suffers from a physical disorder, physical injury, or physical illness that, as certified by a physician, would place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself.''.

SA 3897. Mr. SMITH (for himself and Ms. CANTWELL, Mr. WYDEN, Mr. CRAPO, and Mrs. MURRAY) submitted an amendment intended to be proposed by him to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

Strike subsection (f) of section 301 of the Indian Health Care Improvement Act (as amended by section 101) and insert the following:

''(f) DEVELOPMENT OF INNOVATIVE APPROACHES.—The Secretary shall consult and cooperate with Indian Tribes and Tribal Organizations, and confer with Urban Indian Organizations, in developing innovative approaches to address all or part of the total unmet need for construction of health facilities, that may include—

''(1) the establishment of an area distribution fund in which a portion of health facility construction funding could be devoted to all Service Areas;

''(2) approaches provided for in other provisions of this title; and

''(3) other approaches, as the Secretary determines to be appropriate.''.

SA 3898. Mr. BARRASSO submitted an amendment intended to be proposed by him to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; which was ordered to lie on the table; as follows:

The Indian Health Care Improvement Act (as amended by section 101(a)) is amended—

(1) by redesignating sections 816 and 817 as sections 817 and 818, respectively; and

(2) by inserting after section 815 the following:

''SEC. 816. GAO REPORT ON COORDINATION OF SERVICES.

''(a) STUDY AND EVALUATION.—The Comptroller General of the United States shall conduct a study, and evaluate the effectiveness, of coordination of health care services provided to Indians—

''(1) through Medicare, Medicaid, or SCHIP;

''(2) by the Service; or

''(3) using funds provided by—

''(A) State or local governments; or

''(B) Indian Tribes.

''(b) REPORT.—Not later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2007, the Comptroller General shall submit to Congress a report—

''(1) describing the results of the evaluation under subsection (a); and

''(2) containing recommendations of the Comptroller General regarding measures to support and increase coordination of the provision of health care services to Indians as described in subsection (a).''.

SA 3899. Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) proposed an amendment to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Indian Health Care Improvement Act Amendments of 2008''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—AMENDMENTS TO INDIAN LAWS

Sec. 101. Indian Health Care Improvement Act amended.

Sec. 102. Soboba sanitation facilities.

Sec. 103. Native American Health and Wellness Foundation.

TITLE II—IMPROVEMENT OF INDIAN HEALTH CARE PROVIDED UNDER THE SOCIAL SECURITY ACT

Sec. 201. Expansion of payments under Medicare, Medicaid, and SCHIP for all covered services furnished by Indian Health Programs.

Sec. 202. Increased outreach to Indians under Medicaid and SCHIP and improved cooperation in the provision of items and services to Indians under Social Security Act health benefit programs.

Sec. 203. Additional provisions to increase outreach to, and enrollment of, Indians in SCHIP and Medicaid.

Sec. 204. Premiums and cost sharing protections under Medicaid, eligibility determinations under Medicaid and SCHIP, and protection of certain Indian property from Medicaid estate recovery.

Sec. 205. Nondiscrimination in qualifications for payment for services under Federal health care programs.

Sec. 206. Consultation on Medicaid, SCHIP, and other health care programs funded under the Social Security Act involving Indian Health Programs and Urban Indian Organizations.

Sec. 207. Exclusion waiver authority for affected Indian Health Programs and safe harbor transactions under the Social Security Act.

Sec. 208. Rules applicable under Medicaid and SCHIP to managed care entities with respect to Indian enrollees and Indian health care providers and Indian managed care entities.

Sec. 209. Annual report on Indians served by Social Security Act health benefit programs.

Sec. 210. Development of recommendations to improve interstate coordination of Medicaid and CHIP coverage of Indian children and other children who are outside of their State of residency because of educational or other needs.

Sec. 211. Establishment of National Child Welfare Resource Center for Tribes.

Sec. 212. Adjustment to the Medicare Advantage stabilization fund.

TITLE I—AMENDMENTS TO INDIAN LAWS

SEC. 101. INDIAN HEALTH CARE IMPROVEMENT ACT AMENDED.

The Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.) is amended to read as follows:

''SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

''(a) SHORT TITLE.—This Act may be cited as the 'Indian Health Care Improvement Act'.

''(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

''Sec. 1. Short title; table of contents.

''Sec. 2. Findings.

''Sec. 3. Declaration of national Indian health policy.

''Sec. 4. Definitions.

''TITLE I—INDIAN HEALTH, HUMAN RESOURCES, AND DEVELOPMENT

''Sec. 101. Purpose.

''Sec. 102. Health professions recruitment program for Indians.

''Sec. 103. Health professions preparatory scholarship program for Indians.

''Sec. 104. Indian health professions scholarships.

''Sec. 105. American Indians Into Psychology Program.

''Sec. 106. Scholarship programs for Indian Tribes.

''Sec. 107. Indian Health Service extern programs.

''Sec. 108. Continuing education allowances.

''Sec. 109. Community Health Representative Program.

''Sec. 110. Indian Health Service Loan Repayment Program.

''Sec. 111. Scholarship and Loan Repayment Recovery Fund.

''Sec. 112. Recruitment activities.

''Sec. 113. Indian recruitment and retention program.

''Sec. 114. Advanced training and research.

''Sec. 115. Quentin N. Burdick American Indians Into Nursing Program.

''Sec. 116. Tribal cultural orientation.

''Sec. 117. INMED Program.

''Sec. 118. Health training programs of community colleges.

''Sec. 119. Retention bonus.

''Sec. 120. Nursing residency program.

''Sec. 121. Community Health Aide Program.

''Sec. 122. Tribal Health Program administration.

''Sec. 123. Health professional chronic shortage demonstration programs.

''Sec. 124. National Health Service Corps.

''Sec. 125. Substance abuse counselor educational curricula demonstration programs.

''Sec. 126. Behavioral health training and community education programs.

''Sec. 127. Authorization of appropriations.

''TITLE II—HEALTH SERVICES

''Sec. 201. Indian Health Care Improvement Fund.

''Sec. 202. Catastrophic Health Emergency Fund.

''Sec. 203. Health promotion and disease prevention services.

''Sec. 204. Diabetes prevention, treatment, and control.

''Sec. 205. Shared services for long-term care.

''Sec. 206. Health services research.

''Sec. 207. Mammography and other cancer screening.

''Sec. 208. Patient travel costs.

''Sec. 209. Epidemiology centers.

''Sec. 210. Comprehensive school health education programs.

''Sec. 211. Indian youth program.

''Sec. 212. Prevention, control, and elimination of communicable and infectious diseases.

''Sec. 213. Other authority for provision of services.

''Sec. 214. Indian women's health care.

''Sec. 215. Environmental and nuclear health hazards.

''Sec. 216. Arizona as a contract health service delivery area.

''Sec. 216A. North Dakota and South Dakota as contract health service delivery area.

''Sec. 217. California contract health services program.

''Sec. 218. California as a contract health service delivery area.

''Sec. 219. Contract health services for the Trenton service area.

''Sec. 220. Programs operated by Indian Tribes and Tribal Organizations.

''Sec. 221. Licensing.

''Sec. 222. Notification of provision of emergency contract health services.

''Sec. 223. Prompt action on payment of claims.

''Sec. 224. Liability for payment.

''Sec. 225. Office of Indian Men's Health.

''Sec. 226. Authorization of appropriations.

''TITLE III—FACILITIES

''Sec. 301. Consultation; construction and renovation of facilities; reports.

''Sec. 302. Sanitation facilities.

''Sec. 303. Preference to Indians and Indian firms.

''Sec. 304. Expenditure of non-Service funds for renovation.

''Sec. 305. Funding for the construction, expansion, and modernization of small ambulatory care facilities.

''Sec. 306. Indian health care delivery demonstration projects.

''Sec. 307. Land transfer.

''Sec. 308. Leases, contracts, and other agreements.

''Sec. 309. Study on loans, loan guarantees, and loan repayment.

''Sec. 310. Tribal leasing.

''Sec. 311. Indian Health Service/tribal facilities joint venture program.

''Sec. 312. Location of facilities.

''Sec. 313. Maintenance and improvement of health care facilities.

''Sec. 314. Tribal management of Federally-owned quarters.

''Sec. 315. Applicability of Buy American Act requirement.

''Sec. 316. Other funding for facilities.

''Sec. 317. Authorization of appropriations.

''TITLE IV—ACCESS TO HEALTH SERVICES

''Sec. 401. Treatment of payments under Social Security Act health benefits programs.

''Sec. 402. Grants to and contracts with the Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations to facilitate outreach, enrollment, and coverage of Indians under Social Security Act health benefit programs and other health benefits programs.

''Sec. 403. Reimbursement from certain third parties of costs of health services.

''Sec. 404. Crediting of reimbursements.
''Sec. 405. Purchasing health care coverage.
''Sec. 406. Sharing arrangements with Federal agencies.
''Sec. 407. Eligible Indian veteran services.
''Sec. 408. Payor of last resort.
''Sec. 409. Nondiscrimination under Federal health care programs in qualifications for reimbursement for services.
''Sec. 410. Consultation.
''Sec. 411. State Children's Health Insurance Program (SCHIP).
''Sec. 412. Exclusion waiver authority for affected Indian Health Programs and safe harbor transactions under the Social Security Act.
''Sec. 413. Premium and cost sharing protections and eligibility determinations under Medicaid and SCHIP and protection of certain Indian property from Medicaid estate recovery.
''Sec. 414. Treatment under Medicaid and SCHIP managed care.
''Sec. 415. Navajo Nation Medicaid Agency feasibility study.
''Sec. 416. General exceptions.
''Sec. 417. Authorization of appropriations.

''TITLE V—HEALTH SERVICES FOR URBAN INDIANS

''Sec. 501. Purpose.
''Sec. 502. Contracts with, and grants to, Urban Indian Organizations.
''Sec. 503. Contracts and grants for the provision of health care and referral services.
''Sec. 504. Contracts and grants for the determination of unmet health care needs.
''Sec. 505. Evaluations; renewals.
''Sec. 506. Other contract and grant requirements.
''Sec. 507. Reports and records.
''Sec. 508. Limitation on contract authority.
''Sec. 509. Facilities.
''Sec. 510. Division of Urban Indian Health.
''Sec. 511. Grants for alcohol and substance abuse-related services.
''Sec. 512. Treatment of certain demonstration projects.
''Sec. 513. Urban NIAAA transferred programs.
''Sec. 514. Conferring with Urban Indian Organizations.
''Sec. 515. Urban youth treatment center demonstration.
''Sec. 516. Grants for diabetes prevention, treatment, and control.
''Sec. 517. Community Health Representatives.
''Sec. 518. Effective date.
''Sec. 519. Eligibility for services.
''Sec. 520. Authorization of appropriations.

''TITLE VI—ORGANIZATIONAL IMPROVEMENTS

''Sec. 601. Establishment of the Indian Health Service as an agency of the Public Health Service.
''Sec. 602. Automated management information system.
''Sec. 603. Authorization of appropriations.

''TITLE VII—BEHAVIORAL HEALTH PROGRAMS

''Sec. 701. Behavioral health prevention and treatment services.
''Sec. 702. Memoranda of agreement with the Department of the Interior.
''Sec. 703. Comprehensive behavioral health prevention and treatment program.
''Sec. 704. Mental health technician program.
''Sec. 705. Licensing requirement for mental health care workers.
''Sec. 706. Indian women treatment programs.
''Sec. 707. Indian youth program.
''Sec. 708. Indian youth telemental health demonstration project.
''Sec. 709. Inpatient and community-based mental health facilities design, construction, and staffing.
''Sec. 710. Training and community education.
''Sec. 711. Behavioral health program.
''Sec. 712. Fetal alcohol spectrum disorders programs.
''Sec. 713. Child sexual abuse and prevention treatment programs.
''Sec. 714. Domestic and sexual violence prevention and treatment.
''Sec. 715. Behavioral health research.
''Sec. 716. Definitions.
''Sec. 717. Authorization of appropriations.

''TITLE VIII—MISCELLANEOUS

''Sec. 801. Reports.
''Sec. 802. Regulations.
''Sec. 803. Plan of implementation.
''Sec. 804. Availability of funds.
''Sec. 805. Limitations.
''Sec. 806. Eligibility of California Indians.
''Sec. 807. Health services for ineligible persons.
''Sec. 808. Reallocation of base resources.
''Sec. 809. Results of demonstration projects.
''Sec. 810. Provision of services in Montana.
''Sec. 811. Tribal employment.
''Sec. 812. Severability provisions.
''Sec. 813. Establishment of National Bipartisan Commission on Indian Health Care.
''Sec. 814. Confidentiality of medical quality assurance records; qualified immunity for participants.
''Sec. 815. Appropriations; availability.
''Sec. 816. Authorization of appropriations.

''SEC. 2. FINDINGS.

''Congress makes the following findings:

''(1) Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people.

''(2) A major national goal of the United States is to provide the resources, processes, and structure that will enable Indian Tribes and tribal members to obtain the quantity and quality of health care services and opportunities that will eradicate the health disparities between Indians and the general population of the United States.

''(3) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services.

''(4) Federal health services to Indians have resulted in a reduction in the prevalence and incidence of preventable illnesses among, and unnecessary and premature deaths of, Indians.

''(5) Despite such services, the unmet health needs of the American Indian people are severe and the health status of the Indians is far below that of the general population of the United States.

''SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POLICY.

''Congress declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians—

''(1) to assure the highest possible health status for Indians and Urban Indians and to provide all resources necessary to effect that policy;

''(2) to raise the health status of Indians and Urban Indians to at least the levels set forth in the goals contained within the Healthy People 2010 or successor objectives;

''(3) to ensure maximum Indian participation in the direction of health care services so as to render the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities;

''(4) to increase the proportion of all degrees in the health professions and allied and associated health professions awarded to Indians so that the proportion of Indian health professionals in each Service Area is raised to at least the level of that of the general population;

''(5) to require that all actions under this Act shall be carried out with active and meaningful consultation with Indian Tribes and Tribal Organizations, and conference with Urban Indian Organizations, to implement this Act and the national policy of Indian self-determination;

''(6) to ensure that the United States and Indian Tribes work in a government-to-government relationship to ensure quality health care for all tribal members; and

''(7) to provide funding for programs and facilities operated by Indian Tribes and Tribal Organizations in amounts that are not less than the amounts provided to programs and facilities operated directly by the Service.

''SEC. 4. DEFINITIONS.

''For purposes of this Act:

''(1) The term 'accredited and accessible' means on or near a reservation and accredited by a national or regional organization with accrediting authority.

''(2) The term 'Area Office' means an administrative entity, including a program office, within the Service through which services and funds are provided to the Service Units within a defined geographic area.

''(3)(A) The term 'behavioral health' means the blending of substance (alcohol, drugs, inhalants, and tobacco) abuse and mental health prevention and treatment, for the purpose of providing comprehensive services.

''(B) The term 'behavioral health' includes the joint development of substance abuse and mental health treatment planning and coordinated case management using a multidisciplinary approach.

''(4) The term 'California Indians' means those Indians who are eligible for health services of the Service pursuant to section 806.

''(5) The term 'community college' means—

''(A) a tribal college or university, or

''(B) a junior or community college.

''(6) The term 'contract health service' means health services provided at the expense of the Service or a Tribal Health Program by public or private medical providers or hospitals, other than the Service Unit or the Tribal Health Program at whose expense the services are provided.

''(7) The term 'Department' means, unless otherwise designated, the Department of Health and Human Services.

''(8) The term 'Director' means the Director of the Service.

''(9) The term 'disease prevention' means the reduction, limitation, and prevention of disease and its complications and reduction in the consequences of disease, including—

''(A) controlling—

''(i) the development of diabetes;

''(ii) high blood pressure;

''(iii) infectious agents;

''(iv) injuries;

''(v) occupational hazards and disabilities;

''(vi) sexually transmittable diseases; and

''(vii) toxic agents; and

''(B) providing—

''(i) fluoridation of water; and

''(ii) immunizations.

''(10) The term 'health profession' means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, allied health professions, and any other health profession.

''(11) The term 'health promotion' means—

''(A) fostering social, economic, environmental, and personal factors conducive to health, including raising public awareness about health matters and enabling the people to cope with health problems by increasing their knowledge and providing them with valid information;

''(B) encouraging adequate and appropriate diet, exercise, and sleep;

''(C) promoting education and work in conformity with physical and mental capacity;

''(D) making available safe water and sanitary facilities;

''(E) improving the physical, economic, cultural, psychological, and social environment;

''(F) promoting culturally competent care; and

''(G) providing adequate and appropriate programs, which may include—

''(i) abuse prevention (mental and physical);

''(ii) community health;

''(iii) community safety;

''(iv) consumer health education;

''(v) diet and nutrition;

''(vi) immunization and other prevention of communicable diseases, including HIV/AIDS;

''(vii) environmental health;

''(viii) exercise and physical fitness;

''(ix) avoidance of fetal alcohol spectrum disorders;

''(x) first aid and CPR education;

''(xi) human growth and development;

''(xii) injury prevention and personal safety;

''(xiii) behavioral health;

''(xiv) monitoring of disease indicators between health care provider visits, through appropriate means, including Internet-based health care management systems;

''(xv) personal health and wellness practices;

''(xvi) personal capacity building;

''(xvii) prenatal, pregnancy, and infant care;

''(xviii) psychological well-being;

''(xix) family planning;

''(xx) safe and adequate water;

''(xxi) healthy work environments;

''(xxii) elimination, reduction, and prevention of contaminants that create unhealthy household conditions (including mold and other allergens);

''(xxiii) stress control;

''(xxiv) substance abuse;

''(xxv) sanitary facilities;

''(xxvi) sudden infant death syndrome prevention;

''(xxvii) tobacco use cessation and reduction;

''(xxviii) violence prevention; and

''(xxix) such other activities identified by the Service, a Tribal Health Program, or an Urban Indian Organization, to promote achievement of any of the objectives described in section 3(2).

''(12) The term 'Indian', unless otherwise designated, means any person who is a member of an Indian Tribe or is eligible for health services under section 806, except that, for the purpose of sections 102 and 103, the term also means any individual who—

''(A)(i) irrespective of whether the individual lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside; or

''(ii) is a descendant, in the first or second degree, of any such member;

''(B) is an Eskimo or Aleut or other Alaska Native;

''(C) is considered by the Secretary of the Interior to be an Indian for any purpose; or

''(D) is determined to be an Indian under regulations promulgated by the Secretary.

''(13) The term 'Indian Health Program' means—

''(A) any health program administered directly by the Service;

''(B) any Tribal Health Program; or

''(C) any Indian Tribe or Tribal Organization to which the Secretary provides funding pursuant to section 23 of the Act of June 25, 1910 (25 U.S.C. 47) (commonly known as the 'Buy Indian Act').

''(14) The term 'Indian Tribe' has the meaning given the term in the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

''(15) The term 'junior or community college' has the meaning given the term by section 312(e) of the Higher Education Act of 1965 (20 U.S.C. 1058(e)).

''(16) The term 'reservation' means any federally recognized Indian Tribe's reservation, Pueblo, or colony, including former reservations in Oklahoma, Indian allotments, and Alaska Native Regions established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.).

''(17) The term 'Secretary', unless otherwise designated, means the Secretary of Health and Human Services.

''(18) The term 'Service' means the Indian Health Service.

''(19) The term 'Service Area' means the geographical area served by each Area Office.

''(20) The term 'Service Unit' means an administrative entity of the Service, or a Tribal Health Program through which services are provided, directly or by contract, to eligible Indians within a defined geographic area.

''(21) The term 'telehealth' has the meaning given the term in section 330K(a) of the Public Health Service Act (42 U.S.C. 254c–16(a)).

''(22) The term 'telemedicine' means a telecommunications link to an end user through the use of eligible equipment that electronically links health professionals or patients and health professionals at separate sites in order to exchange health care information in audio, video, graphic, or other format for the purpose of providing improved health care services.

''(23) The term 'tribal college or university' has the meaning given the term in section 316(b)(3) of the Higher Education Act (20 U.S.C. 1059c(b)(3)).

''(24) The term 'Tribal Health Program' means an Indian Tribe or Tribal Organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Service through, or provided for in, a contract or compact with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

''(25) The term 'Tribal Organization' has the meaning given the term in the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

''(26) The term 'Urban Center' means any community which has a sufficient Urban Indian population with unmet health needs to warrant assistance under title V of this Act, as determined by the Secretary.

''(27) The term 'Urban Indian' means any individual who resides in an Urban Center and who meets 1 or more of the following criteria:

''(A) Irrespective of whether the individual lives on or near a reservation, the individual is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those tribes, bands, or groups that are recognized by the States in which they reside, or who is a descendant in the first or second degree of any such member.

''(B) The individual is an Eskimo, Aleut, or other Alaska Native.

''(C) The individual is considered by the Secretary of the Interior to be an Indian for any purpose.

''(D) The individual is determined to be an Indian under regulations promulgated by the Secretary.

''(28) The term 'Urban Indian Organization' means a nonprofit corporate body that (A) is situated in an Urban Center; (B) is governed by an Urban Indian-controlled board of directors; (C) provides for the participation of all interested Indian groups and individuals; and (D) is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a).

''TITLE I—INDIAN HEALTH, HUMAN RESOURCES, AND DEVELOPMENT

''SEC. 101. PURPOSE.

''The purpose of this title is to increase, to the maximum extent feasible, the number of Indians entering the health professions and providing health services, and to assure an optimum supply of health professionals to the Indian Health Programs and Urban Indian Organizations involved in the provision of health services to Indians.

''SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM FOR INDIANS.

''(a) IN GENERAL.—The Secretary, acting through the Service, shall make grants to public or nonprofit private health or educational entities, Tribal Health Programs, or Urban Indian Organizations to assist such entities in meeting the costs of—

''(1) identifying Indians with a potential for education or training in the health professions and encouraging and assisting them—

''(A) to enroll in courses of study in such health professions; or

''(B) if they are not qualified to enroll in any such courses of study, to undertake such postsecondary education or training as may be required to qualify them for enrollment;

''(2) publicizing existing sources of financial aid available to Indians enrolled in any course of study referred to in paragraph (1) or who are undertaking training necessary to qualify them to enroll in any such course of study; or

''(3) establishing other programs which the Secretary determines will enhance and facilitate the enrollment of Indians in, and the subsequent pursuit and completion by them of, courses of study referred to in paragraph (1).

''(b) GRANTS.—

''(1) APPLICATION.—The Secretary shall not make a grant under this section unless an application has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe pursuant to this Act. The Secretary shall give a preference to applications submitted by Tribal Health Programs or Urban Indian Organizations.

''(2) AMOUNT OF GRANTS; PAYMENT.—The amount of a grant under this section shall be determined by the Secretary. Payments pursuant to this section may be made in advance or by way of reimbursement, and at

such intervals and on such conditions as provided for in regulations issued pursuant to this Act. To the extent not otherwise prohibited by law, grants shall be for 3 years, as provided in regulations issued pursuant to this Act.

"SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP PROGRAM FOR INDIANS.

''(a) SCHOLARSHIPS AUTHORIZED.—The Secretary, acting through the Service, shall provide scholarship grants to Indians who—

''(1) have successfully completed their high school education or high school equivalency; and

''(2) have demonstrated the potential to successfully complete courses of study in the health professions.

''(b) PURPOSES.—Scholarship grants provided pursuant to this section shall be for the following purposes:

''(1) Compensatory preprofessional education of any recipient, such scholarship not to exceed 2 years on a full-time basis (or the part-time equivalent thereof, as determined by the Secretary pursuant to regulations issued under this Act).

''(2) Pregraduate education of any recipient leading to a baccalaureate degree in an approved course of study preparatory to a field of study in a health profession, such scholarship not to exceed 4 years. An extension of up to 2 years (or the part-time equivalent thereof, as determined by the Secretary pursuant to regulations issued pursuant to this Act) may be approved.

''(c) OTHER CONDITIONS.—Scholarships under this section—

''(1) may cover costs of tuition, books, transportation, board, and other necessary related expenses of a recipient while attending school;

''(2) shall not be denied solely on the basis of the applicant's scholastic achievement if such applicant has been admitted to, or maintained good standing at, an accredited institution; and

''(3) shall not be denied solely by reason of such applicant's eligibility for assistance or benefits under any other Federal program.

"SEC. 104. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.

''(a) IN GENERAL.—

''(1) AUTHORITY.—The Secretary, acting through the Service, shall make scholarship grants to Indians who are enrolled full or part time in accredited schools pursuing courses of study in the health professions. Such scholarships shall be designated Indian Health Scholarships and shall be made in accordance with section 338A of the Public Health Services Act (42 U.S.C. 254*l*), except as provided in subsection (b) of this section.

''(2) DETERMINATIONS BY SECRETARY.—The Secretary, acting through the Service, shall determine—

''(A) who shall receive scholarship grants under subsection (a); and

''(B) the distribution of the scholarships among health professions on the basis of the relative needs of Indians for additional service in the health professions.

''(3) CERTAIN DELEGATION NOT ALLOWED.—The administration of this section shall be a responsibility of the Director and shall not be delegated in a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

''(b) ACTIVE DUTY SERVICE OBLIGATION.—

''(1) OBLIGATION MET.—The active duty service obligation under a written contract with the Secretary under this section that an Indian has entered into shall, if that individual is a recipient of an Indian Health Scholarship, be met in full-time practice equal to 1 year for each school year for which the participant receives a scholarship award under this part, or 2 years, whichever is greater, by service in 1 or more of the following:

''(A) In an Indian Health Program.

''(B) In a program assisted under title V of this Act.

''(C) In the private practice of the applicable profession if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.

''(D) In a teaching capacity in a tribal college or university nursing program (or a related health profession program) if, as determined by the Secretary, the health service provided to Indians would not decrease.

''(2) OBLIGATION DEFERRED.—At the request of any individual who has entered into a contract referred to in paragraph (1) and who receives a degree in medicine (including osteopathic or allopathic medicine), dentistry, optometry, podiatry, or pharmacy, the Secretary shall defer the active duty service obligation of that individual under that contract, in order that such individual may complete any internship, residency, or other advanced clinical training that is required for the practice of that health profession, for an appropriate period (in years, as determined by the Secretary), subject to the following conditions:

''(A) No period of internship, residency, or other advanced clinical training shall be counted as satisfying any period of obligated service under this subsection.

''(B) The active duty service obligation of that individual shall commence not later than 90 days after the completion of that advanced clinical training (or by a date specified by the Secretary).

''(C) The active duty service obligation will be served in the health profession of that individual in a manner consistent with paragraph (1).

''(D) A recipient of a scholarship under this section may, at the election of the recipient, meet the active duty service obligation described in paragraph (1) by service in a program specified under that paragraph that—

''(i) is located on the reservation of the Indian Tribe in which the recipient is enrolled; or

''(ii) serves the Indian Tribe in which the recipient is enrolled.

''(3) PRIORITY WHEN MAKING ASSIGNMENTS.—Subject to paragraph (2), the Secretary, in making assignments of Indian Health Scholarship recipients required to meet the active duty service obligation described in paragraph (1), shall give priority to assigning individuals to service in those programs specified in paragraph (1) that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.

''(c) PART-TIME STUDENTS.—In the case of an individual receiving a scholarship under this section who is enrolled part time in an approved course of study—

''(1) such scholarship shall be for a period of years not to exceed the part-time equivalent of 4 years, as determined by the Secretary;

''(2) the period of obligated service described in subsection (b)(1) shall be equal to the greater of—

''(A) the part-time equivalent of 1 year for each year for which the individual was provided a scholarship (as determined by the Secretary); or

''(B) 2 years; and

''(3) the amount of the monthly stipend specified in section 338A(g)(1)(B) of the Public Health Service Act (42 U.S.C. 254*l*(g)(1)(B)) shall be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled.

''(d) BREACH OF CONTRACT.—

''(1) SPECIFIED BREACHES.—An individual shall be liable to the United States for the amount which has been paid to the individual, or on behalf of the individual, under a contract entered into with the Secretary under this section on or after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 if that individual—

''(A) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level determined by the educational institution under regulations of the Secretary);

''(B) is dismissed from such educational institution for disciplinary reasons;

''(C) voluntarily terminates the training in such an educational institution for which he or she is provided a scholarship under such contract before the completion of such training; or

''(D) fails to accept payment, or instructs the educational institution in which he or she is enrolled not to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising under such contract.

''(2) OTHER BREACHES.—If for any reason not specified in paragraph (1) an individual breaches a written contract by failing either to begin such individual's service obligation required under such contract or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.

''(3) CANCELLATION UPON DEATH OF RECIPIENT.—Upon the death of an individual who receives an Indian Health Scholarship, any outstanding obligation of that individual for service or payment that relates to that scholarship shall be canceled.

''(4) WAIVERS AND SUSPENSIONS.—

''(A) IN GENERAL.—The Secretary shall provide for the partial or total waiver or suspension of any obligation of service or payment of a recipient of an Indian Health Scholarship if the Secretary determines that—

''(i) it is not possible for the recipient to meet that obligation or make that payment;

''(ii) requiring that recipient to meet that obligation or make that payment would result in extreme hardship to the recipient; or

''(iii) the enforcement of the requirement to meet the obligation or make the payment would be unconscionable.

''(B) FACTORS FOR CONSIDERATION.—Before waiving or suspending an obligation of service or payment under subparagraph (A), the Secretary shall consult with the affected Area Office, Indian Tribes, or Tribal Organizations, or confer with the affected Urban Indian Organizations, and may take into consideration whether the obligation may be satisfied in a teaching capacity at a tribal college or university nursing program under subsection (b)(1)(D).

''(5) EXTREME HARDSHIP.—Notwithstanding any other provision of law, in any case of extreme hardship or for other good cause shown, the Secretary may waive, in whole or in part, the right of the United States to recover funds made available under this section.

''(6) BANKRUPTCY.—Notwithstanding any other provision of law, with respect to a recipient of an Indian Health Scholarship, no obligation for payment may be released by a discharge in bankruptcy under title 11, United States Code, unless that discharge is granted after the expiration of the 5-year period beginning on the initial date on which

that payment is due, and only if the bankruptcy court finds that the nondischarge of the obligation would be unconscionable.

"SEC. 105. AMERICAN INDIANS INTO PSYCHOLOGY PROGRAM.

''(a) GRANTS AUTHORIZED.—The Secretary, acting through the Service, shall make grants of not more than $300,000 to each of 9 colleges and universities for the purpose of developing and maintaining Indian psychology career recruitment programs as a means of encouraging Indians to enter the behavioral health field. These programs shall be located at various locations throughout the country to maximize their availability to Indian students and new programs shall be established in different locations from time to time.

''(b) QUENTIN N. BURDICK PROGRAM GRANT.—The Secretary shall provide a grant authorized under subsection (a) to develop and maintain a program at the University of North Dakota to be known as the 'Quentin N. Burdick American Indians Into Psychology Program'. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian Health Programs authorized under section 117(b), the Quentin N. Burdick American Indians Into Nursing Program authorized under section 115(e), and existing university research and communications networks.

''(c) REGULATIONS.—The Secretary shall issue regulations pursuant to this Act for the competitive awarding of grants provided under this section.

''(d) CONDITIONS OF GRANT.—Applicants under this section shall agree to provide a program which, at a minimum—

''(1) provides outreach and recruitment for health professions to Indian communities including elementary, secondary, and accredited and accessible community colleges that will be served by the program;

''(2) incorporates a program advisory board comprised of representatives from the tribes and communities that will be served by the program;

''(3) provides summer enrichment programs to expose Indian students to the various fields of psychology through research, clinical, and experimental activities;

''(4) provides stipends to undergraduate and graduate students to pursue a career in psychology;

''(5) develops affiliation agreements with tribal colleges and universities, the Service, university affiliated programs, and other appropriate accredited and accessible entities to enhance the education of Indian students;

''(6) to the maximum extent feasible, uses existing university tutoring, counseling, and student support services; and

''(7) to the maximum extent feasible, employs qualified Indians in the program.

''(e) ACTIVE DUTY SERVICE REQUIREMENT.—The active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) shall be met by each graduate who receives a stipend described in subsection (d)(4) that is funded under this section. Such obligation shall be met by service—

''(1) in an Indian Health Program;

''(2) in a program assisted under title V of this Act; or

''(3) in the private practice of psychology if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.

''(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $2,700,000 for each of fiscal years 2008 through 2017.

"SEC. 106. SCHOLARSHIP PROGRAMS FOR INDIAN TRIBES.

''(a) IN GENERAL.—

''(1) GRANTS AUTHORIZED.—The Secretary, acting through the Service, shall make grants to Tribal Health Programs for the purpose of providing scholarships for Indians to serve as health professionals in Indian communities.

''(2) AMOUNT.—Amounts available under paragraph (1) for any fiscal year shall not exceed 5 percent of the amounts available for each fiscal year for Indian Health Scholarships under section 104.

''(3) APPLICATION.—An application for a grant under paragraph (1) shall be in such form and contain such agreements, assurances, and information as consistent with this section.

''(b) REQUIREMENTS.—

''(1) IN GENERAL.—A Tribal Health Program receiving a grant under subsection (a) shall provide scholarships to Indians in accordance with the requirements of this section.

''(2) COSTS.—With respect to costs of providing any scholarship pursuant to subsection (a)—

''(A) 80 percent of the costs of the scholarship shall be paid from the funds made available pursuant to subsection (a)(1) provided to the Tribal Health Program; and

''(B) 20 percent of such costs may be paid from any other source of funds.

''(c) COURSE OF STUDY.—A Tribal Health Program shall provide scholarships under this section only to Indians enrolled or accepted for enrollment in a course of study (approved by the Secretary) in 1 of the health professions contemplated by this Act.

''(d) CONTRACT.—

''(1) IN GENERAL.—In providing scholarships under subsection (b), the Secretary and the Tribal Health Program shall enter into a written contract with each recipient of such scholarship.

''(2) REQUIREMENTS.—Such contract shall—

''(A) obligate such recipient to provide service in an Indian Health Program or Urban Indian Organization, in the same Service Area where the Tribal Health Program providing the scholarship is located, for—

''(i) a number of years for which the scholarship is provided (or the part-time equivalent thereof, as determined by the Secretary), or for a period of 2 years, whichever period is greater; or

''(ii) such greater period of time as the recipient and the Tribal Health Program may agree;

''(B) provide that the amount of the scholarship—

''(i) may only be expended for—

''(I) tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in attendance at the educational institution; and

''(II) payment to the recipient of a monthly stipend of not more than the amount authorized by section 338(g)(1)(B) of the Public Health Service Act (42 U.S.C. 254m(g)(1)(B)), with such amount to be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled, and not to exceed, for any year of attendance for which the scholarship is provided, the total amount required for the year for the purposes authorized in this clause; and

''(ii) may not exceed, for any year of attendance for which the scholarship is provided, the total amount required for the year for the purposes authorized in clause (i);

''(C) require the recipient of such scholarship to maintain an acceptable level of academic standing as determined by the educational institution in accordance with regulations issued pursuant to this Act; and

''(D) require the recipient of such scholarship to meet the educational and licensure requirements appropriate to each health profession.

''(3) SERVICE IN OTHER SERVICE AREAS.—The contract may allow the recipient to serve in another Service Area, provided the Tribal Health Program and Secretary approve and services are not diminished to Indians in the Service Area where the Tribal Health Program providing the scholarship is located.

''(e) BREACH OF CONTRACT.—

''(1) SPECIFIC BREACHES.—An individual who has entered into a written contract with the Secretary and a Tribal Health Program under subsection (d) shall be liable to the United States for the Federal share of the amount which has been paid to him or her, or on his or her behalf, under the contract if that individual—

''(A) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level as determined by the educational institution under regulations of the Secretary);

''(B) is dismissed from such educational institution for disciplinary reasons;

''(C) voluntarily terminates the training in such an educational institution for which he or she is provided a scholarship under such contract before the completion of such training; or

''(D) fails to accept payment, or instructs the educational institution in which he or she is enrolled not to accept payment, in whole or in part, of a scholarship under such contract, in lieu of any service obligation arising under such contract.

''(2) OTHER BREACHES.—If for any reason not specified in paragraph (1), an individual breaches a written contract by failing to either begin such individual's service obligation required under such contract or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.

''(3) CANCELLATION UPON DEATH OF RECIPIENT.—Upon the death of an individual who receives an Indian Health Scholarship, any outstanding obligation of that individual for service or payment that relates to that scholarship shall be canceled.

''(4) INFORMATION.—The Secretary may carry out this subsection on the basis of information received from Tribal Health Programs involved or on the basis of information collected through such other means as the Secretary deems appropriate.

''(f) RELATION TO SOCIAL SECURITY ACT.—The recipient of a scholarship under this section shall agree, in providing health care pursuant to the requirements herein—

''(1) not to discriminate against an individual seeking care on the basis of the ability of the individual to pay for such care or on the basis that payment for such care will be made pursuant to a program established in title XVIII of the Social Security Act or pursuant to the programs established in title XIX or title XXI of such Act; and

''(2) to accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act for all services for which payment may be made under part B of title XVIII of such Act, and to enter into an appropriate agreement with the State agency that administers the State plan for medical assistance under title XIX, or the State child health plan under title XXI, of such Act to provide service to individuals entitled to medical assistance or child health assistance, respectively, under the plan.

''(g) CONTINUANCE OF FUNDING.—The Secretary shall make payments under this section to a Tribal Health Program for any fiscal year subsequent to the first fiscal year of such payments unless the Secretary determines that, for the immediately preceding fiscal year, the Tribal Health Program has not complied with the requirements of this section.

''SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS.

''(a) EMPLOYMENT PREFERENCE.—Any individual who receives a scholarship pursuant to section 104 or 106 shall be given preference for employment in the Service, or may be employed by a Tribal Health Program or an Urban Indian Organization, or other agencies of the Department as available, during any nonacademic period of the year.

''(b) NOT COUNTED TOWARD ACTIVE DUTY SERVICE OBLIGATION.—Periods of employment pursuant to this subsection shall not be counted in determining fulfillment of the service obligation incurred as a condition of the scholarship.

''(c) TIMING; LENGTH OF EMPLOYMENT.—Any individual enrolled in a program, including a high school program, authorized under section 102(a) may be employed by the Service or by a Tribal Health Program or an Urban Indian Organization during any nonacademic period of the year. Any such employment shall not exceed 120 days during any calendar year.

''(d) NONAPPLICABILITY OF COMPETITIVE PERSONNEL SYSTEM.—Any employment pursuant to this section shall be made without regard to any competitive personnel system or agency personnel limitation and to a position which will enable the individual so employed to receive practical experience in the health profession in which he or she is engaged in study. Any individual so employed shall receive payment for his or her services comparable to the salary he or she would receive if he or she were employed in the competitive system. Any individual so employed shall not be counted against any employment ceiling affecting the Service or the Department.

''SEC. 108. CONTINUING EDUCATION ALLOWANCES.

''In order to encourage scholarship and stipend recipients under sections 104, 105, 106, and 115 and health professionals, including community health representatives and emergency medical technicians, to join or continue in an Indian Health Program, in the case of nurses, to obtain training and certification as sexual assault nurse examiners, and to provide their services in the rural and remote areas where a significant portion of Indians reside, the Secretary, acting through the Service, may—

''(1) provide programs or allowances to transition into an Indian Health Program, including licensing, board or certification examination assistance, and technical assistance in fulfilling service obligations under sections 104, 105, 106, and 115; and

''(2) provide programs or allowances to health professionals employed in an Indian Health Program to enable them for a period of time each year prescribed by regulation of the Secretary to take leave of their duty stations for professional consultation, management, leadership, refresher training courses, and, in the case of nurses, additional clinical sexual assault nurse examiner experience to maintain competency or certification.

''SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PROGRAM.

''(a) IN GENERAL.—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall maintain a Community Health Representative Program under which Indian Health Programs—

''(1) provide for the training of Indians as community health representatives; and

''(2) use such community health representatives in the provision of health care, health promotion, and disease prevention services to Indian communities.

''(b) DUTIES.—The Community Health Representative Program of the Service, shall—

''(1) provide a high standard of training for community health representatives to ensure that the community health representatives provide quality health care, health promotion, and disease prevention services to the Indian communities served by the Program;

''(2) in order to provide such training, develop and maintain a curriculum that—

''(A) combines education in the theory of health care with supervised practical experience in the provision of health care; and

''(B) provides instruction and practical experience in health promotion and disease prevention activities, with appropriate consideration given to lifestyle factors that have an impact on Indian health status, such as alcoholism, family dysfunction, and poverty;

''(3) maintain a system which identifies the needs of community health representatives for continuing education in health care, health promotion, and disease prevention and develop programs that meet the needs for continuing education;

''(4) maintain a system that provides close supervision of Community Health Representatives;

''(5) maintain a system under which the work of Community Health Representatives is reviewed and evaluated; and

''(6) promote traditional health care practices of the Indian Tribes served consistent with the Service standards for the provision of health care, health promotion, and disease prevention.

''SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT PROGRAM.

''(a) ESTABLISHMENT.—The Secretary, acting through the Service, shall establish and administer a program to be known as the Service Loan Repayment Program (hereinafter referred to as the 'Loan Repayment Program') in order to ensure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian Health Programs and Urban Indian Organizations.

''(b) ELIGIBLE INDIVIDUALS.—To be eligible to participate in the Loan Repayment Program, an individual must—

''(1)(A) be enrolled—

''(i) in a course of study or program in an accredited educational institution (as determined by the Secretary under section 338B(b)(1)(c)(i) of the Public Health Service Act (42 U.S.C. 254*l*–1(b)(1)(c)(i))) and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or

''(ii) in an approved graduate training program in a health profession; or

''(B) have—

''(i) a degree in a health profession; and

''(ii) a license to practice a health profession;

''(2)(A) be eligible for, or hold, an appointment as a commissioned officer in the Regular or Reserve Corps of the Public Health Service;

''(B) be eligible for selection for civilian service in the Regular or Reserve Corps of the Public Health Service;

''(C) meet the professional standards for civil service employment in the Service; or

''(D) be employed in an Indian Health Program or Urban Indian Organization without a service obligation; and

''(3) submit to the Secretary an application for a contract described in subsection (e).

''(c) APPLICATION.—

''(1) INFORMATION TO BE INCLUDED WITH FORMS.—In disseminating application forms and contract forms to individuals desiring to participate in the Loan Repayment Program, the Secretary shall include with such forms a fair summary of the rights and liabilities of an individual whose application is approved (and whose contract is accepted) by the Secretary, including in the summary a clear explanation of the damages to which the United States is entitled under subsection (l) in the case of the individual's breach of contract. The Secretary shall provide such individuals with sufficient information regarding the advantages and disadvantages of service as a commissioned officer in the Regular or Reserve Corps of the Public Health Service or a civilian employee of the Service to enable the individual to make a decision on an informed basis.

''(2) CLEAR LANGUAGE.—The application form, contract form, and all other information furnished by the Secretary under this section shall be written in a manner calculated to be understood by the average individual applying to participate in the Loan Repayment Program.

''(3) TIMELY AVAILABILITY OF FORMS.—The Secretary shall make such application forms, contract forms, and other information available to individuals desiring to participate in the Loan Repayment Program on a date sufficiently early to ensure that such individuals have adequate time to carefully review and evaluate such forms and information.

''(d) PRIORITIES.—

''(1) LIST.—Consistent with subsection (k), the Secretary shall annually—

''(A) identify the positions in each Indian Health Program or Urban Indian Organization for which there is a need or a vacancy; and

''(B) rank those positions in order of priority.

''(2) APPROVALS.—Notwithstanding the priority determined under paragraph (1), the Secretary, in determining which applications under the Loan Repayment Program to approve (and which contracts to accept), shall—

''(A) give first priority to applications made by individual Indians; and

''(B) after making determinations on all applications submitted by individual Indians as required under subparagraph (A), give priority to—

''(i) individuals recruited through the efforts of an Indian Health Program or Urban Indian Organization; and

''(ii) other individuals based on the priority rankings under paragraph (1).

''(e) RECIPIENT CONTRACTS.—

''(1) CONTRACT REQUIRED.—An individual becomes a participant in the Loan Repayment Program only upon the Secretary and the individual entering into a written contract described in paragraph (2).

''(2) CONTENTS OF CONTRACT.—The written contract referred to in this section between the Secretary and an individual shall contain—

''(A) an agreement under which—

''(i) subject to subparagraph (C), the Secretary agrees—

''(I) to pay loans on behalf of the individual in accordance with the provisions of this section; and

''(II) to accept (subject to the availability of appropriated funds for carrying out this section) the individual into the Service or place the individual with a Tribal Health

Program or Urban Indian Organization as provided in clause (ii)(III); and

''(ii) subject to subparagraph (C), the individual agrees—

''(I) to accept loan payments on behalf of the individual;

''(II) in the case of an individual described in subsection (b)(1)—

''(aa) to maintain enrollment in a course of study or training described in subsection (b)(1)(A) until the individual completes the course of study or training; and

''(bb) while enrolled in such course of study or training, to maintain an acceptable level of academic standing (as determined under regulations of the Secretary by the educational institution offering such course of study or training); and

''(III) to serve for a time period (hereinafter in this section referred to as the 'period of obligated service') equal to 2 years or such longer period as the individual may agree to serve in the full-time clinical practice of such individual's profession in an Indian Health Program or Urban Indian Organization to which the individual may be assigned by the Secretary;

''(B) a provision permitting the Secretary to extend for such longer additional periods, as the individual may agree to, the period of obligated service agreed to by the individual under subparagraph (A)(ii)(III);

''(C) a provision that any financial obligation of the United States arising out of a contract entered into under this section and any obligation of the individual which is conditioned thereon is contingent upon funds being appropriated for loan repayments under this section;

''(D) a statement of the damages to which the United States is entitled under subsection (l) for the individual's breach of the contract; and

''(E) such other statements of the rights and liabilities of the Secretary and of the individual, not inconsistent with this section.

''(f) DEADLINE FOR DECISION ON APPLICATION.—The Secretary shall provide written notice to an individual within 21 days on—

''(1) the Secretary's approving, under subsection (e)(1), of the individual's participation in the Loan Repayment Program, including extensions resulting in an aggregate period of obligated service in excess of 4 years; or

''(2) the Secretary's disapproving an individual's participation in such Program.

''(g) PAYMENTS.—

''(1) IN GENERAL.—A loan repayment provided for an individual under a written contract under the Loan Repayment Program shall consist of payment, in accordance with paragraph (2), on behalf of the individual of the principal, interest, and related expenses on government and commercial loans received by the individual regarding the undergraduate or graduate education of the individual (or both), which loans were made for—

''(A) tuition expenses;

''(B) all other reasonable educational expenses, including fees, books, and laboratory expenses, incurred by the individual; and

''(C) reasonable living expenses as determined by the Secretary.

''(2) AMOUNT.—For each year of obligated service that an individual contracts to serve under subsection (e), the Secretary may pay up to $35,000 or an amount equal to the amount specified in section 338B(g)(2)(A) of the Public Health Service Act, whichever is more, on behalf of the individual for loans described in paragraph (1). In making a determination of the amount to pay for a year of such service by an individual, the Secretary shall consider the extent to which each such determination—

''(A) affects the ability of the Secretary to maximize the number of contracts that can be provided under the Loan Repayment Program from the amounts appropriated for such contracts;

''(B) provides an incentive to serve in Indian Health Programs and Urban Indian Organizations with the greatest shortages of health professionals; and

''(C) provides an incentive with respect to the health professional involved remaining in an Indian Health Program or Urban Indian Organization with such a health professional shortage, and continuing to provide primary health services, after the completion of the period of obligated service under the Loan Repayment Program.

''(3) TIMING.—Any arrangement made by the Secretary for the making of loan repayments in accordance with this subsection shall provide that any repayments for a year of obligated service shall be made no later than the end of the fiscal year in which the individual completes such year of service.

''(4) REIMBURSEMENTS FOR TAX LIABILITY.—For the purpose of providing reimbursements for tax liability resulting from a payment under paragraph (2) on behalf of an individual, the Secretary—

''(A) in addition to such payments, may make payments to the individual in an amount equal to not less than 20 percent and not more than 39 percent of the total amount of loan repayments made for the taxable year involved; and

''(B) may make such additional payments as the Secretary determines to be appropriate with respect to such purpose.

''(5) PAYMENT SCHEDULE.—The Secretary may enter into an agreement with the holder of any loan for which payments are made under the Loan Repayment Program to establish a schedule for the making of such payments.

''(h) EMPLOYMENT CEILING.—Notwithstanding any other provision of law, individuals who have entered into written contracts with the Secretary under this section shall not be counted against any employment ceiling affecting the Department while those individuals are undergoing academic training.

''(i) RECRUITMENT.—The Secretary shall conduct recruiting programs for the Loan Repayment Program and other manpower programs of the Service at educational institutions training health professionals or specialists identified in subsection (a).

''(j) APPLICABILITY OF LAW.—Section 214 of the Public Health Service Act (42 U.S.C. 215) shall not apply to individuals during their period of obligated service under the Loan Repayment Program.

''(k) ASSIGNMENT OF INDIVIDUALS.—The Secretary, in assigning individuals to serve in Indian Health Programs or Urban Indian Organizations pursuant to contracts entered into under this section, shall—

''(1) ensure that the staffing needs of Tribal Health Programs and Urban Indian Organizations receive consideration on an equal basis with programs that are administered directly by the Service; and

''(2) give priority to assigning individuals to Indian Health Programs and Urban Indian Organizations that have a need for health professionals to provide health care services as a result of individuals having breached contracts entered into under this section.

''(l) BREACH OF CONTRACT.—

''(1) SPECIFIC BREACHES.—An individual who has entered into a written contract with the Secretary under this section and has not received a waiver under subsection (m) shall be liable, in lieu of any service obligation arising under such contract, to the United States for the amount which has been paid on such individual's behalf under the contract if that individual—

''(A) is enrolled in the final year of a course of study and—

''(i) fails to maintain an acceptable level of academic standing in the educational institution in which he or she is enrolled (such level determined by the educational institution under regulations of the Secretary);

''(ii) voluntarily terminates such enrollment; or

''(iii) is dismissed from such educational institution before completion of such course of study; or

''(B) is enrolled in a graduate training program and fails to complete such training program.

''(2) OTHER BREACHES; FORMULA FOR AMOUNT OWED.—If, for any reason not specified in paragraph (1), an individual breaches his or her written contract under this section by failing either to begin, or complete, such individual's period of obligated service in accordance with subsection (e)(2), the United States shall be entitled to recover from such individual an amount to be determined in accordance with the following formula: $A=3Z(t-s/t)$ in which—

''(A) 'A' is the amount the United States is entitled to recover;

''(B) 'Z' is the sum of the amounts paid under this section to, or on behalf of, the individual and the interest on such amounts which would be payable if, at the time the amounts were paid, they were loans bearing interest at the maximum legal prevailing rate, as determined by the Secretary of the Treasury;

''(C) 't' is the total number of months in the individual's period of obligated service in accordance with subsection (f); and

''(D) 's' is the number of months of such period served by such individual in accordance with this section.

''(3) DEDUCTIONS IN MEDICARE PAYMENTS.—Amounts not paid within such period shall be subject to collection through deductions in Medicare payments pursuant to section 1892 of the Social Security Act.

''(4) TIME PERIOD FOR REPAYMENT.—Any amount of damages which the United States is entitled to recover under this subsection shall be paid to the United States within the 1-year period beginning on the date of the breach or such longer period beginning on such date as shall be specified by the Secretary.

''(5) RECOVERY OF DELINQUENCY.—

''(A) IN GENERAL.—If damages described in paragraph (4) are delinquent for 3 months, the Secretary shall, for the purpose of recovering such damages—

''(i) use collection agencies contracted with by the Administrator of General Services; or

''(ii) enter into contracts for the recovery of such damages with collection agencies selected by the Secretary.

''(B) REPORT.—Each contract for recovering damages pursuant to this subsection shall provide that the contractor will, not less than once each 6 months, submit to the Secretary a status report on the success of the contractor in collecting such damages. Section 3718 of title 31, United States Code, shall apply to any such contract to the extent not inconsistent with this subsection.

''(m) WAIVER OR SUSPENSION OF OBLIGATION.—

''(1) IN GENERAL.—The Secretary shall by regulation provide for the partial or total waiver or suspension of any obligation of service or payment by an individual under the Loan Repayment Program whenever compliance by the individual is impossible or would involve extreme hardship to the individual and if enforcement of such obligation with respect to any individual would be unconscionable.

''(2) CANCELED UPON DEATH.—Any obligation of an individual under the Loan Repayment Program for service or payment of

damages shall be canceled upon the death of the individual.

''(3) HARDSHIP WAIVER.—The Secretary may waive, in whole or in part, the rights of the United States to recover amounts under this section in any case of extreme hardship or other good cause shown, as determined by the Secretary.

''(4) BANKRUPTCY.—Any obligation of an individual under the Loan Repayment Program for payment of damages may be released by a discharge in bankruptcy under title 11 of the United States Code only if such discharge is granted after the expiration of the 5-year period beginning on the first date that payment of such damages is required, and only if the bankruptcy court finds that nondischarge of the obligation would be unconscionable.

''(n) REPORT.—The Secretary shall submit to the President, for inclusion in the report required to be submitted to Congress under section 801, a report concerning the previous fiscal year which sets forth by Service Area the following:

''(1) A list of the health professional positions maintained by Indian Health Programs and Urban Indian Organizations for which recruitment or retention is difficult.

''(2) The number of Loan Repayment Program applications filed with respect to each type of health profession.

''(3) The number of contracts described in subsection (e) that are entered into with respect to each health profession.

''(4) The amount of loan payments made under this section, in total and by health profession.

''(5) The number of scholarships that are provided under sections 104 and 106 with respect to each health profession.

''(6) The amount of scholarship grants provided under section 104 and 106, in total and by health profession.

''(7) The number of providers of health care that will be needed by Indian Health Programs and Urban Indian Organizations, by location and profession, during the 3 fiscal years beginning after the date the report is filed.

''(8) The measures the Secretary plans to take to fill the health professional positions maintained by Indian Health Programs or Urban Indian Organizations for which recruitment or retention is difficult.

''SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOVERY FUND.

''(a) ESTABLISHMENT.—There is established in the Treasury of the United States a fund to be known as the Indian Health Scholarship and Loan Repayment Recovery Fund (hereafter in this section referred to as the 'LRRF'). The LRRF shall consist of such amounts as may be collected from individuals under section 104(d), section 106(e), and section 110(l) for breach of contract, such funds as may be appropriated to the LRRF, and interest earned on amounts in the LRRF. All amounts collected, appropriated, or earned relative to the LRRF shall remain available until expended.

''(b) USE OF FUNDS.—

''(1) BY SECRETARY.—Amounts in the LRRF may be expended by the Secretary, acting through the Service, to make payments to an Indian Health Program—

''(A) to which a scholarship recipient under section 104 and 106 or a loan repayment program participant under section 110 has been assigned to meet the obligated service requirements pursuant to such sections; and

''(B) that has a need for a health professional to provide health care services as a result of such recipient or participant having breached the contract entered into under section 104, 106, or section 110.

''(2) BY TRIBAL HEALTH PROGRAMS.—A Tribal Health Program receiving payments pursuant to paragraph (1) may expend the payments to provide scholarships or recruit and employ, directly or by contract, health professionals to provide health care services.

''(c) INVESTMENT OF FUNDS.—The Secretary of the Treasury shall invest such amounts of the LRRF as the Secretary of Health and Human Services determines are not required to meet current withdrawals from the LRRF. Such investments may be made only in interest bearing obligations of the United States. For such purpose, such obligations may be acquired on original issue at the issue price, or by purchase of outstanding obligations at the market price.

''(d) SALE OF OBLIGATIONS.—Any obligation acquired by the LRRF may be sold by the Secretary of the Treasury at the market price.

''(e) EFFECTIVE DATE.—This section takes effect on October 1, 2009.

''SEC. 112. RECRUITMENT ACTIVITIES.

''(a) REIMBURSEMENT FOR TRAVEL.—The Secretary, acting through the Service, may reimburse health professionals seeking positions with Indian Health Programs or Urban Indian Organizations, including individuals considering entering into a contract under section 110 and their spouses, for actual and reasonable expenses incurred in traveling to and from their places of residence to an area in which they may be assigned for the purpose of evaluating such area with respect to such assignment.

''(b) RECRUITMENT PERSONNEL.—The Secretary, acting through the Service, shall assign 1 individual in each Area Office to be responsible on a full-time basis for recruitment activities.

''SEC. 113. INDIAN RECRUITMENT AND RETENTION PROGRAM.

''(a) IN GENERAL.—The Secretary, acting through the Service, shall fund, on a competitive basis, innovative demonstration projects for a period not to exceed 3 years to enable Tribal Health Programs and Urban Indian Organizations to recruit, place, and retain health professionals to meet their staffing needs.

''(b) ELIGIBLE ENTITIES; APPLICATION.—Any Tribal Health Program or Urban Indian Organization may submit an application for funding of a project pursuant to this section.

''SEC. 114. ADVANCED TRAINING AND RESEARCH.

''(a) DEMONSTRATION PROGRAM.—The Secretary, acting through the Service, shall establish a demonstration project to enable health professionals who have worked in an Indian Health Program or Urban Indian Organization for a substantial period of time to pursue advanced training or research areas of study for which the Secretary determines a need exists.

''(b) SERVICE OBLIGATION.—An individual who participates in a program under subsection (a), where the educational costs are borne by the Service, shall incur an obligation to serve in an Indian Health Program or Urban Indian Organization for a period of obligated service equal to at least the period of time during which the individual participates in such program. In the event that the individual fails to complete such obligated service, the individual shall be liable to the United States for the period of service remaining. In such event, with respect to individuals entering the program after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the United States shall be entitled to recover from such individual an amount to be determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.

''(c) EQUAL OPPORTUNITY FOR PARTICIPATION.—Health professionals from Tribal Health Programs and Urban Indian Organizations shall be given an equal opportunity to participate in the program under subsection (a).

''SEC. 115. QUENTIN N. BURDICK AMERICAN INDIANS INTO NURSING PROGRAM.

''(a) GRANTS AUTHORIZED.—For the purpose of increasing the number of nurses, nurse midwives, and nurse practitioners who deliver health care services to Indians, the Secretary, acting through the Service, shall provide grants to the following:

''(1) Public or private schools of nursing.

''(2) Tribal colleges or universities.

''(3) Nurse midwife programs and advanced practice nurse programs that are provided by any tribal college or university accredited nursing program, or in the absence of such, any other public or private institutions.

''(b) USE OF GRANTS.—Grants provided under subsection (a) may be used for 1 or more of the following:

''(1) To recruit individuals for programs which train individuals to be nurses, nurse midwives, or advanced practice nurses.

''(2) To provide scholarships to Indians enrolled in such programs that may pay the tuition charged for such program and other expenses incurred in connection with such program, including books, fees, room and board, and stipends for living expenses.

''(3) To provide a program that encourages nurses, nurse midwives, and advanced practice nurses to provide, or continue to provide, health care services to Indians.

''(4) To provide a program that increases the skills of, and provides continuing education to, nurses, nurse midwives, and advanced practice nurses.

''(5) To provide any program that is designed to achieve the purpose described in subsection (a).

''(c) APPLICATIONS.—Each application for a grant under subsection (a) shall include such information as the Secretary may require to establish the connection between the program of the applicant and a health care facility that primarily serves Indians.

''(d) PREFERENCES FOR GRANT RECIPIENTS.—In providing grants under subsection (a), the Secretary shall extend a preference to the following:

''(1) Programs that provide a preference to Indians.

''(2) Programs that train nurse midwives or advanced practice nurses.

''(3) Programs that are interdisciplinary.

''(4) Programs that are conducted in cooperation with a program for gifted and talented Indian students.

''(5) Programs conducted by tribal colleges and universities.

''(e) QUENTIN N. BURDICK PROGRAM GRANT.—The Secretary shall provide 1 of the grants authorized under subsection (a) to establish and maintain a program at the University of North Dakota to be known as the 'Quentin N. Burdick American Indians Into Nursing Program'. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian Health Programs established under section 117(b) and the Quentin N. Burdick American Indians Into Psychology Program established under section 105(b).

''(f) ACTIVE DUTY SERVICE OBLIGATION.—The active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) shall be met by each individual who receives training or assistance described in paragraph (1) or (2) of subsection (b) that is funded by a grant provided under subsection (a). Such obligation shall be met by service—

''(1) in the Service;

''(2) in a program of an Indian Tribe or Tribal Organization conducted under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) (including

programs under agreements with the Bureau of Indian Affairs);

''(3) in a program assisted under title V of this Act;

''(4) in the private practice of nursing if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health shortage area and addresses the health care needs of a substantial number of Indians; or

''(5) in a teaching capacity in a tribal college or university nursing program (or a related health profession program) if, as determined by the Secretary, health services provided to Indians would not decrease.

''SEC. 116. TRIBAL CULTURAL ORIENTATION.

''(a) CULTURAL EDUCATION OF EMPLOYEES.—The Secretary, acting through the Service, shall require that appropriate employees of the Service who serve Indian Tribes in each Service Area receive educational instruction in the history and culture of such Indian Tribes and their relationship to the Service.

''(b) PROGRAM.—In carrying out subsection (a), the Secretary shall establish a program which shall, to the extent feasible—

''(1) be developed in consultation with the affected Indian Tribes, Tribal Organizations, and Urban Indian Organizations;

''(2) be carried out through tribal colleges or universities;

''(3) include instruction in American Indian studies; and

''(4) describe the use and place of traditional health care practices of the Indian Tribes in the Service Area.

''SEC. 117. INMED PROGRAM.

''(a) GRANTS AUTHORIZED.—The Secretary, acting through the Service, is authorized to provide grants to colleges and universities for the purpose of maintaining and expanding the Indian health careers recruitment program known as the 'Indians Into Medicine Program' (hereinafter in this section referred to as 'INMED') as a means of encouraging Indians to enter the health professions.

''(b) QUENTIN N. BURDICK GRANT.—The Secretary shall provide 1 of the grants authorized under subsection (a) to maintain the INMED program at the University of North Dakota, to be known as the 'Quentin N. Burdick Indian Health Programs', unless the Secretary makes a determination, based upon program reviews, that the program is not meeting the purposes of this section. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology Program established under section 105(b) and the Quentin N. Burdick American Indians Into Nursing Program established under section 115.

''(c) REGULATIONS.—The Secretary, pursuant to this Act, shall develop regulations to govern grants pursuant to this section.

''(d) REQUIREMENTS.—Applicants for grants provided under this section shall agree to provide a program which—

''(1) provides outreach and recruitment for health professions to Indian communities including elementary and secondary schools and community colleges located on reservations which will be served by the program;

''(2) incorporates a program advisory board comprised of representatives from the Indian Tribes and Indian communities which will be served by the program;

''(3) provides summer preparatory programs for Indian students who need enrichment in the subjects of math and science in order to pursue training in the health professions;

''(4) provides tutoring, counseling, and support to students who are enrolled in a health career program of study at the respective college or university; and

''(5) to the maximum extent feasible, employs qualified Indians in the program.

''SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY COLLEGES.

''(a) GRANTS TO ESTABLISH PROGRAMS.—

''(1) IN GENERAL.—The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges for the purpose of assisting such community colleges in the establishment of programs which provide education in a health profession leading to a degree or diploma in a health profession for individuals who desire to practice such profession on or near a reservation or in an Indian Health Program.

''(2) AMOUNT OF GRANTS.—The amount of any grant awarded to a community college under paragraph (1) for the first year in which such a grant is provided to the community college shall not exceed $250,000.

''(b) GRANTS FOR MAINTENANCE AND RECRUITING.—

''(1) IN GENERAL.—The Secretary, acting through the Service, shall award grants to accredited and accessible community colleges that have established a program described in subsection (a)(1) for the purpose of maintaining the program and recruiting students for the program.

''(2) REQUIREMENTS.—Grants may only be made under this section to a community college which—

''(A) is accredited;

''(B) has a relationship with a hospital facility, Service facility, or hospital that could provide training of nurses or health professionals;

''(C) has entered into an agreement with an accredited college or university medical school, the terms of which—

''(i) provide a program that enhances the transition and recruitment of students into advanced baccalaureate or graduate programs that train health professionals; and

''(ii) stipulate certifications necessary to approve internship and field placement opportunities at Indian Health Programs;

''(D) has a qualified staff which has the appropriate certifications;

''(E) is capable of obtaining State or regional accreditation of the program described in subsection (a)(1); and

''(F) agrees to provide for Indian preference for applicants for programs under this section.

''(c) TECHNICAL ASSISTANCE.—The Secretary shall encourage community colleges described in subsection (b)(2) to establish and maintain programs described in subsection (a)(1) by—

''(1) entering into agreements with such colleges for the provision of qualified personnel of the Service to teach courses of study in such programs; and

''(2) providing technical assistance and support to such colleges.

''(d) ADVANCED TRAINING.—

''(1) REQUIRED.—Any program receiving assistance under this section that is conducted with respect to a health profession shall also offer courses of study which provide advanced training for any health professional who—

''(A) has already received a degree or diploma in such health profession; and

''(B) provides clinical services on or near a reservation or for an Indian Health Program.

''(2) MAY BE OFFERED AT ALTERNATE SITE.—Such courses of study may be offered in conjunction with the college or university with which the community college has entered into the agreement required under subsection (b)(2)(C).

''(e) PRIORITY.—Where the requirements of subsection (b) are met, grant award priority shall be provided to tribal colleges and universities in Service Areas where they exist.

''SEC. 119. RETENTION BONUS.

''(a) BONUS AUTHORIZED.—The Secretary may pay a retention bonus to any health professional employed by, or assigned to, and serving in, an Indian Health Program or Urban Indian Organization either as a civilian employee or as a commissioned officer in the Regular or Reserve Corps of the Public Health Service who—

''(1) is assigned to, and serving in, a position for which recruitment or retention of personnel is difficult;

''(2) the Secretary determines is needed by Indian Health Programs and Urban Indian Organizations;

''(3) has—

''(A) completed 2 years of employment with an Indian Health Program or Urban Indian Organization; or

''(B) completed any service obligations incurred as a requirement of—

''(i) any Federal scholarship program; or

''(ii) any Federal education loan repayment program; and

''(4) enters into an agreement with an Indian Health Program or Urban Indian Organization for continued employment for a period of not less than 1 year.

''(b) RATES.—The Secretary may establish rates for the retention bonus which shall provide for a higher annual rate for multiyear agreements than for single year agreements referred to in subsection (a)(4), but in no event shall the annual rate be more than $25,000 per annum.

''(c) DEFAULT OF RETENTION AGREEMENT.—Any health professional failing to complete the agreed upon term of service, except where such failure is through no fault of the individual, shall be obligated to refund to the Government the full amount of the retention bonus for the period covered by the agreement, plus interest as determined by the Secretary in accordance with section 110(l)(2)(B).

''(d) OTHER RETENTION BONUS.—The Secretary may pay a retention bonus to any health professional employed by a Tribal Health Program if such health professional is serving in a position which the Secretary determines is—

''(1) a position for which recruitment or retention is difficult; and

''(2) necessary for providing health care services to Indians.

''SEC. 120. NURSING RESIDENCY PROGRAM.

''(a) ESTABLISHMENT OF PROGRAM.—The Secretary, acting through the Service, shall establish a program to enable Indians who are licensed practical nurses, licensed vocational nurses, and registered nurses who are working in an Indian Health Program or Urban Indian Organization, and have done so for a period of not less than 1 year, to pursue advanced training. Such program shall include a combination of education and work study in an Indian Health Program or Urban Indian Organization leading to an associate or bachelor's degree (in the case of a licensed practical nurse or licensed vocational nurse), a bachelor's degree (in the case of a registered nurse), or advanced degrees or certifications in nursing and public health.

''(b) SERVICE OBLIGATION.—An individual who participates in a program under subsection (a), where the educational costs are paid by the Service, shall incur an obligation to serve in an Indian Health Program or Urban Indian Organization for a period of obligated service equal to 1 year for every year that nonprofessional employee (licensed practical nurses, licensed vocational nurses, nursing assistants, and various health care technicals), or 2 years for every year that professional nurse (associate degree and bachelor-prepared registered nurses), participates in such program. In the event that the

individual fails to complete such obligated service, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula specified in subsection (l) of section 110 in the manner provided for in such subsection.

"SEC. 121. COMMUNITY HEALTH AIDE PROGRAM.

''(a) GENERAL PURPOSES OF PROGRAM.—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall develop and operate a Community Health Aide Program in Alaska under which the Service—

''(1) provides for the training of Alaska Natives as health aides or community health practitioners;

''(2) uses such aides or practitioners in the provision of health care, health promotion, and disease prevention services to Alaska Natives living in villages in rural Alaska; and

''(3) provides for the establishment of teleconferencing capacity in health clinics located in or near such villages for use by community health aides or community health practitioners.

''(b) SPECIFIC PROGRAM REQUIREMENTS.—The Secretary, acting through the Community Health Aide Program of the Service, shall—

''(1) using trainers accredited by the Program, provide a high standard of training to community health aides and community health practitioners to ensure that such aides and practitioners provide quality health care, health promotion, and disease prevention services to the villages served by the Program;

''(2) in order to provide such training, develop a curriculum that—

''(A) combines education in the theory of health care with supervised practical experience in the provision of health care;

''(B) provides instruction and practical experience in the provision of acute care, emergency care, health promotion, disease prevention, and the efficient and effective management of clinic pharmacies, supplies, equipment, and facilities; and

''(C) promotes the achievement of the health status objectives specified in section 3(2);

''(3) establish and maintain a Community Health Aide Certification Board to certify as community health aides or community health practitioners individuals who have successfully completed the training described in paragraph (1) or can demonstrate equivalent experience;

''(4) develop and maintain a system which identifies the needs of community health aides and community health practitioners for continuing education in the provision of health care, including the areas described in paragraph (2)(B), and develop programs that meet the needs for such continuing education;

''(5) develop and maintain a system that provides close supervision of community health aides and community health practitioners;

''(6) develop a system under which the work of community health aides and community health practitioners is reviewed and evaluated to assure the provision of quality health care, health promotion, and disease prevention services; and

''(7) ensure that pulpal therapy (not including pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a dental health aide therapist only after consultation with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with palliative treatment, and further that dental health aide therapists are strictly prohibited from performing all other oral or jaw surgeries, provided that uncomplicated extractions shall not be considered oral surgery under this section.

''(c) PROGRAM REVIEW.—

''(1) NEUTRAL PANEL.—

''(A) ESTABLISHMENT.—The Secretary, acting through the Service, shall establish a neutral panel to carry out the study under paragraph (2).

''(B) MEMBERSHIP.—Members of the neutral panel shall be appointed by the Secretary from among clinicians, economists, community practitioners, oral epidemiologists, and Alaska Natives.

''(2) STUDY.—

''(A) IN GENERAL.—The neutral panel established under paragraph (1) shall conduct a study of the dental health aide therapist services provided by the Community Health Aide Program under this section to ensure that the quality of care provided through those services is adequate and appropriate.

''(B) PARAMETERS OF STUDY.—The Secretary, in consultation with interested parties, including professional dental organizations, shall develop the parameters of the study.

''(C) INCLUSIONS.—The study shall include a determination by the neutral panel with respect to—

''(i) the ability of the dental health aide therapist services under this section to address the dental care needs of Alaska Natives;

''(ii) the quality of care provided through those services, including any training, improvement, or additional oversight required to improve the quality of care; and

''(iii) whether safer and less costly alternatives to the dental health aide therapist services exist.

''(D) CONSULTATION.—In carrying out the study under this paragraph, the neutral panel shall consult with Alaska Tribal Organizations with respect to the adequacy and accuracy of the study.

''(3) REPORT.—The neutral panel shall submit to the Secretary, the Committee on Indian Affairs of the Senate, and the Committee on Natural Resources of the House of Representatives a report describing the results of the study under paragraph (2), including a description of—

''(A) any determination of the neutral panel under paragraph (2)(C); and

''(B) any comments received from an Alaska Tribal Organization under paragraph (2)(D).

''(d) NATIONALIZATION OF PROGRAM.—

''(1) IN GENERAL.—Except as provided in paragraph (2), the Secretary, acting through the Service, may establish a national Community Health Aide Program in accordance with the program under this section, as the Secretary determines to be appropriate.

''(2) EXCEPTION.—The national Community Health Aide Program under paragraph (1) shall not include dental health aide therapist services.

''(3) REQUIREMENT.—In establishing a national program under paragraph (1), the Secretary shall not reduce the amount of funds provided for the Community Health Aide Program described in subsections (a) and (b).

"SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.

''The Secretary, acting through the Service, shall, by contract or otherwise, provide training for Indians in the administration and planning of Tribal Health Programs.

"SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE DEMONSTRATION PROGRAMS.

''(a) DEMONSTRATION PROGRAMS AUTHORIZED.—The Secretary, acting through the Service, may fund demonstration programs for Tribal Health Programs to address the chronic shortages of health professionals.

''(b) PURPOSES OF PROGRAMS.—The purposes of demonstration programs funded under subsection (a) shall be—

''(1) to provide direct clinical and practical experience at a Service Unit to health profession students and residents from medical schools;

''(2) to improve the quality of health care for Indians by assuring access to qualified health care professionals; and

''(3) to provide academic and scholarly opportunities for health professionals serving Indians by identifying all academic and scholarly resources of the region.

''(c) ADVISORY BOARD.—The demonstration programs established pursuant to subsection (a) shall incorporate a program advisory board composed of representatives from the Indian Tribes and Indian communities in the area which will be served by the program.

"SEC. 124. NATIONAL HEALTH SERVICE CORPS.

''The Secretary shall not—

''(1) remove a member of the National Health Service Corps from an Indian Health Program or Urban Indian Organization; or

''(2) withdraw funding used to support such member, unless the Secretary, acting through the Service, has ensured that the Indians receiving services from such member will experience no reduction in services.

"SEC. 125. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL CURRICULA DEMONSTRATION PROGRAMS.

''(a) CONTRACTS AND GRANTS.—The Secretary, acting through the Service, may enter into contracts with, or make grants to, accredited tribal colleges and universities and eligible accredited and accessible community colleges to establish demonstration programs to develop educational curricula for substance abuse counseling.

''(b) USE OF FUNDS.—Funds provided under this section shall be used only for developing and providing educational curriculum for substance abuse counseling (including paying salaries for instructors). Such curricula may be provided through satellite campus programs.

''(c) TIME PERIOD OF ASSISTANCE; RENEWAL.—A contract entered into or a grant provided under this section shall be for a period of 3 years. Such contract or grant may be renewed for an additional 2-year period upon the approval of the Secretary.

''(d) CRITERIA FOR REVIEW AND APPROVAL OF APPLICATIONS.—Not later than 180 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, after consultation with Indian Tribes and administrators of tribal colleges and universities and eligible accredited and accessible community colleges, shall develop and issue criteria for the review and approval of applications for funding (including applications for renewals of funding) under this section. Such criteria shall ensure that demonstration programs established under this section promote the development of the capacity of such entities to educate substance abuse counselors.

''(e) ASSISTANCE.—The Secretary shall provide such technical and other assistance as may be necessary to enable grant recipients to comply with the provisions of this section.

''(f) REPORT.—Each fiscal year, the Secretary shall submit to the President, for inclusion in the report which is required to be submitted under section 801 for that fiscal year, a report on the findings and conclusions derived from the demonstration programs conducted under this section during that fiscal year.

''(g) DEFINITION.—For the purposes of this section, the term 'educational curriculum' means 1 or more of the following:

''(1) Classroom education.

''(2) Clinical work experience.

''(3) Continuing education workshops.

''SEC. 126. BEHAVIORAL HEALTH TRAINING AND COMMUNITY EDUCATION PROGRAMS.

''(a) STUDY; LIST.—The Secretary, acting through the Service, and the Secretary of the Interior, in consultation with Indian Tribes and Tribal Organizations, shall conduct a study and compile a list of the types of staff positions specified in subsection (b) whose qualifications include, or should include, training in the identification, prevention, education, referral, or treatment of mental illness, or dysfunctional and self destructive behavior.

''(b) POSITIONS.—The positions referred to in subsection (a) are—

''(1) staff positions within the Bureau of Indian Affairs, including existing positions, in the fields of—

''(A) elementary and secondary education;

''(B) social services and family and child welfare;

''(C) law enforcement and judicial services; and

''(D) alcohol and substance abuse;

''(2) staff positions within the Service; and

''(3) staff positions similar to those identified in paragraphs (1) and (2) established and maintained by Indian Tribes and Tribal Organizations (without regard to the funding source).

''(c) TRAINING CRITERIA.—

''(1) IN GENERAL.—The appropriate Secretary shall provide training criteria appropriate to each type of position identified in subsection (b)(1) and (b)(2) and ensure that appropriate training has been, or shall be provided to any individual in any such position. With respect to any such individual in a position identified pursuant to subsection (b)(3), the respective Secretaries shall provide appropriate training to, or provide funds to, an Indian Tribe or Tribal Organization for training of appropriate individuals. In the case of positions funded under a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), the appropriate Secretary shall ensure that such training costs are included in the contract or compact, as the Secretary determines necessary.

''(2) POSITION SPECIFIC TRAINING CRITERIA.—Position specific training criteria shall be culturally relevant to Indians and Indian Tribes and shall ensure that appropriate information regarding traditional health care practices is provided.

''(d) COMMUNITY EDUCATION ON MENTAL ILLNESS.—The Service shall develop and implement, on request of an Indian Tribe, Tribal Organization, or Urban Indian Organization, or assist the Indian Tribe, Tribal Organization, or Urban Indian Organization to develop and implement, a program of community education on mental illness. In carrying out this subsection, the Service shall, upon request of an Indian Tribe, Tribal Organization, or Urban Indian Organization, provide technical assistance to the Indian Tribe, Tribal Organization, or Urban Indian Organization to obtain and develop community educational materials on the identification, prevention, referral, and treatment of mental illness and dysfunctional and self-destructive behavior.

''(e) PLAN.—Not later than 90 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall develop a plan under which the Service will increase the health care staff providing behavioral health services by at least 500 positions within 5 years after the date of enactment of this section, with at least 200 of such positions devoted to child, adolescent, and family services. The plan developed under this subsection shall be implemented under the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act').

''SEC. 127. AUTHORIZATION OF APPROPRIATIONS.

''There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.

''TITLE II—HEALTH SERVICES

''SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND.

''(a) USE OF FUNDS.—The Secretary, acting through the Service, is authorized to expend funds, directly or under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), which are appropriated under the authority of this section, for the purposes of—

''(1) eliminating the deficiencies in health status and health resources of all Indian Tribes;

''(2) eliminating backlogs in the provision of health care services to Indians;

''(3) meeting the health needs of Indians in an efficient and equitable manner, including the use of telehealth and telemedicine when appropriate;

''(4) eliminating inequities in funding for both direct care and contract health service programs; and

''(5) augmenting the ability of the Service to meet the following health service responsibilities with respect to those Indian Tribes with the highest levels of health status deficiencies and resource deficiencies:

''(A) Clinical care, including inpatient care, outpatient care (including audiology, clinical eye, and vision care), primary care, secondary and tertiary care, and long-term care.

''(B) Preventive health, including mammography and other cancer screening in accordance with section 207.

''(C) Dental care.

''(D) Mental health, including community mental health services, inpatient mental health services, dormitory mental health services, therapeutic and residential treatment centers, and training of traditional health care practitioners.

''(E) Emergency medical services.

''(F) Treatment and control of, and rehabilitative care related to, alcoholism and drug abuse (including fetal alcohol spectrum disorders) among Indians.

''(G) Injury prevention programs, including training.

''(H) Home health care.

''(I) Community health representatives.

''(J) Maintenance and improvement.

''(b) NO OFFSET OR LIMITATION.—Any funds appropriated under the authority of this section shall not be used to offset or limit any other appropriations made to the Service under this Act or the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), or any other provision of law.

''(c) ALLOCATION; USE.—

''(1) IN GENERAL.—Funds appropriated under the authority of this section shall be allocated to Service Units, Indian Tribes, or Tribal Organizations. The funds allocated to each Indian Tribe, Tribal Organization, or Service Unit under this paragraph shall be used by the Indian Tribe, Tribal Organization, or Service Unit under this paragraph to improve the health status and reduce the resource deficiency of each Indian Tribe served by such Service Unit, Indian Tribe, or Tribal Organization.

''(2) APPORTIONMENT OF ALLOCATED FUNDS.—The apportionment of funds allocated to a Service Unit, Indian Tribe, or Tribal Organization under paragraph (1) among the health service responsibilities described in subsection (a)(5) shall be determined by the Service in consultation with, and with the active participation of, the affected Indian Tribes and Tribal Organizations.

''(d) PROVISIONS RELATING TO HEALTH STATUS AND RESOURCE DEFICIENCIES.—For the purposes of this section, the following definitions apply:

''(1) DEFINITION.—The term 'health status and resource deficiency' means the extent to which—

''(A) the health status objectives set forth in section 3(2) are not being achieved; and

''(B) the Indian Tribe or Tribal Organization does not have available to it the health resources it needs, taking into account the actual cost of providing health care services given local geographic, climatic, rural, or other circumstances.

''(2) AVAILABLE RESOURCES.—The health resources available to an Indian Tribe or Tribal Organization include health resources provided by the Service as well as health resources used by the Indian Tribe or Tribal Organization, including services and financing systems provided by any Federal programs, private insurance, and programs of State or local governments.

''(3) PROCESS FOR REVIEW OF DETERMINATIONS.—The Secretary shall establish procedures which allow any Indian Tribe or Tribal Organization to petition the Secretary for a review of any determination of the extent of the health status and resource deficiency of such Indian Tribe or Tribal Organization.

''(e) ELIGIBILITY FOR FUNDS.—Tribal Health Programs shall be eligible for funds appropriated under the authority of this section on an equal basis with programs that are administered directly by the Service.

''(f) REPORT.—By no later than the date that is 3 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall submit to Congress the current health status and resource deficiency report of the Service for each Service Unit, including newly recognized or acknowledged Indian Tribes. Such report shall set out—

''(1) the methodology then in use by the Service for determining Tribal health status and resource deficiencies, as well as the most recent application of that methodology;

''(2) the extent of the health status and resource deficiency of each Indian Tribe served by the Service or a Tribal Health Program;

''(3) the amount of funds necessary to eliminate the health status and resource deficiencies of all Indian Tribes served by the Service or a Tribal Health Program; and

''(4) an estimate of—

''(A) the amount of health service funds appropriated under the authority of this Act, or any other Act, including the amount of any funds transferred to the Service for the preceding fiscal year which is allocated to each Service Unit, Indian Tribe, or Tribal Organization;

''(B) the number of Indians eligible for health services in each Service Unit or Indian Tribe or Tribal Organization; and

''(C) the number of Indians using the Service resources made available to each Service Unit, Indian Tribe or Tribal Organization, and, to the extent available, information on the waiting lists and number of Indians turned away for services due to lack of resources.

''(g) INCLUSION IN BASE BUDGET.—Funds appropriated under this section for any fiscal year shall be included in the base budget of the Service for the purpose of determining appropriations under this section in subsequent fiscal years.

''(h) CLARIFICATION.—Nothing in this section is intended to diminish the primary responsibility of the Service to eliminate existing backlogs in unmet health care needs,

nor are the provisions of this section intended to discourage the Service from undertaking additional efforts to achieve equity among Indian Tribes and Tribal Organizations.

''(i) FUNDING DESIGNATION.—Any funds appropriated under the authority of this section shall be designated as the 'Indian Health Care Improvement Fund'.

"SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUND.

''(a) ESTABLISHMENT.—There is established an Indian Catastrophic Health Emergency Fund (hereafter in this section referred to as the 'CHEF') consisting of—

''(1) the amounts deposited under subsection (f); and

''(2) the amounts appropriated to CHEF under this section.

''(b) ADMINISTRATION.—CHEF shall be administered by the Secretary, acting through the headquarters of the Service, solely for the purpose of meeting the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses who are within the responsibility of the Service.

''(c) CONDITIONS ON USE OF FUND.—No part of CHEF or its administration shall be subject to contract or grant under any law, including the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), nor shall CHEF funds be allocated, apportioned, or delegated on an Area Office, Service Unit, or other similar basis.

''(d) REGULATIONS.—The Secretary shall promulgate regulations consistent with the provisions of this section to—

''(1) establish a definition of disasters and catastrophic illnesses for which the cost of the treatment provided under contract would qualify for payment from CHEF;

''(2) provide that a Service Unit shall not be eligible for reimbursement for the cost of treatment from CHEF until its cost of treating any victim of such catastrophic illness or disaster has reached a certain threshold cost which the Secretary shall establish at—

''(A) the 2000 level of $19,000; and

''(B) for any subsequent year, not less than the threshold cost of the previous year increased by the percentage increase in the medical care expenditure category of the consumer price index for all urban consumers (United States city average) for the 12-month period ending with December of the previous year;

''(3) establish a procedure for the reimbursement of the portion of the costs that exceeds such threshold cost incurred by—

''(A) Service Units; or

''(B) whenever otherwise authorized by the Service, non-Service facilities or providers;

''(4) establish a procedure for payment from CHEF in cases in which the exigencies of the medical circumstances warrant treatment prior to the authorization of such treatment by the Service; and

''(5) establish a procedure that will ensure that no payment shall be made from CHEF to any provider of treatment to the extent that such provider is eligible to receive payment for the treatment from any other Federal, State, local, or private source of reimbursement for which the patient is eligible.

''(e) NO OFFSET OR LIMITATION.—Amounts appropriated to CHEF under this section shall not be used to offset or limit appropriations made to the Service under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), or any other law.

''(f) DEPOSIT OF REIMBURSEMENT FUNDS.—There shall be deposited into CHEF all reimbursements to which the Service is entitled from any Federal, State, local, or private source (including third party insurance) by reason of treatment rendered to any victim of a disaster or catastrophic illness the cost of which was paid from CHEF.

"SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION SERVICES.

''(a) FINDINGS.—Congress finds that health promotion and disease prevention activities—

''(1) improve the health and well-being of Indians; and

''(2) reduce the expenses for health care of Indians.

''(b) PROVISION OF SERVICES.—The Secretary, acting through the Service and Tribal Health Programs, shall provide health promotion and disease prevention services to Indians to achieve the health status objectives set forth in section 3(2).

''(c) EVALUATION.—The Secretary, after obtaining input from the affected Tribal Health Programs, shall submit to the President for inclusion in the report which is required to be submitted to Congress under section 801 an evaluation of—

''(1) the health promotion and disease prevention needs of Indians;

''(2) the health promotion and disease prevention activities which would best meet such needs;

''(3) the internal capacity of the Service and Tribal Health Programs to meet such needs; and

''(4) the resources which would be required to enable the Service and Tribal Health Programs to undertake the health promotion and disease prevention activities necessary to meet such needs.

"SEC. 204. DIABETES PREVENTION, TREATMENT, AND CONTROL.

''(a) DETERMINATIONS REGARDING DIABETES.—The Secretary, acting through the Service, and in consultation with Indian Tribes and Tribal Organizations, shall determine—

''(1) by Indian Tribe and by Service Unit, the incidence of, and the types of complications resulting from, diabetes among Indians; and

''(2) based on the determinations made pursuant to paragraph (1), the measures (including patient education and effective ongoing monitoring of disease indicators) each Service Unit should take to reduce the incidence of, and prevent, treat, and control the complications resulting from, diabetes among Indian Tribes within that Service Unit.

''(b) DIABETES SCREENING.—To the extent medically indicated and with informed consent, the Secretary shall screen each Indian who receives services from the Service for diabetes and for conditions which indicate a high risk that the individual will become diabetic and establish a cost-effective approach to ensure ongoing monitoring of disease indicators. Such screening and monitoring may be conducted by a Tribal Health Program and may be conducted through appropriate Internet-based health care management programs.

''(c) DIABETES PROJECTS.—The Secretary shall continue to maintain each model diabetes project in existence on the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, any such other diabetes programs operated by the Service or Tribal Health Programs, and any additional diabetes projects, such as the Medical Vanguard program provided for in title IV of Public Law 108–87, as implemented to serve Indian Tribes. Tribal Health Programs shall receive recurring funding for the diabetes projects that they operate pursuant to this section, both at the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 and for projects which are added and funded thereafter.

''(d) DIALYSIS PROGRAMS.—The Secretary is authorized to provide, through the Service, Indian Tribes, and Tribal Organizations, dialysis programs, including the purchase of dialysis equipment and the provision of necessary staffing.

''(e) OTHER DUTIES OF THE SECRETARY.—

''(1) IN GENERAL.—The Secretary shall, to the extent funding is available—

''(A) in each Area Office, consult with Indian Tribes and Tribal Organizations regarding programs for the prevention, treatment, and control of diabetes;

''(B) establish in each Area Office a registry of patients with diabetes to track the incidence of diabetes and the complications from diabetes in that area; and

''(C) ensure that data collected in each Area Office regarding diabetes and related complications among Indians are disseminated to all other Area Offices, subject to applicable patient privacy laws.

''(2) DIABETES CONTROL OFFICERS.—

''(A) IN GENERAL.—The Secretary may establish and maintain in each Area Office a position of diabetes control officer to coordinate and manage any activity of that Area Office relating to the prevention, treatment, or control of diabetes to assist the Secretary in carrying out a program under this section or section 330C of the Public Health Service Act (42 U.S.C. 254c–3).

''(B) CERTAIN ACTIVITIES.—Any activity carried out by a diabetes control officer under subparagraph (A) that is the subject of a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), and any funds made available to carry out such an activity, shall not be divisible for purposes of that Act.

"SEC. 205. SHARED SERVICES FOR LONG-TERM CARE.

''(a) LONG-TERM CARE.—Notwithstanding any other provision of law, the Secretary, acting through the Service, is authorized to provide directly, or enter into contracts or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) with Indian Tribes or Tribal Organizations for, the delivery of long-term care (including health care services associated with long-term care) provided in a facility to Indians. Such agreements shall provide for the sharing of staff or other services between the Service or a Tribal Health Program and a long-term care or related facility owned and operated (directly or through a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) by such Indian Tribe or Tribal Organization.

''(b) CONTENTS OF AGREEMENTS.—An agreement entered into pursuant to subsection (a)—

''(1) may, at the request of the Indian Tribe or Tribal Organization, delegate to such Indian Tribe or Tribal Organization such powers of supervision and control over Service employees as the Secretary deems necessary to carry out the purposes of this section;

''(2) shall provide that expenses (including salaries) relating to services that are shared between the Service and the Tribal Health Program be allocated proportionately between the Service and the Indian Tribe or Tribal Organization; and

''(3) may authorize such Indian Tribe or Tribal Organization to construct, renovate, or expand a long-term care or other similar facility (including the construction of a facility attached to a Service facility).

''(c) MINIMUM REQUIREMENT.—Any nursing facility provided for under this section shall meet the requirements for nursing facilities under section 1919 of the Social Security Act.

''(d) OTHER ASSISTANCE.—The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with the provisions of this section.

''(e) USE OF EXISTING OR UNDERUSED FACILITIES.—The Secretary shall encourage the use of existing facilities that are underused or allow the use of swing beds for long-term or similar care.

''SEC. 206. HEALTH SERVICES RESEARCH.

''(a) IN GENERAL.—The Secretary, acting through the Service, shall make funding available for research to further the performance of the health service responsibilities of Indian Health Programs.

''(b) COORDINATION OF RESOURCES AND ACTIVITIES.—The Secretary shall also, to the maximum extent practicable, coordinate departmental research resources and activities to address relevant Indian Health Program research needs.

''(c) AVAILABILITY.—Tribal Health Programs shall be given an equal opportunity to compete for, and receive, research funds under this section.

''(d) USE OF FUNDS.—This funding may be used for both clinical and nonclinical research.

''(e) EVALUATION AND DISSEMINATION.—The Secretary shall periodically—

''(1) evaluate the impact of research conducted under this section; and

''(2) disseminate to Tribal Health Programs information regarding that research as the Secretary determines to be appropriate.

''SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREENING.

''The Secretary, acting through the Service or Tribal Health Programs, shall provide for screening as follows:

''(1) Screening mammography (as defined in section 1861(jj) of the Social Security Act) for Indian women at a frequency appropriate to such women under accepted and appropriate national standards, and under such terms and conditions as are consistent with standards established by the Secretary to ensure the safety and accuracy of screening mammography under part B of title XVIII of such Act.

''(2) Other cancer screening that receives an A or B rating as recommended by the United States Preventive Services Task Force established under section 915(a)(1) of the Public Health Service Act (42 U.S.C. 299b–4(a)(1)). The Secretary shall ensure that screening provided for under this paragraph complies with the recommendations of the Task Force with respect to—

''(A) frequency;

''(B) the population to be served;

''(C) the procedure or technology to be used;

''(D) evidence of effectiveness; and

''(E) other matters that the Secretary determines appropriate.

''SEC. 208. PATIENT TRAVEL COSTS.

''(a) DEFINITION OF QUALIFIED ESCORT.—In this section, the term 'qualified escort' means—

''(1) an adult escort (including a parent, guardian, or other family member) who is required because of the physical or mental condition, or age, of the applicable patient;

''(2) a health professional for the purpose of providing necessary medical care during travel by the applicable patient; or

''(3) other escorts, as the Secretary or applicable Indian Health Program determines to be appropriate.

''(b) PROVISION OF FUNDS.—The Secretary, acting through the Service and Tribal Health Programs, is authorized to provide funds for the following patient travel costs, including qualified escorts, associated with receiving health care services provided (either through direct or contract care or through a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) under this Act—

''(1) emergency air transportation and nonemergency air transportation where ground transportation is infeasible;

''(2) transportation by private vehicle (where no other means of transportation is available), specially equipped vehicle, and ambulance; and

''(3) transportation by such other means as may be available and required when air or motor vehicle transportation is not available.

''SEC. 209. EPIDEMIOLOGY CENTERS.

''(a) ESTABLISHMENT OF CENTERS.—The Secretary shall establish an epidemiology center in each Service Area to carry out the functions described in subsection (b). Any new center established after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 may be operated under a grant authorized by subsection (d), but funding under such a grant shall not be divisible.

''(b) FUNCTIONS OF CENTERS.—In consultation with and upon the request of Indian Tribes, Tribal Organizations, and Urban Indian communities, each Service Area epidemiology center established under this section shall, with respect to such Service Area—

''(1) collect data relating to, and monitor progress made toward meeting, each of the health status objectives of the Service, the Indian Tribes, Tribal Organizations, and Urban Indian communities in the Service Area;

''(2) evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health;

''(3) assist Indian Tribes, Tribal Organizations, and Urban Indian Organizations in identifying their highest priority health status objectives and the services needed to achieve such objectives, based on epidemiological data;

''(4) make recommendations for the targeting of services needed by the populations served;

''(5) make recommendations to improve health care delivery systems for Indians and Urban Indians;

''(6) provide requested technical assistance to Indian Tribes, Tribal Organizations, and Urban Indian Organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community; and

''(7) provide disease surveillance and assist Indian Tribes, Tribal Organizations, and Urban Indian communities to promote public health.

''(c) TECHNICAL ASSISTANCE.—The Director of the Centers for Disease Control and Prevention shall provide technical assistance to the centers in carrying out the requirements of this section.

''(d) GRANTS FOR STUDIES.—

''(1) IN GENERAL.—The Secretary may make grants to Indian Tribes, Tribal Organizations, Indian organizations, and eligible intertribal consortia to conduct epidemiological studies of Indian communities.

''(2) ELIGIBLE INTERTRIBAL CONSORTIA.—An intertribal consortium or Indian organization is eligible to receive a grant under this subsection if—

''(A) the intertribal consortium is incorporated for the primary purpose of improving Indian health; and

''(B) the intertribal consortium is representative of the Indian Tribes or urban Indian communities in which the intertribal consortium is located.

''(3) APPLICATIONS.—An application for a grant under this subsection shall be submitted in such manner and at such time as the Secretary shall prescribe.

''(4) REQUIREMENTS.—An applicant for a grant under this subsection shall—

''(A) demonstrate the technical, administrative, and financial expertise necessary to carry out the functions described in paragraph (5);

''(B) consult and cooperate with providers of related health and social services in order to avoid duplication of existing services; and

''(C) demonstrate cooperation from Indian Tribes or Urban Indian Organizations in the area to be served.

''(5) USE OF FUNDS.—A grant awarded under paragraph (1) may be used—

''(A) to carry out the functions described in subsection (b);

''(B) to provide information to and consult with tribal leaders, urban Indian community leaders, and related health staff on health care and health service management issues; and

''(C) in collaboration with Indian Tribes, Tribal Organizations, and urban Indian communities, to provide the Service with information regarding ways to improve the health status of Indians.

''(e) ACCESS TO INFORMATION.—The Secretary shall grant epidemiology centers operated by a grantee pursuant to a grant awarded under subsection (d) access to use of the data, data sets, monitoring systems, delivery systems, and other protected health information in the possession of the Secretary. Such activities shall be for the purposes of research and for preventing and controlling disease, injury, or disability for purposes of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat. 2033), as such activities are described in part 164.512 of title 45, Code of Federal regulations (or a successor regulation).

''SEC. 210. COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAMS.

''(a) FUNDING FOR DEVELOPMENT OF PROGRAMS.—In addition to carrying out any other program for health promotion or disease prevention, the Secretary, acting through the Service, is authorized to award grants to Indian Tribes and Tribal Organizations to develop comprehensive school health education programs for children from pre-school through grade 12 in schools for the benefit of Indian and Urban Indian children.

''(b) USE OF GRANT FUNDS.—A grant awarded under this section may be used for purposes which may include, but are not limited to, the following:

''(1) Developing health education materials both for regular school programs and after-school programs.

''(2) Training teachers in comprehensive school health education materials.

''(3) Integrating school-based, community-based, and other public and private health promotion efforts.

''(4) Encouraging healthy, tobacco-free school environments.

''(5) Coordinating school-based health programs with existing services and programs available in the community.

''(6) Developing school programs on nutrition education, personal health, oral health, and fitness.

''(7) Developing behavioral health wellness programs.

''(8) Developing chronic disease prevention programs.

''(9) Developing substance abuse prevention programs.

''(10) Developing injury prevention and safety education programs.

''(11) Developing activities for the prevention and control of communicable diseases.

''(12) Developing community and environmental health education programs that include traditional health care practitioners.

''(13) Violence prevention.

''(14) Such other health issues as are appropriate.

''(c) TECHNICAL ASSISTANCE.—Upon request, the Secretary, acting through the Service, shall provide technical assistance to Indian Tribes and Tribal Organizations in the development of comprehensive health education plans and the dissemination of comprehensive health education materials and information on existing health programs and resources.

''(d) CRITERIA FOR REVIEW AND APPROVAL OF APPLICATIONS.—The Secretary, acting through the Service, and in consultation with Indian Tribes and Tribal Organizations, shall establish criteria for the review and approval of applications for grants awarded under this section.

''(e) DEVELOPMENT OF PROGRAM FOR BIA-FUNDED SCHOOLS.—

''(1) IN GENERAL.—The Secretary of the Interior, acting through the Bureau of Indian Affairs and in cooperation with the Secretary, acting through the Service, and affected Indian Tribes and Tribal Organizations, shall develop a comprehensive school health education program for children from preschool through grade 12 in schools for which support is provided by the Bureau of Indian Affairs.

''(2) REQUIREMENTS FOR PROGRAMS.—Such programs shall include—

''(A) school programs on nutrition education, personal health, oral health, and fitness;

''(B) behavioral health wellness programs;

''(C) chronic disease prevention programs;

''(D) substance abuse prevention programs;

''(E) injury prevention and safety education programs; and

''(F) activities for the prevention and control of communicable diseases.

''(3) DUTIES OF THE SECRETARY.—The Secretary of the Interior shall—

''(A) provide training to teachers in comprehensive school health education materials;

''(B) ensure the integration and coordination of school-based programs with existing services and health programs available in the community; and

''(C) encourage healthy, tobacco-free school environments.

''SEC. 211. INDIAN YOUTH PROGRAM.

''(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Service, is authorized to establish and administer a program to provide grants to Indian Tribes, Tribal Organizations, and Urban Indian Organizations for innovative mental and physical disease prevention and health promotion and treatment programs for Indian preadolescent and adolescent youths.

''(b) USE OF FUNDS.—

''(1) ALLOWABLE USES.—Funds made available under this section may be used to—

''(A) develop prevention and treatment programs for Indian youth which promote mental and physical health and incorporate cultural values, community and family involvement, and traditional health care practitioners; and

''(B) develop and provide community training and education.

''(2) PROHIBITED USE.—Funds made available under this section may not be used to provide services described in section 707(c).

''(c) DUTIES OF THE SECRETARY.—The Secretary shall—

''(1) disseminate to Indian Tribes and Tribal Organizations information regarding models for the delivery of comprehensive health care services to Indian and Urban Indian adolescents;

''(2) encourage the implementation of such models; and

''(3) at the request of an Indian Tribe or Tribal Organization, provide technical assistance in the implementation of such models.

''(d) CRITERIA FOR REVIEW AND APPROVAL OF APPLICATIONS.—The Secretary, in consultation with Indian Tribes and Tribal Organizations, and in conference with Urban Indian Organizations, shall establish criteria for the review and approval of applications or proposals under this section.

''SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF COMMUNICABLE AND INFECTIOUS DISEASES.

''(a) GRANTS AUTHORIZED.—The Secretary, acting through the Service, and after consultation with the Centers for Disease Control and Prevention, may make grants available to Indian Tribes and Tribal Organizations for the following:

''(1) Projects for the prevention, control, and elimination of communicable and infectious diseases, including tuberculosis, hepatitis, HIV, respiratory syncytial virus, hanta virus, sexually transmitted diseases, and H. Pylori.

''(2) Public information and education programs for the prevention, control, and elimination of communicable and infectious diseases.

''(3) Education, training, and clinical skills improvement activities in the prevention, control, and elimination of communicable and infectious diseases for health professionals, including allied health professionals.

''(4) Demonstration projects for the screening, treatment, and prevention of hepatitis C virus (HCV).

''(b) APPLICATION REQUIRED.—The Secretary may provide funding under subsection (a) only if an application or proposal for funding is submitted to the Secretary.

''(c) COORDINATION WITH HEALTH AGENCIES.—Indian Tribes and Tribal Organizations receiving funding under this section are encouraged to coordinate their activities with the Centers for Disease Control and Prevention and State and local health agencies.

''(d) TECHNICAL ASSISTANCE; REPORT.—In carrying out this section, the Secretary—

''(1) may, at the request of an Indian Tribe or Tribal Organization, provide technical assistance; and

''(2) shall prepare and submit a report to Congress biennially on the use of funds under this section and on the progress made toward the prevention, control, and elimination of communicable and infectious diseases among Indians and Urban Indians.

''SEC. 213. OTHER AUTHORITY FOR PROVISION OF SERVICES.

''(a) FUNDING AUTHORIZED.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide funding under this Act to meet the objectives set forth in section 3 of this Act through health care-related services and programs not otherwise described in this Act for the following services:

''(1) Hospice care.

''(2) Assisted living services.

''(3) Long-term care services.

''(4) Home- and community-based services.

''(b) ELIGIBILITY.—The following individuals shall be eligible to receive long-term care under this section:

''(1) Individuals who are unable to perform a certain number of activities of daily living without assistance.

''(2) Individuals with a mental impairment, such as dementia, Alzheimer's disease, or another disabling mental illness, who may be able to perform activities of daily living under supervision.

''(3) Such other individuals as an applicable Indian Health Program determines to be appropriate.

''(c) DEFINITIONS.—For the purposes of this section, the following definitions shall apply:

''(1) The term 'assisted living services' means any service provided by an assisted living facility (as defined in section 232(b) of the National Housing Act (12 U.S.C. 1715w(b))), except that such an assisted living facility—

''(A) shall not be required to obtain a license; but

''(B) shall meet all applicable standards for licensure.

''(2) The term 'home- and community-based services' means 1 or more of the services specified in paragraphs (1) through (9) of section 1929(a) of the Social Security Act (42 U.S.C. 1396t(a)) (whether provided by the Service or by an Indian Tribe or Tribal Organization pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) that are or will be provided in accordance with applicable standards.

''(3) The term 'hospice care' means the items and services specified in subparagraphs (A) through (H) of section 1861(dd)(1) of the Social Security Act (42 U.S.C. 1395x(dd)(1)), and such other services which an Indian Tribe or Tribal Organization determines are necessary and appropriate to provide in furtherance of this care.

''(4) The term 'long-term care services' has the meaning given the term 'qualified long-term care services' in section 7702B(c) of the Internal Revenue Code of 1986.

''(d) AUTHORIZATION OF CONVENIENT CARE SERVICES.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may also provide funding under this Act to meet the objectives set forth in section 3 of this Act for convenient care services programs pursuant to section 306(c)(2)(A).

''SEC. 214. INDIAN WOMEN'S HEALTH CARE.

''The Secretary, acting through the Service and Indian Tribes, Tribal Organizations, and Urban Indian Organizations, shall monitor and improve the quality of health care for Indian women of all ages through the planning and delivery of programs administered by the Service, in order to improve and enhance the treatment models of care for Indian women.

''SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZARDS.

''(a) STUDIES AND MONITORING.—The Secretary and the Service shall conduct, in conjunction with other appropriate Federal agencies and in consultation with concerned Indian Tribes and Tribal Organizations, studies and ongoing monitoring programs to determine trends in the health hazards to Indian miners and to Indians on or near reservations and Indian communities as a result of environmental hazards which may result in chronic or life threatening health problems, such as nuclear resource development, petroleum contamination, and contamination of water sources and of the food chain. Such studies shall include—

''(1) an evaluation of the nature and extent of health problems caused by environmental hazards currently exhibited among Indians and the causes of such health problems;

''(2) an analysis of the potential effect of ongoing and future environmental resource development on or near reservations and Indian communities, including the cumulative effect over time on health;

''(3) an evaluation of the types and nature of activities, practices, and conditions causing or affecting such health problems, including uranium mining and milling, uranium mine tailing deposits, nuclear power plant operation and construction, and nuclear waste disposal; oil and gas production or transportation on or near reservations or Indian communities; and other development that could affect the health of Indians and their water supply and food chain;

''(4) a summary of any findings and recommendations provided in Federal and State studies, reports, investigations, and inspections during the 5 years prior to the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 that directly or indirectly relate to the activities, practices, and conditions affecting the health or safety of such Indians; and

''(5) the efforts that have been made by Federal and State agencies and resource and economic development companies to effectively carry out an education program for such Indians regarding the health and safety hazards of such development.

''(b) HEALTH CARE PLANS.—Upon completion of such studies, the Secretary and the Service shall take into account the results of such studies and develop health care plans to address the health problems studied under subsection (a). The plans shall include—

''(1) methods for diagnosing and treating Indians currently exhibiting such health problems;

''(2) preventive care and testing for Indians who may be exposed to such health hazards, including the monitoring of the health of individuals who have or may have been exposed to excessive amounts of radiation or affected by other activities that have had or could have a serious impact upon the health of such individuals; and

''(3) a program of education for Indians who, by reason of their work or geographic proximity to such nuclear or other development activities, may experience health problems.

''(c) SUBMISSION OF REPORT AND PLAN TO CONGRESS.—The Secretary and the Service shall submit to Congress the study prepared under subsection (a) no later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008. The health care plan prepared under subsection (b) shall be submitted in a report no later than 1 year after the study prepared under subsection (a) is submitted to Congress. Such report shall include recommended activities for the implementation of the plan, as well as an evaluation of any activities previously undertaken by the Service to address such health problems.

''(d) INTERGOVERNMENTAL TASK FORCE.—

''(1) ESTABLISHMENT; MEMBERS.—There is established an Intergovernmental Task Force to be composed of the following individuals (or their designees):

''(A) The Secretary of Energy.

''(B) The Secretary of the Environmental Protection Agency.

''(C) The Director of the Bureau of Mines.

''(D) The Assistant Secretary for Occupational Safety and Health.

''(E) The Secretary of the Interior.

''(F) The Secretary of Health and Human Services.

''(G) The Director.

''(2) DUTIES.—The Task Force shall—

''(A) identify existing and potential operations related to nuclear resource development or other environmental hazards that affect or may affect the health of Indians on or near a reservation or in an Indian community; and

''(B) enter into activities to correct existing health hazards and ensure that current and future health problems resulting from nuclear resource or other development activities are minimized or reduced.

''(3) CHAIRMAN; MEETINGS.—The Secretary of Health and Human Services shall be the Chairman of the Task Force. The Task Force shall meet at least twice each year.

''(e) HEALTH SERVICES TO CERTAIN EMPLOYEES.—In the case of any Indian who—

''(1) as a result of employment in or near a uranium mine or mill or near any other environmental hazard, suffers from a work-related illness or condition;

''(2) is eligible to receive diagnosis and treatment services from an Indian Health Program; and

''(3) by reason of such Indian's employment, is entitled to medical care at the expense of such mine or mill operator or entity responsible for the environmental hazard, the Indian Health Program shall, at the request of such Indian, render appropriate medical care to such Indian for such illness or condition and may be reimbursed for any medical care so rendered to which such Indian is entitled at the expense of such operator or entity from such operator or entity. Nothing in this subsection shall affect the rights of such Indian to recover damages other than such amounts paid to the Indian Health Program from the employer for providing medical care for such illness or condition.

''SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DELIVERY AREA.

''(a) IN GENERAL.—For fiscal years beginning with the fiscal year ending September 30, 1983, and ending with the fiscal year ending September 30, 2016, the State of Arizona shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of Arizona.

''(b) MAINTENANCE OF SERVICES.—The Service shall not curtail any health care services provided to Indians residing on reservations in the State of Arizona if such curtailment is due to the provision of contract services in such State pursuant to the designation of such State as a contract health service delivery area pursuant to subsection (a).

''SEC. 216A. NORTH DAKOTA AND SOUTH DAKOTA AS A CONTRACT HEALTH SERVICE DELIVERY AREA.

''(a) IN GENERAL.—Beginning in fiscal year 2003, the States of North Dakota and South Dakota shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian Tribes of North Dakota and South Dakota.

''(b) LIMITATION.—The Service shall not curtail any health care services provided to Indians residing on any reservation, or in any county that has a common boundary with any reservation, in the State of North Dakota or South Dakota if such curtailment is due to the provision of contract services in such States pursuant to the designation of such States as a contract health service delivery area pursuant to subsection (a).

''SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PROGRAM.

''(a) FUNDING AUTHORIZED.—The Secretary is authorized to fund a program using the California Rural Indian Health Board (hereafter in this section referred to as the 'CRIHB') as a contract care intermediary to improve the accessibility of health services to California Indians.

''(b) REIMBURSEMENT CONTRACT.—The Secretary shall enter into an agreement with the CRIHB to reimburse the CRIHB for costs (including reasonable administrative costs) incurred pursuant to this section, in providing medical treatment under contract to California Indians described in section 806(a) throughout the California contract health services delivery area described in section 218 with respect to high cost contract care cases.

''(c) ADMINISTRATIVE EXPENSES.—Not more than 5 percent of the amounts provided to the CRIHB under this section for any fiscal year may be for reimbursement for administrative expenses incurred by the CRIHB during such fiscal year.

''(d) LIMITATION ON PAYMENT.—No payment may be made for treatment provided hereunder to the extent payment may be made for such treatment under the Indian Catastrophic Health Emergency Fund described in section 202 or from amounts appropriated or otherwise made available to the California contract health service delivery area for a fiscal year.

''(e) ADVISORY BOARD.—There is established an advisory board which shall advise the CRIHB in carrying out this section. The advisory board shall be composed of representatives, selected by the CRIHB, from not less than 8 Tribal Health Programs serving California Indians covered under this section at least ½ of whom of whom are not affiliated with the CRIHB.

''SEC. 218. CALIFORNIA AS A CONTRACT HEALTH SERVICE DELIVERY AREA.

''The State of California, excluding the counties of Alameda, Contra Costa, Los Angeles, Marin, Orange, Sacramento, San Francisco, San Mateo, Santa Clara, Kern, Merced, Monterey, Napa, San Benito, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ventura, shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health services to California Indians. However, any of the counties listed herein may only be included in the contract health services delivery area if funding is specifically provided by the Service for such services in those counties.

''SEC. 219. CONTRACT HEALTH SERVICES FOR THE TRENTON SERVICE AREA.

''(a) AUTHORIZATION FOR SERVICES.—The Secretary, acting through the Service, is directed to provide contract health services to members of the Turtle Mountain Band of Chippewa Indians that reside in the Trenton Service Area of Divide, McKenzie, and Williams counties in the State of North Dakota and the adjoining counties of Richland, Roosevelt, and Sheridan in the State of Montana.

''(b) NO EXPANSION OF ELIGIBILITY.—Nothing in this section may be construed as expanding the eligibility of members of the Turtle Mountain Band of Chippewa Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.

''SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND TRIBAL ORGANIZATIONS.

''The Service shall provide funds for health care programs and facilities operated by Tribal Health Programs on the same basis as such funds are provided to programs and facilities operated directly by the Service.

''SEC. 221. LICENSING.

''Health care professionals employed by a Tribal Health Program shall, if licensed in any State, be exempt from the licensing requirements of the State in which the Tribal Health Program performs the services described in its contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

''SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY CONTRACT HEALTH SERVICES.

''With respect to an elderly Indian or an Indian with a disability receiving emergency medical care or services from a non-Service provider or in a non-Service facility under the authority of this Act, the time limitation (as a condition of payment) for notifying the Service of such treatment or admission shall be 30 days.

''SEC. 223. PROMPT ACTION ON PAYMENT OF CLAIMS.

''(a) DEADLINE FOR RESPONSE.—The Service shall respond to a notification of a claim by a provider of a contract care service with either an individual purchase order or a denial

of the claim within 5 working days after the receipt of such notification.

''(b) EFFECT OF UNTIMELY RESPONSE.—If the Service fails to respond to a notification of a claim in accordance with subsection (a), the Service shall accept as valid the claim submitted by the provider of a contract care service.

''(c) DEADLINE FOR PAYMENT OF VALID CLAIM.—The Service shall pay a valid contract care service claim within 30 days after the completion of the claim.

''SEC. 224. LIABILITY FOR PAYMENT.

''(a) NO PATIENT LIABILITY.—A patient who receives contract health care services that are authorized by the Service shall not be liable for the payment of any charges or costs associated with the provision of such services.

''(b) NOTIFICATION.—The Secretary shall notify a contract care provider and any patient who receives contract health care services authorized by the Service that such patient is not liable for the payment of any charges or costs associated with the provision of such services not later than 5 business days after receipt of a notification of a claim by a provider of contract care services.

''(c) NO RECOURSE.—Following receipt of the notice provided under subsection (b), or, if a claim has been deemed accepted under section 223(b), the provider shall have no further recourse against the patient who received the services.

''SEC. 225. OFFICE OF INDIAN MEN'S HEALTH.

''(a) ESTABLISHMENT.—The Secretary may establish within the Service an office to be known as the 'Office of Indian Men's Health' (referred to in this section as the 'Office').

''(b) DIRECTOR.—

''(1) IN GENERAL.—The Office shall be headed by a director, to be appointed by the Secretary.

''(2) DUTIES.—The director shall coordinate and promote the status of the health of Indian men in the United States.

''(c) REPORT.—Not later than 2 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, acting through the director of the Office, shall submit to Congress a report describing—

''(1) any activity carried out by the director as of the date on which the report is prepared; and

''(2) any finding of the director with respect to the health of Indian men.

''SEC. 226. AUTHORIZATION OF APPROPRIATIONS.

''There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.

''TITLE III—FACILITIES

''SEC. 301. CONSULTATION; CONSTRUCTION AND RENOVATION OF FACILITIES; REPORTS.

''(a) PREREQUISITES FOR EXPENDITURE OF FUNDS.—Prior to the expenditure of, or the making of any binding commitment to expend, any funds appropriated for the planning, design, construction, or renovation of facilities pursuant to the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall—

''(1) consult with any Indian Tribe that would be significantly affected by such expenditure for the purpose of determining and, whenever practicable, honoring tribal preferences concerning size, location, type, and other characteristics of any facility on which such expenditure is to be made; and

''(2) ensure, whenever practicable and applicable, that such facility meets the construction standards of any accrediting body recognized by the Secretary for the purposes of the Medicare, Medicaid, and SCHIP programs under titles XVIII, XIX, and XXI of the Social Security Act by not later than 1 year after the date on which the construction or renovation of such facility is completed.

''(b) CLOSURES AND REDUCTIONS IN HOURS OF SERVICE.—

''(1) EVALUATION REQUIRED.—Notwithstanding any other provision of law, no facility operated by the Service, or any portion of such facility, may be closed or have the hours of service of the facility reduced if the Secretary has not submitted to Congress not less than 1 year, and not more than 2 years, before the date of the proposed closure or reduction in hours of service an evaluation, completed not more than 2 years before the submission, of the impact of the proposed closure or reduction in hours of service that specifies, in addition to other considerations—

''(A) the accessibility of alternative health care resources for the population served by such facility;

''(B) the cost-effectiveness of such closure or reduction in hours of service;

''(C) the quality of health care to be provided to the population served by such facility after such closure or reduction in hours of service;

''(D) the availability of contract health care funds to maintain existing levels of service;

''(E) the views of the Indian Tribes served by such facility concerning such closure or reduction in hours of service;

''(F) the level of use of such facility by all eligible Indians; and

''(G) the distance between such facility and the nearest operating Service hospital.

''(2) EXCEPTION FOR CERTAIN TEMPORARY CLOSURES AND REDUCTIONS.—Paragraph (1) shall not apply to any temporary closure or reduction in hours of service of a facility or any portion of a facility if such closure or reduction in hours of service is necessary for medical, environmental, or construction safety reasons.

''(c) HEALTH CARE FACILITY PRIORITY SYSTEM.—

''(1) IN GENERAL.—

''(A) PRIORITY SYSTEM.—The Secretary, acting through the Service, shall maintain a health care facility priority system, which—

''(i) shall be developed in consultation with Indian Tribes and Tribal Organizations;

''(ii) shall give Indian Tribes' needs the highest priority;

''(iii)(I) may include the lists required in paragraph (2)(B)(ii); and

''(II) shall include the methodology required in paragraph (2)(B)(v); and

''(III) may include such other facilities, and such renovation or expansion needs of any health care facility, as the Service, Indian Tribes, and Tribal Organizations may identify; and

''(iv) shall provide an opportunity for the nomination of planning, design, and construction projects by the Service, Indian Tribes, and Tribal Organizations for consideration under the priority system at least once every 3 years, or more frequently as the Secretary determines to be appropriate.

''(B) NEEDS OF FACILITIES UNDER ISDEAA AGREEMENTS.—The Secretary shall ensure that the planning, design, construction, renovation, and expansion needs of Service and non-Service facilities operated under contracts or compacts in accordance with the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) are fully and equitably integrated into the health care facility priority system.

''(C) CRITERIA FOR EVALUATING NEEDS.—For purposes of this subsection, the Secretary, in evaluating the needs of facilities operated under a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), shall use the criteria used by the Secretary in evaluating the needs of facilities operated directly by the Service.

''(D) PRIORITY OF CERTAIN PROJECTS PROTECTED.—The priority of any project established under the construction priority system in effect on the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 shall not be affected by any change in the construction priority system taking place after that date if the project—

''(i) was identified in the fiscal year 2008 Service budget justification as—

''(I) 1 of the 10 top-priority inpatient projects;

''(II) 1 of the 10 top-priority outpatient projects;

''(III) 1 of the 10 top-priority staff quarters developments; or

''(IV) 1 of the 10 top-priority Youth Regional Treatment Centers;

''(ii) had completed both Phase I and Phase II of the construction priority system in effect on the date of enactment of such Act; or

''(iii) is not included in clause (i) or (ii) and is selected, as determined by the Secretary—

''(I) on the initiative of the Secretary; or

''(II) pursuant to a request of an Indian Tribe or Tribal Organization.

''(2) REPORT; CONTENTS.—

''(A) INITIAL COMPREHENSIVE REPORT.—

''(i) DEFINITIONS.—In this subparagraph:

''(I) FACILITIES APPROPRIATION ADVISORY BOARD.—The term 'Facilities Appropriation Advisory Board' means the advisory board, comprised of 12 members representing Indian tribes and 2 members representing the Service, established at the discretion of the Director—

''(aa) to provide advice and recommendations for policies and procedures of the programs funded pursuant to facilities appropriations; and

''(bb) to address other facilities issues.

''(II) FACILITIES NEEDS ASSESSMENT WORKGROUP.—The term 'Facilities Needs Assessment Workgroup' means the workgroup established at the discretion of the Director—

''(aa) to review the health care facilities construction priority system; and

''(bb) to make recommendations to the Facilities Appropriation Advisory Board for revising the priority system.

''(ii) INITIAL REPORT.—

''(I) IN GENERAL.—Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes the comprehensive, national, ranked list of all health care facilities needs for the Service, Indian Tribes, and Tribal Organizations (including inpatient health care facilities, outpatient health care facilities, specialized health care facilities (such as for long-term care and alcohol and drug abuse treatment), wellness centers, staff quarters and hostels associated with health care facilities, and the renovation and expansion needs, if any, of such facilities) developed by the Service, Indian Tribes, and Tribal Organizations for the Facilities Needs Assessment Workgroup and the Facilities Appropriation Advisory Board.

''(II) INCLUSIONS.—The initial report shall include—

''(aa) the methodology and criteria used by the Service in determining the needs and establishing the ranking of the facilities needs; and

''(bb) such other information as the Secretary determines to be appropriate.

''(iii) UPDATES OF REPORT.—Beginning in calendar year 2011, the Secretary shall—

''(I) update the report under clause (ii) not less frequently that once every 5 years; and

''(II) include the updated report in the appropriate annual report under subparagraph (B) for submission to Congress under section 801.

''(B) ANNUAL REPORTS.—The Secretary shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, a report which sets forth the following:

''(i) A description of the health care facility priority system of the Service established under paragraph (1).

''(ii) Health care facilities lists, which may include—

''(I) the 10 top-priority inpatient health care facilities;

''(II) the 10 top-priority outpatient health care facilities;

''(III) the 10 top-priority specialized health care facilities (such as long-term care and alcohol and drug abuse treatment);

''(IV) the 10 top-priority staff quarters developments associated with health care facilities; and

''(V) the 10 top-priority hostels associated with health care facilities.

''(iii) The justification for such order of priority.

''(iv) The projected cost of such projects.

''(v) The methodology adopted by the Service in establishing priorities under its health care facility priority system.

''(3) REQUIREMENTS FOR PREPARATION OF REPORTS.—In preparing the report required under paragraph (2), the Secretary shall—

''(A) consult with and obtain information on all health care facilities needs from Indian Tribes and Tribal Organizations; and

''(B) review the total unmet needs of all Indian Tribes and Tribal Organizations for health care facilities (including hostels and staff quarters), including needs for renovation and expansion of existing facilities.

''(d) REVIEW OF METHODOLOGY USED FOR HEALTH FACILITIES CONSTRUCTION PRIORITY SYSTEM.—

''(1) IN GENERAL.—Not later than 1 year after the establishment of the priority system under subsection (c)(1)(A), the Comptroller General of the United States shall prepare and finalize a report reviewing the methodologies applied, and the processes followed, by the Service in making each assessment of needs for the list under subsection (c)(2)(A)(ii) and developing the priority system under subsection (c)(1), including a review of—

''(A) the recommendations of the Facilities Appropriation Advisory Board and the Facilities Needs Assessment Workgroup (as those terms are defined in subsection (c)(2)(A)(i)); and

''(B) the relevant criteria used in ranking or prioritizing facilities other than hospitals or clinics.

''(2) SUBMISSION TO CONGRESS.—The Comptroller General of the United States shall submit the report under paragraph (1) to—

''(A) the Committees on Indian Affairs and Appropriations of the Senate;

''(B) the Committees on Natural Resources and Appropriations of the House of Representatives; and

''(C) the Secretary.

''(e) FUNDING CONDITION.—All funds appropriated under the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), for the planning, design, construction, or renovation of health facilities for the benefit of 1 or more Indian Tribes shall be subject to the provisions of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

''(f) DEVELOPMENT OF INNOVATIVE APPROACHES.—The Secretary shall consult and cooperate with Indian Tribes and Tribal Organizations, and confer with Urban Indian Organizations, in developing innovative approaches to address all or part of the total unmet need for construction of health facilities, including those provided for in other sections of this title and other approaches.

''SEC. 302. SANITATION FACILITIES.

''(a) FINDINGS.—Congress finds the following:

''(1) The provision of sanitation facilities is primarily a health consideration and function.

''(2) Indian people suffer an inordinately high incidence of disease, injury, and illness directly attributable to the absence or inadequacy of sanitation facilities.

''(3) The long-term cost to the United States of treating and curing such disease, injury, and illness is substantially greater than the short-term cost of providing sanitation facilities and other preventive health measures.

''(4) Many Indian homes and Indian communities still lack sanitation facilities.

''(5) It is in the interest of the United States, and it is the policy of the United States, that all Indian communities and Indian homes, new and existing, be provided with sanitation facilities.

''(b) FACILITIES AND SERVICES.—In furtherance of the findings made in subsection (a), Congress reaffirms the primary responsibility and authority of the Service to provide the necessary sanitation facilities and services as provided in section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a). Under such authority, the Secretary, acting through the Service, is authorized to provide the following:

''(1) Financial and technical assistance to Indian Tribes, Tribal Organizations, and Indian communities in the establishment, training, and equipping of utility organizations to operate and maintain sanitation facilities, including the provision of existing plans, standard details, and specifications available in the Department, to be used at the option of the Indian Tribe, Tribal Organization, or Indian community.

''(2) Ongoing technical assistance and training to Indian Tribes, Tribal Organizations, and Indian communities in the management of utility organizations which operate and maintain sanitation facilities.

''(3) Priority funding for operation and maintenance assistance for, and emergency repairs to, sanitation facilities operated by an Indian Tribe, Tribal Organization or Indian community when necessary to avoid an imminent health threat or to protect the investment in sanitation facilities and the investment in the health benefits gained through the provision of sanitation facilities.

''(c) FUNDING.—Notwithstanding any other provision of law—

''(1) the Secretary of Housing and Urban Development is authorized to transfer funds appropriated under the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101 et seq.) to the Secretary of Health and Human Services;

''(2) the Secretary of Health and Human Services is authorized to accept and use such funds for the purpose of providing sanitation facilities and services for Indians under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a);

''(3) unless specifically authorized when funds are appropriated, the Secretary shall not use funds appropriated under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), to provide sanitation facilities to new homes constructed using funds provided by the Department of Housing and Urban Development;

''(4) the Secretary of Health and Human Services is authorized to accept from any source, including Federal and State agencies, funds for the purpose of providing sanitation facilities and services and place these funds into contracts or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.);

''(5) the Secretary is authorized to establish a program under which the Secretary may, in accordance with this subsection and with paragraphs (2), (3), (4), and (5) of section 330(d) of the Public Health Service Act (42 U.S.C. 254b(d)) related to a loan guarantee program, guarantee the principal and interest on loans made by lenders to Indian Tribes for new projects to construct eligible sanitation facilities to serve Indian homes, but only to the extent that appropriations are provided in advance specifically for such program, and without reducing funds made available for the provision of domestic and community sanitation facilities for Indians, as authorized by section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), and this Act;

''(6) except as otherwise prohibited by this section, the Secretary may use funds appropriated under the authority of section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a) to meet matching or cost participation requirements under other Federal and non-Federal programs for new projects to construct eligible sanitation facilities;

''(7) all Federal agencies are authorized to transfer to the Secretary funds identified, granted, loaned, or appropriated whereby the Department's applicable policies, rules, and regulations shall apply in the implementation of such projects;

''(8) the Secretary of Health and Human Services shall enter into interagency agreements with Federal and State agencies for the purpose of providing financial assistance for sanitation facilities and services under this Act;

''(9) the Secretary of Health and Human Services shall, by regulation, establish standards applicable to the planning, design, and construction of sanitation facilities funded under this Act; and

''(10) the Secretary of Health and Human Services is authorized to accept payments for goods and services furnished by the Service from appropriate public authorities, nonprofit organizations or agencies, or Indian Tribes, as contributions by that authority, organization, agency, or tribe to agreements made under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), and such payments shall be credited to the same or subsequent appropriation account as funds appropriated under the authority of section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a).

''(d) CERTAIN CAPABILITIES NOT PREREQUISITE.—The financial and technical capability of an Indian Tribe, Tribal Organization, or Indian community to safely operate, manage, and maintain a sanitation facility shall not be a prerequisite to the provision or construction of sanitation facilities by the Secretary.

''(e) FINANCIAL ASSISTANCE.—The Secretary is authorized to provide financial assistance to Indian Tribes, Tribal Organizations, and Indian communities for operation, management, and maintenance of their sanitation facilities.

''(f) OPERATION, MANAGEMENT, AND MAINTENANCE OF FACILITIES.—The Indian Tribe has the primary responsibility to establish, collect, and use reasonable user fees, or otherwise set aside funding, for the purpose of operating, managing, and maintaining sanitation facilities. If a sanitation facility serving

a community that is operated by an Indian Tribe or Tribal Organization is threatened with imminent failure and such operator lacks capacity to maintain the integrity or the health benefits of the sanitation facility, then the Secretary is authorized to assist the Indian Tribe, Tribal Organization, or Indian community in the resolution of the problem on a short-term basis through cooperation with the emergency coordinator or by providing operation, management, and maintenance service.

''(g) ISDEAA PROGRAM FUNDED ON EQUAL BASIS.—Tribal Health Programs shall be eligible (on an equal basis with programs that are administered directly by the Service) for—

''(1) any funds appropriated pursuant to this section; and

''(2) any funds appropriated for the purpose of providing sanitation facilities.

''(h) REPORT.—

''(1) REQUIRED CONTENTS.—The Secretary, in consultation with the Secretary of Housing and Urban Development, Indian Tribes, Tribal Organizations, and tribally designated housing entities (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)) shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, a report which sets forth—

''(A) the current Indian sanitation facility priority system of the Service;

''(B) the methodology for determining sanitation deficiencies and needs;

''(C) the criteria on which the deficiencies and needs will be evaluated;

''(D) the level of initial and final sanitation deficiency for each type of sanitation facility for each project of each Indian Tribe or Indian community;

''(E) the amount and most effective use of funds, derived from whatever source, necessary to accommodate the sanitation facilities needs of new homes assisted with funds under the Native American Housing Assistance and Self-Determination Act (25 U.S.C. 4101 et seq.), and to reduce the identified sanitation deficiency levels of all Indian Tribes and Indian communities to level I sanitation deficiency as defined in paragraph (3)(A); and

''(F) a 10-year plan to provide sanitation facilities to serve existing Indian homes and Indian communities and new and renovated Indian homes.

''(2) UNIFORM METHODOLOGY.—The methodology used by the Secretary in determining, preparing cost estimates for, and reporting sanitation deficiencies for purposes of paragraph (1) shall be applied uniformly to all Indian Tribes and Indian communities.

''(3) SANITATION DEFICIENCY LEVELS.—For purposes of this subsection, the sanitation deficiency levels for an individual, Indian Tribe, or Indian community sanitation facility to serve Indian homes are determined as follows:

''(A) A level I deficiency exists if a sanitation facility serving an individual, Indian Tribe, or Indian community—

''(i) complies with all applicable water supply, pollution control, and solid waste disposal laws; and

''(ii) deficiencies relate to routine replacement, repair, or maintenance needs.

''(B) A level II deficiency exists if a sanitation facility serving an individual, Indian Tribe, or Indian community substantially or recently complied with all applicable water supply, pollution control, and solid waste laws and any deficiencies relate to—

''(i) small or minor capital improvements needed to bring the facility back into compliance;

''(ii) capital improvements that are necessary to enlarge or improve the facilities in order to meet the current needs for domestic sanitation facilities; or

''(iii) the lack of equipment or training by an Indian Tribe, Tribal Organization, or an Indian community to properly operate and maintain the sanitation facilities.

''(C) A level III deficiency exists if a sanitation facility serving an individual, Indian Tribe or Indian community meets 1 or more of the following conditions—

''(i) water or sewer service in the home is provided by a haul system with holding tanks and interior plumbing;

''(ii) major significant interruptions to water supply or sewage disposal occur frequently, requiring major capital improvements to correct the deficiencies; or

''(iii) there is no access to or no approved or permitted solid waste facility available.

''(D) A level IV deficiency exists—

''(i) if a sanitation facility for an individual home, an Indian Tribe, or an Indian community exists but—

''(I) lacks—

''(aa) a safe water supply system; or

''(bb) a waste disposal system;

''(II) contains no piped water or sewer facilities; or

''(III) has become inoperable due to a major component failure; or

''(ii) if only a washeteria or central facility exists in the community.

''(E) A level V deficiency exists in the absence of a sanitation facility, where individual homes do not have access to safe drinking water or adequate wastewater (including sewage) disposal.

''(i) DEFINITIONS.—For purposes of this section, the following terms apply:

''(1) INDIAN COMMUNITY.—The term 'Indian community' means a geographic area, a significant proportion of whose inhabitants are Indians and which is served by or capable of being served by a facility described in this section.

''(2) SANITATION FACILITIES.—The terms 'sanitation facility' and 'sanitation facilities' mean safe and adequate water supply systems, sanitary sewage disposal systems, and sanitary solid waste systems (and all related equipment and support infrastructure).

''SEC. 303. PREFERENCE TO INDIANS AND INDIAN FIRMS.

''(a) BUY INDIAN ACT.—The Secretary, acting through the Service, may use the negotiating authority of section 23 of the Act of June 25, 1910 (25 U.S.C. 47, commonly known as the 'Buy Indian Act'), to give preference to any Indian or any enterprise, partnership, corporation, or other type of business organization owned and controlled by an Indian or Indians including former or currently federally recognized Indian Tribes in the State of New York (hereinafter referred to as an 'Indian firm') in the construction and renovation of Service facilities pursuant to section 301 and in the construction of sanitation facilities pursuant to section 302. Such preference may be accorded by the Secretary unless the Secretary finds, pursuant to regulations, that the project or function to be contracted for will not be satisfactory or such project or function cannot be properly completed or maintained under the proposed contract. The Secretary, in arriving at such a finding, shall consider whether the Indian or Indian firm will be deficient with respect to—

''(1) ownership and control by Indians;

''(2) equipment;

''(3) bookkeeping and accounting procedures;

''(4) substantive knowledge of the project or function to be contracted for;

''(5) adequately trained personnel; or

''(6) other necessary components of contract performance.

''(b) LABOR STANDARDS.—

''(1) IN GENERAL.—For the purposes of implementing the provisions of this title, contracts for the construction or renovation of health care facilities, staff quarters, and sanitation facilities, and related support infrastructure, funded in whole or in part with funds made available pursuant to this title, shall contain a provision requiring compliance with subchapter IV of chapter 31 of title 40, United States Code (commonly known as the 'Davis-Bacon Act'), unless such construction or renovation—

''(A) is performed by a contractor pursuant to a contract with an Indian Tribe or Tribal Organization with funds supplied through a contract or compact authorized by the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), or other statutory authority; and

''(B) is subject to prevailing wage rates for similar construction or renovation in the locality as determined by the Indian Tribes or Tribal Organizations to be served by the construction or renovation.

''(2) EXCEPTION.—This subsection shall not apply to construction or renovation carried out by an Indian Tribe or Tribal Organization with its own employees.

''SEC. 304. EXPENDITURE OF NON-SERVICE FUNDS FOR RENOVATION.

''(a) IN GENERAL.—Notwithstanding any other provision of law, if the requirements of subsection (c) are met, the Secretary, acting through the Service, is authorized to accept any major expansion, renovation, or modernization by any Indian Tribe or Tribal Organization of any Service facility or of any other Indian health facility operated pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), including—

''(1) any plans or designs for such expansion, renovation, or modernization; and

''(2) any expansion, renovation, or modernization for which funds appropriated under any Federal law were lawfully expended.

''(b) PRIORITY LIST.—

''(1) IN GENERAL.—The Secretary shall maintain a separate priority list to address the needs for increased operating expenses, personnel, or equipment for such facilities. The methodology for establishing priorities shall be developed through regulations. The list of priority facilities will be revised annually in consultation with Indian Tribes and Tribal Organizations.

''(2) REPORT.—The Secretary shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, the priority list maintained pursuant to paragraph (1).

''(c) REQUIREMENTS.—The requirements of this subsection are met with respect to any expansion, renovation, or modernization if—

''(1) the Indian Tribe or Tribal Organization—

''(A) provides notice to the Secretary of its intent to expand, renovate, or modernize; and

''(B) applies to the Secretary to be placed on a separate priority list to address the needs of such new facilities for increased operating expenses, personnel, or equipment; and

''(2) the expansion, renovation, or modernization—

''(A) is approved by the appropriate area Director for Federal facilities; and

''(B) is administered by the Indian Tribe or Tribal Organization in accordance with any applicable regulations prescribed by the Secretary with respect to construction or renovation of Service facilities.

''(d) ADDITIONAL REQUIREMENT FOR EXPANSION.—In addition to the requirements under subsection (c), for any expansion, the Indian Tribe or Tribal Organization shall provide to the Secretary additional information pursuant to regulations, including additional staffing, equipment, and other costs associated with the expansion.

''(e) CLOSURE OR CONVERSION OF FACILITIES.—If any Service facility which has been expanded, renovated, or modernized by an Indian Tribe or Tribal Organization under this section ceases to be used as a Service facility during the 20-year period beginning on the date such expansion, renovation, or modernization is completed, such Indian Tribe or Tribal Organization shall be entitled to recover from the United States an amount which bears the same ratio to the value of such facility at the time of such cessation as the value of such expansion, renovation, or modernization (less the total amount of any funds provided specifically for such facility under any Federal program that were expended for such expansion, renovation, or modernization) bore to the value of such facility at the time of the completion of such expansion, renovation, or modernization.

''SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION, AND MODERNIZATION OF SMALL AMBULATORY CARE FACILITIES.

''(a) GRANTS.—

''(1) IN GENERAL.—The Secretary, acting through the Service, shall make grants to Indian Tribes and Tribal Organizations for the construction, expansion, or modernization of facilities for the provision of ambulatory care services to eligible Indians (and noneligible persons pursuant to subsections (b)(2) and (c)(1)(C)). A grant made under this section may cover up to 100 percent of the costs of such construction, expansion, or modernization. For the purposes of this section, the term 'construction' includes the replacement of an existing facility.

''(2) GRANT AGREEMENT REQUIRED.—A grant under paragraph (1) may only be made available to a Tribal Health Program operating an Indian health facility (other than a facility owned or constructed by the Service, including a facility originally owned or constructed by the Service and transferred to an Indian Tribe or Tribal Organization).

''(b) USE OF GRANT FUNDS.—

''(1) ALLOWABLE USES.—A grant awarded under this section may be used for the construction, expansion, or modernization (including the planning and design of such construction, expansion, or modernization) of an ambulatory care facility—

''(A) located apart from a hospital;

''(B) not funded under section 301 or section 306; and

''(C) which, upon completion of such construction or modernization will—

''(i) have a total capacity appropriate to its projected service population;

''(ii) provide annually no fewer than 150 patient visits by eligible Indians and other users who are eligible for services in such facility in accordance with section 807(c)(2); and

''(iii) provide ambulatory care in a Service Area (specified in the contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) with a population of no fewer than 1,500 eligible Indians and other users who are eligible for services in such facility in accordance with section 807(c)(2).

''(2) ADDITIONAL ALLOWABLE USE.—The Secretary may also reserve a portion of the funding provided under this section and use those reserved funds to reduce an outstanding debt incurred by Indian Tribes or Tribal Organizations for the construction, expansion, or modernization of an ambulatory care facility that meets the requirements under paragraph (1). The provisions of this section shall apply, except that such applications for funding under this paragraph shall be considered separately from applications for funding under paragraph (1).

''(3) USE ONLY FOR CERTAIN PORTION OF COSTS.—A grant provided under this section may be used only for the cost of that portion of a construction, expansion, or modernization project that benefits the Service population identified above in subsection (b)(1)(C)(ii) and (iii). The requirements of clauses (ii) and (iii) of paragraph (1)(C) shall not apply to an Indian Tribe or Tribal Organization applying for a grant under this section for a health care facility located or to be constructed on an island or when such facility is not located on a road system providing direct access to an inpatient hospital where care is available to the Service population.

''(c) GRANTS.—

''(1) APPLICATION.—No grant may be made under this section unless an application or proposal for the grant has been approved by the Secretary in accordance with applicable regulations and has set forth reasonable assurance by the applicant that, at all times after the construction, expansion, or modernization of a facility carried out using a grant received under this section—

''(A) adequate financial support will be available for the provision of services at such facility;

''(B) such facility will be available to eligible Indians without regard to ability to pay or source of payment; and

''(C) such facility will, as feasible without diminishing the quality or quantity of services provided to eligible Indians, serve noneligible persons on a cost basis.

''(2) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to Indian Tribes and Tribal Organizations that demonstrate—

''(A) a need for increased ambulatory care services; and

''(B) insufficient capacity to deliver such services.

''(3) PEER REVIEW PANELS.—The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications and proposals and to advise the Secretary regarding such applications using the criteria developed pursuant to subsection (a)(1).

''(d) REVERSION OF FACILITIES.—If any facility (or portion thereof) with respect to which funds have been paid under this section, ceases, at any time after completion of the construction, expansion, or modernization carried out with such funds, to be used for the purposes of providing health care services to eligible Indians, all of the right, title, and interest in and to such facility (or portion thereof) shall transfer to the United States unless otherwise negotiated by the Service and the Indian Tribe or Tribal Organization.

''(e) FUNDING NONRECURRING.—Funding provided under this section shall be nonrecurring and shall not be available for inclusion in any individual Indian Tribe's tribal share for an award under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) or for reallocation or redesign thereunder.

''SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECTS.

''(a) IN GENERAL.—The Secretary, acting through the Service, is authorized to carry out, or to enter into construction agreements under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) with Indian Tribes or Tribal Organizations to carry out, a health care delivery demonstration project to test alternative means of delivering health care and services to Indians through facilities.

''(b) USE OF FUNDS.—The Secretary, in approving projects pursuant to this section, may authorize such construction agreements for the construction and renovation of hospitals, health centers, health stations, and other facilities to deliver health care services and is authorized to—

''(1) waive any leasing prohibition;

''(2) permit carryover of funds appropriated for the provision of health care services;

''(3) permit the use of other available funds;

''(4) permit the use of funds or property donated from any source for project purposes;

''(5) provide for the reversion of donated real or personal property to the donor; and

''(6) permit the use of Service funds to match other funds, including Federal funds.

''(c) HEALTH CARE DEMONSTRATION PROJECTS.—

''(1) GENERAL PROJECTS.—

''(A) CRITERIA.—The Secretary may approve under this section demonstration projects that meet the following criteria:

''(i) There is a need for a new facility or program, such as a program for convenient care services, or the reorientation of an existing facility or program.

''(ii) A significant number of Indians, including Indians with low health status, will be served by the project.

''(iii) The project has the potential to deliver services in an efficient and effective manner.

''(iv) The project is economically viable.

''(v) For projects carried out by an Indian Tribe or Tribal Organization, the Indian Tribe or Tribal Organization has the administrative and financial capability to administer the project.

''(vi) The project is integrated with providers of related health and social services and is coordinated with, and avoids duplication of, existing services in order to expand the availability of services.

''(B) PRIORITY.—In approving demonstration projects under this paragraph, the Secretary shall give priority to demonstration projects, to the extent the projects meet the criteria described in subparagraph (A), located in any of the following Service Units:

''(i) Cass Lake, Minnesota.

''(ii) Mescalero, New Mexico.

''(iii) Owyhee, Nevada.

''(iv) Schurz, Nevada.

''(v) Ft. Yuma, California.

''(2) CONVENIENT CARE SERVICE PROJECTS.—

''(A) DEFINITION OF CONVENIENT CARE SERVICE.—In this paragraph, the term 'convenient care service' means any primary health care service, such as urgent care services, nonemergent care services, prevention services and screenings, and any service authorized by sections 203 or 213(d), that is—

''(i) provided outside the regular hours of operation of a health care facility; or

''(ii) offered at an alternative setting, including through telehealth.

''(B) APPROVAL.—In addition to projects described in paragraph (1), in any fiscal year, the Secretary is authorized to approve not more than 10 applications for health care delivery demonstration projects that—

''(i) include a convenient care services program as an alternative means of delivering health care services to Indians; and

''(ii) meet the criteria described in subparagraph (C).

''(C) CRITERIA.—The Secretary shall approve under subparagraph (B) demonstration projects that meet all of the following criteria:

''(i) The criteria set forth in paragraph (1)(A).

''(ii) There is a lack of access to health care services at existing health care facilities, which may be due to limited hours of operation at those facilities or other factors.

''(iii) The project—

''(I) expands the availability of services; or

''(II) reduces—

''(aa) the burden on Contract Health Services; or

''(bb) the need for emergency room visits.

''(d) PEER REVIEW PANELS.—The Secretary may provide for the establishment of peer review panels, as necessary, to review and evaluate applications using the criteria described in paragraphs (1)(A) and (2)(C) of subsection (c).

''(e) TECHNICAL ASSISTANCE.—The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with this section.

''(f) SERVICE TO INELIGIBLE PERSONS.—Subject to section 807, the authority to provide services to persons otherwise ineligible for the health care benefits of the Service, and the authority to extend hospital privileges in Service facilities to non-Service health practitioners as provided in section 807, may be included, subject to the terms of that section, in any demonstration project approved pursuant to this section.

''(g) EQUITABLE TREATMENT.—For purposes of subsection (c), the Secretary, in evaluating facilities operated under any contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), shall use the same criteria that the Secretary uses in evaluating facilities operated directly by the Service.

''(h) EQUITABLE INTEGRATION OF FACILITIES.—The Secretary shall ensure that the planning, design, construction, renovation, and expansion needs of Service and non-Service facilities that are the subject of a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) for health services are fully and equitably integrated into the implementation of the health care delivery demonstration projects under this section.

"SEC. 307. LAND TRANSFER.

''Notwithstanding any other provision of law, the Bureau of Indian Affairs and all other agencies and departments of the United States are authorized to transfer, at no cost, land and improvements to the Service for the provision of health care services. The Secretary is authorized to accept such land and improvements for such purposes.

"SEC. 308. LEASES, CONTRACTS, AND OTHER AGREEMENTS.

''The Secretary, acting through the Service, may enter into leases, contracts, and other agreements with Indian Tribes and Tribal Organizations which hold (1) title to, (2) a leasehold interest in, or (3) a beneficial interest in (when title is held by the United States in trust for the benefit of an Indian Tribe) facilities used or to be used for the administration and delivery of health services by an Indian Health Program. Such leases, contracts, or agreements may include provisions for construction or renovation and provide for compensation to the Indian Tribe or Tribal Organization of rental and other costs consistent with section 105(l) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450j(l)) and regulations thereunder.

"SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND LOAN REPAYMENT.

''(a) IN GENERAL.—The Secretary, in consultation with the Secretary of the Treasury, Indian Tribes, and Tribal Organizations, shall carry out a study to determine the feasibility of establishing a loan fund to provide to Indian Tribes and Tribal Organizations direct loans or guarantees for loans for the construction of health care facilities, including—

''(1) inpatient facilities;

''(2) outpatient facilities;

''(3) staff quarters;

''(4) hostels; and

''(5) specialized care facilities, such as behavioral health and elder care facilities.

''(b) DETERMINATIONS.—In carrying out the study under subsection (a), the Secretary shall determine—

''(1) the maximum principal amount of a loan or loan guarantee that should be offered to a recipient from the loan fund;

''(2) the percentage of eligible costs, not to exceed 100 percent, that may be covered by a loan or loan guarantee from the loan fund (including costs relating to planning, design, financing, site land development, construction, rehabilitation, renovation, conversion, improvements, medical equipment and furnishings, and other facility-related costs and capital purchase (but excluding staffing));

''(3) the cumulative total of the principal of direct loans and loan guarantees, respectively, that may be outstanding at any 1 time;

''(4) the maximum term of a loan or loan guarantee that may be made for a facility from the loan fund;

''(5) the maximum percentage of funds from the loan fund that should be allocated for payment of costs associated with planning and applying for a loan or loan guarantee;

''(6) whether acceptance by the Secretary of an assignment of the revenue of an Indian Tribe or Tribal Organization as security for any direct loan or loan guarantee from the loan fund would be appropriate;

''(7) whether, in the planning and design of health facilities under this section, users eligible under section 807(c) may be included in any projection of patient population;

''(8) whether funds of the Service provided through loans or loan guarantees from the loan fund should be eligible for use in matching other Federal funds under other programs;

''(9) the appropriateness of, and best methods for, coordinating the loan fund with the health care priority system of the Service under section 301; and

''(10) any legislative or regulatory changes required to implement recommendations of the Secretary based on results of the study.

''(c) REPORT.—Not later than September 30, 2009, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources and the Committee on Energy and Commerce of the House of Representatives a report that describes—

''(1) the manner of consultation made as required by subsection (a); and

''(2) the results of the study, including any recommendations of the Secretary based on results of the study.

"SEC. 310. TRIBAL LEASING.

''A Tribal Health Program may lease permanent structures for the purpose of providing health care services without obtaining advance approval in appropriation Acts.

"SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES JOINT VENTURE PROGRAM.

''(a) IN GENERAL.—The Secretary, acting through the Service, shall make arrangements with Indian Tribes and Tribal Organizations to establish joint venture demonstration projects under which an Indian Tribe or Tribal Organization shall expend tribal, private, or other available funds, for the acquisition or construction of a health facility for a minimum of 10 years, under a no-cost lease, in exchange for agreement by the Service to provide the equipment, supplies, and staffing for the operation and maintenance of such a health facility. An Indian Tribe or Tribal Organization may use tribal funds, private sector, or other available resources, including loan guarantees, to fulfill its commitment under a joint venture entered into under this subsection. An Indian Tribe or Tribal Organization shall be eligible to establish a joint venture project if, when it submits a letter of intent, it—

''(1) has begun but not completed the process of acquisition or construction of a health facility to be used in the joint venture project; or

''(2) has not begun the process of acquisition or construction of a health facility for use in the joint venture project.

''(b) REQUIREMENTS.—The Secretary shall make such an arrangement with an Indian Tribe or Tribal Organization only if—

''(1) the Secretary first determines that the Indian Tribe or Tribal Organization has the administrative and financial capabilities necessary to complete the timely acquisition or construction of the relevant health facility; and

''(2) the Indian Tribe or Tribal Organization meets the need criteria determined using the criteria developed under the health care facility priority system under section 301, unless the Secretary determines, pursuant to regulations, that other criteria will result in a more cost-effective and efficient method of facilitating and completing construction of health care facilities.

''(c) CONTINUED OPERATION.—The Secretary shall negotiate an agreement with the Indian Tribe or Tribal Organization regarding the continued operation of the facility at the end of the initial 10 year no-cost lease period.

''(d) BREACH OF AGREEMENT.—An Indian Tribe or Tribal Organization that has entered into a written agreement with the Secretary under this section, and that breaches or terminates without cause such agreement, shall be liable to the United States for the amount that has been paid to the Indian Tribe or Tribal Organization, or paid to a third party on the Indian Tribe's or Tribal Organization's behalf, under the agreement. The Secretary has the right to recover tangible property (including supplies) and equipment, less depreciation, and any funds expended for operations and maintenance under this section. The preceding sentence does not apply to any funds expended for the delivery of health care services, personnel, or staffing.

''(e) RECOVERY FOR NONUSE.—An Indian Tribe or Tribal Organization that has entered into a written agreement with the Secretary under this subsection shall be entitled to recover from the United States an amount that is proportional to the value of such facility if, at any time within the 10-year term of the agreement, the Service ceases to use the facility or otherwise breaches the agreement.

''(f) DEFINITION.—For the purposes of this section, the term 'health facility' or 'health facilities' includes quarters needed to provide housing for staff of the relevant Tribal Health Program.

"SEC. 312. LOCATION OF FACILITIES.

''(a) IN GENERAL.—In all matters involving the reorganization or development of Service facilities or in the establishment of related employment projects to address unemployment conditions in economically depressed areas, the Bureau of Indian Affairs and the Service shall give priority to locating such facilities and projects on Indian lands, or lands in Alaska owned by any Alaska Native village, or village or regional corporation under the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), or any land allotted to any Alaska Native, if requested by the Indian owner and the Indian Tribe with jurisdiction over such lands or other lands owned or leased by the Indian Tribe or Tribal Organization. Top priority shall be given to Indian land owned by 1 or more Indian Tribes.

''(b) DEFINITION.—For purposes of this section, the term 'Indian lands' means—

''(1) all lands within the exterior boundaries of any reservation; and

''(2) any lands title to which is held in trust by the United States for the benefit of any Indian Tribe or individual Indian or held by any Indian Tribe or individual Indian subject to restriction by the United States against alienation.

''SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH CARE FACILITIES.

''(a) REPORT.—The Secretary shall submit to the President, for inclusion in the report required to be transmitted to Congress under section 801, a report which identifies the backlog of maintenance and repair work required at both Service and tribal health care facilities, including new health care facilities expected to be in operation in the next fiscal year. The report shall also identify the need for renovation and expansion of existing facilities to support the growth of health care programs.

''(b) MAINTENANCE OF NEWLY CONSTRUCTED SPACE.—The Secretary, acting through the Service, is authorized to expend maintenance and improvement funds to support maintenance of newly constructed space only if such space falls within the approved supportable space allocation for the Indian Tribe or Tribal Organization. Supportable space allocation shall be defined through the health care facility priority system under section 301(c).

''(c) REPLACEMENT FACILITIES.—In addition to using maintenance and improvement funds for renovation, modernization, and expansion of facilities, an Indian Tribe or Tribal Organization may use maintenance and improvement funds for construction of a replacement facility if the costs of renovation of such facility would exceed a maximum renovation cost threshold. The maximum renovation cost threshold shall be determined through the negotiated rulemaking process provided for under section 802.

''SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY-OWNED QUARTERS.

''(a) RENTAL RATES.—

''(1) ESTABLISHMENT.—Notwithstanding any other provision of law, a Tribal Health Program which operates a hospital or other health facility and the federally-owned quarters associated therewith pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) shall have the authority to establish the rental rates charged to the occupants of such quarters by providing notice to the Secretary of its election to exercise such authority.

''(2) OBJECTIVES.—In establishing rental rates pursuant to authority of this subsection, a Tribal Health Program shall endeavor to achieve the following objectives:

''(A) To base such rental rates on the reasonable value of the quarters to the occupants thereof.

''(B) To generate sufficient funds to prudently provide for the operation and maintenance of the quarters, and subject to the discretion of the Tribal Health Program, to supply reserve funds for capital repairs and replacement of the quarters.

''(3) EQUITABLE FUNDING.—Any quarters whose rental rates are established by a Tribal Health Program pursuant to this subsection shall remain eligible for quarters improvement and repair funds to the same extent as all federally-owned quarters used to house personnel in Services-supported programs.

''(4) NOTICE OF RATE CHANGE.—A Tribal Health Program which exercises the authority provided under this subsection shall provide occupants with no less than 60 days notice of any change in rental rates.

''(b) DIRECT COLLECTION OF RENT.—

''(1) IN GENERAL.—Notwithstanding any other provision of law, and subject to paragraph (2), a Tribal Health Program shall have the authority to collect rents directly from Federal employees who occupy such quarters in accordance with the following:

''(A) The Tribal Health Program shall notify the Secretary and the subject Federal employees of its election to exercise its authority to collect rents directly from such Federal employees.

''(B) Upon receipt of a notice described in subparagraph (A), the Federal employees shall pay rents for occupancy of such quarters directly to the Tribal Health Program and the Secretary shall have no further authority to collect rents from such employees through payroll deduction or otherwise.

''(C) Such rent payments shall be retained by the Tribal Health Program and shall not be made payable to or otherwise be deposited with the United States.

''(D) Such rent payments shall be deposited into a separate account which shall be used by the Tribal Health Program for the maintenance (including capital repairs and replacement) and operation of the quarters and facilities as the Tribal Health Program shall determine.

''(2) RETROCESSION OF AUTHORITY.—If a Tribal Health Program which has made an election under paragraph (1) requests retrocession of its authority to directly collect rents from Federal employees occupying federally-owned quarters, such retrocession shall become effective on the earlier of—

''(A) the first day of the month that begins no less than 180 days after the Tribal Health Program notifies the Secretary of its desire to retrocede; or

''(B) such other date as may be mutually agreed by the Secretary and the Tribal Health Program.

''(c) RATES IN ALASKA.—To the extent that a Tribal Health Program, pursuant to authority granted in subsection (a), establishes rental rates for federally-owned quarters provided to a Federal employee in Alaska, such rents may be based on the cost of comparable private rental housing in the nearest established community with a year-round population of 1,500 or more individuals.

''SEC. 315. APPLICABILITY OF BUY AMERICAN ACT REQUIREMENT.

''(a) APPLICABILITY.—The Secretary shall ensure that the requirements of the Buy American Act apply to all procurements made with funds provided pursuant to section 317. Indian Tribes and Tribal Organizations shall be exempt from these requirements.

''(b) EFFECT OF VIOLATION.—If it has been finally determined by a court or Federal agency that any person intentionally affixed a label bearing a 'Made in America' inscription or any inscription with the same meaning, to any product sold in or shipped to the United States that is not made in the United States, such person shall be ineligible to receive any contract or subcontract made with funds provided pursuant to section 317, pursuant to the debarment, suspension, and ineligibility procedures described in sections 9.400 through 9.409 of title 48, Code of Federal Regulations.

''(c) DEFINITIONS.—For purposes of this section, the term 'Buy American Act' means title III of the Act entitled 'An Act making appropriations for the Treasury and Post Office Departments for the fiscal year ending June 30, 1934, and for other purposes', approved March 3, 1933 (41 U.S.C. 10a et seq.).

''SEC. 316. OTHER FUNDING FOR FACILITIES.

''(a) AUTHORITY TO ACCEPT FUNDS.—The Secretary is authorized to accept from any source, including Federal and State agencies, funds that are available for the construction of health care facilities and use such funds to plan, design, and construct health care facilities for Indians and to place such funds into a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). Receipt of such funds shall have no effect on the priorities established pursuant to section 301.

''(b) INTERAGENCY AGREEMENTS.—The Secretary is authorized to enter into interagency agreements with other Federal agencies or State agencies and other entities and to accept funds from such Federal or State agencies or other sources to provide for the planning, design, and construction of health care facilities to be administered by Indian Health Programs in order to carry out the purposes of this Act and the purposes for which the funds were appropriated or for which the funds were otherwise provided.

''(c) ESTABLISHMENT OF STANDARDS.—The Secretary, through the Service, shall establish standards by regulation for the planning, design, and construction of health care facilities serving Indians under this Act.

''SEC. 317. AUTHORIZATION OF APPROPRIATIONS.

''There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.

''TITLE IV—ACCESS TO HEALTH SERVICES

''SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SECURITY ACT HEALTH BENEFITS PROGRAMS.

''(a) DISREGARD OF MEDICARE, MEDICAID, AND SCHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—Any payments received by an Indian Health Program or by an Urban Indian Organization under title XVIII, XIX, or XXI of the Social Security Act for services provided to Indians eligible for benefits under such respective titles shall not be considered in determining appropriations for the provision of health care and services to Indians.

''(b) NONPREFERENTIAL TREATMENT.—Nothing in this Act authorizes the Secretary to provide services to an Indian with coverage under title XVIII, XIX, or XXI of the Social Security Act in preference to an Indian without such coverage.

''(c) USE OF FUNDS.—

''(1) SPECIAL FUND.—

''(A) 100 PERCENT PASS-THROUGH OF PAYMENTS DUE TO FACILITIES.—Notwithstanding any other provision of law, but subject to paragraph (2), payments to which a facility of the Service is entitled by reason of a provision of the Social Security Act shall be placed in a special fund to be held by the Secretary. In making payments from such fund, the Secretary shall ensure that each Service Unit of the Service receives 100 percent of the amount to which the facilities of the Service, for which such Service Unit makes collections, are entitled by reason of a provision of the Social Security Act.

''(B) USE OF FUNDS.—Amounts received by a facility of the Service under subparagraph (A) shall first be used (to such extent or in such amounts as are provided in appropriation Acts) for the purpose of making any improvements in the programs of the Service operated by or through such facility which may be necessary to achieve or maintain compliance with the applicable conditions and requirements of titles XVIII and XIX of the Social Security Act. Any amounts so received that are in excess of the amount necessary to achieve or maintain such conditions and requirements shall, subject to consultation with the Indian Tribes being served by the Service Unit, be used for reducing the health resource deficiencies (as determined under section 201(d)) of such Indian Tribes.

''(2) DIRECT PAYMENT OPTION.—Paragraph (1) shall not apply to a Tribal Health Program upon the election of such Program under subsection (d) to receive payments directly. No payment may be made out of the special fund described in such paragraph with respect to reimbursement made for services provided by such Program during the period of such election.

''(d) DIRECT BILLING.—

''(1) IN GENERAL.—Subject to complying with the requirements of paragraph (2), a Tribal Health Program may elect to directly bill for, and receive payment for, health care items and services provided by such Program for which payment is made under title XVIII or XIX of the Social Security Act or from any other third party payor.

''(2) DIRECT REIMBURSEMENT.—

''(A) USE OF FUNDS.—Each Tribal Health Program making the election described in paragraph (1) with respect to a program under a title of the Social Security Act shall be reimbursed directly by that program for items and services furnished without regard to subsection (c)(1), but all amounts so reimbursed shall be used by the Tribal Health Program for the purpose of making any improvements in facilities of the Tribal Health Program that may be necessary to achieve or maintain compliance with the conditions and requirements applicable generally to such items and services under the program under such title and to provide additional health care services, improvements in health care facilities and Tribal Health Programs, any health care related purpose, or otherwise to achieve the objectives provided in section 3 of this Act.

''(B) AUDITS.—The amounts paid to a Tribal Health Program making the election described in paragraph (1) with respect to a program under a title of the Social Security Act shall be subject to all auditing requirements applicable to the program under such title, as well as all auditing requirements applicable to programs administered by an Indian Health Program. Nothing in the preceding sentence shall be construed as limiting the application of auditing requirements applicable to amounts paid under title XVIII, XIX, or XXI of the Social Security Act.

''(C) IDENTIFICATION OF SOURCE OF PAYMENTS.—Any Tribal Health Program that receives reimbursements or payments under title XVIII, XIX, or XXI of the Social Security Act, shall provide to the Service a list of each provider enrollment number (or other identifier) under which such Program receives such reimbursements or payments.

''(3) EXAMINATION AND IMPLEMENTATION OF CHANGES.—

''(A) IN GENERAL.—The Secretary, acting through the Service and with the assistance of the Administrator of the Centers for Medicare & Medicaid Services, shall examine on an ongoing basis and implement any administrative changes that may be necessary to facilitate direct billing and reimbursement under the program established under this subsection, including any agreements with States that may be necessary to provide for direct billing under a program under a title of the Social Security Act.

''(B) COORDINATION OF INFORMATION.—The Service shall provide the Administrator of the Centers for Medicare & Medicaid Services with copies of the lists submitted to the Service under paragraph (2)(C), enrollment data regarding patients served by the Service (and by Tribal Health Programs, to the extent such data is available to the Service), and such other information as the Administrator may require for purposes of administering title XVIII, XIX, or XXI of the Social Security Act.

''(4) WITHDRAWAL FROM PROGRAM.—A Tribal Health Program that bills directly under the program established under this subsection may withdraw from participation in the same manner and under the same conditions that an Indian Tribe or Tribal Organization may retrocede a contracted program to the Secretary under the authority of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). All cost accounting and billing authority under the program established under this subsection shall be returned to the Secretary upon the Secretary's acceptance of the withdrawal of participation in this program.

''(5) TERMINATION FOR FAILURE TO COMPLY WITH REQUIREMENTS.—The Secretary may terminate the participation of a Tribal Health Program or in the direct billing program established under this subsection if the Secretary determines that the Program has failed to comply with the requirements of paragraph (2). The Secretary shall provide a Tribal Health Program with notice of a determination that the Program has failed to comply with any such requirement and a reasonable opportunity to correct such noncompliance prior to terminating the Program's participation in the direct billing program established under this subsection.

''(e) RELATED PROVISIONS UNDER THE SOCIAL SECURITY ACT.—For provisions related to subsections (c) and (d), see sections 1880, 1911, and 2107(e)(1)(D) of the Social Security Act.

''SEC. 402. GRANTS TO AND CONTRACTS WITH THE SERVICE, INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS TO FACILITATE OUTREACH, ENROLLMENT, AND COVERAGE OF INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS AND OTHER HEALTH BENEFITS PROGRAMS.

''(a) INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—From funds appropriated to carry out this title in accordance with section 417, the Secretary, acting through the Service, shall make grants to or enter into contracts with Indian Tribes and Tribal Organizations to assist such Tribes and Tribal Organizations in establishing and administering programs on or near reservations and trust lands to assist individual Indians—

''(1) to enroll for benefits under a program established under title XVIII, XIX, or XXI of the Social Security Act and other health benefits programs; and

''(2) with respect to such programs for which the charging of premiums and cost sharing is not prohibited under such programs, to pay premiums or cost sharing for coverage for such benefits, which may be based on financial need (as determined by the Indian Tribe or Tribes or Tribal Organizations being served based on a schedule of income levels developed or implemented by such Tribe, Tribes, or Tribal Organizations).

''(b) CONDITIONS.—The Secretary, acting through the Service, shall place conditions as deemed necessary to effect the purpose of this section in any grant or contract which the Secretary makes with any Indian Tribe or Tribal Organization pursuant to this section. Such conditions shall include requirements that the Indian Tribe or Tribal Organization successfully undertake—

''(1) to determine the population of Indians eligible for the benefits described in subsection (a);

''(2) to educate Indians with respect to the benefits available under the respective programs;

''(3) to provide transportation for such individual Indians to the appropriate offices for enrollment or applications for such benefits; and

''(4) to develop and implement methods of improving the participation of Indians in receiving benefits under such programs.

''(c) APPLICATION TO URBAN INDIAN ORGANIZATIONS.—

''(1) IN GENERAL.—The provisions of subsection (a) shall apply with respect to grants and other funding to Urban Indian Organizations with respect to populations served by such organizations in the same manner they apply to grants and contracts with Indian Tribes and Tribal Organizations with respect to programs on or near reservations.

''(2) REQUIREMENTS.—The Secretary shall include in the grants or contracts made or provided under paragraph (1) requirements that are—

''(A) consistent with the requirements imposed by the Secretary under subsection (b);

''(B) appropriate to Urban Indian Organizations and Urban Indians; and

''(C) necessary to effect the purposes of this section.

''(d) FACILITATING COOPERATION.—The Secretary, acting through the Centers for Medicare & Medicaid Services, shall develop and disseminate best practices that will serve to facilitate cooperation with, and agreements between, States and the Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations with respect to the provision of health care items and services to Indians under the programs established under title XVIII, XIX, or XXI of the Social Security Act.

''(e) AGREEMENTS RELATING TO IMPROVING ENROLLMENT OF INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENEFITS PROGRAMS.—For provisions relating to agreements between the Secretary, acting through the Service, and Indian Tribes, Tribal Organizations, and Urban Indian Organizations for the collection, preparation, and submission of applications by Indians for assistance under the Medicaid and State children's health insurance programs established under titles XIX and XXI of the Social Security Act, and benefits under the Medicare program established under title XVIII of such Act, see subsections (a) and (b) of section 1139 of the Social Security Act.

''(f) DEFINITION OF PREMIUMS AND COST SHARING.—In this section:

''(1) PREMIUM.—The term 'premium' includes any enrollment fee or similar charge.

''(2) COST SHARING.—The term 'cost sharing' includes any deduction, deductible, copayment, coinsurance, or similar charge.

''SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PARTIES OF COSTS OF HEALTH SERVICES.

''(a) RIGHT OF RECOVERY.—Except as provided in subsection (f), the United States, an Indian Tribe, or Tribal Organization shall have the right to recover from an insurance company, health maintenance organization, employee benefit plan, third-party tortfeasor, or any other responsible or liable third party (including a political subdivision or local governmental entity of a State) the reasonable charges billed by the Secretary, an Indian Tribe, or Tribal Organization in providing health services through the Service, an Indian Tribe, or Tribal Organization to any individual to the same extent that such individual, or any nongovernmental provider of such services, would be eligible to receive damages, reimbursement, or indemnification for such charges or expenses if—

''(1) such services had been provided by a nongovernmental provider; and

''(2) such individual had been required to pay such charges or expenses and did pay such charges or expenses.

''(b) LIMITATIONS ON RECOVERIES FROM STATES.—Subsection (a) shall provide a right

of recovery against any State, only if the injury, illness, or disability for which health services were provided is covered under—

''(1) workers' compensation laws; or

''(2) a no-fault automobile accident insurance plan or program.

''(c) NONAPPLICATION OF OTHER LAWS.—No law of any State, or of any political subdivision of a State and no provision of any contract, insurance or health maintenance organization policy, employee benefit plan, self-insurance plan, managed care plan, or other health care plan or program entered into or renewed after the date of the enactment of the Indian Health Care Amendments of 1988, shall prevent or hinder the right of recovery of the United States, an Indian Tribe, or Tribal Organization under subsection (a).

''(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—No action taken by the United States, an Indian Tribe, or Tribal Organization to enforce the right of recovery provided under this section shall operate to deny to the injured person the recovery for that portion of the person's damage not covered hereunder.

''(e) ENFORCEMENT.—

''(1) IN GENERAL.—The United States, an Indian Tribe, or Tribal Organization may enforce the right of recovery provided under subsection (a) by—

''(A) intervening or joining in any civil action or proceeding brought—

''(i) by the individual for whom health services were provided by the Secretary, an Indian Tribe, or Tribal Organization; or

''(ii) by any representative or heirs of such individual, or

''(B) instituting a civil action, including a civil action for injunctive relief and other relief and including, with respect to a political subdivision or local governmental entity of a State, such an action against an official thereof.

''(2) NOTICE.—All reasonable efforts shall be made to provide notice of action instituted under paragraph (1)(B) to the individual to whom health services were provided, either before or during the pendency of such action.

''(3) RECOVERY FROM TORTFEASORS.—

''(A) IN GENERAL.—In any case in which an Indian Tribe or Tribal Organization that is authorized or required under a compact or contract issued pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) to furnish or pay for health services to a person who is injured or suffers a disease on or after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 under circumstances that establish grounds for a claim of liability against the tortfeasor with respect to the injury or disease, the Indian Tribe or Tribal Organization shall have a right to recover from the tortfeasor (or an insurer of the tortfeasor) the reasonable value of the health services so furnished, paid for, or to be paid for, in accordance with the Federal Medical Care Recovery Act (42 U.S.C. 2651 et seq.), to the same extent and under the same circumstances as the United States may recover under that Act.

''(B) TREATMENT.—The right of an Indian Tribe or Tribal Organization to recover under subparagraph (A) shall be independent of the rights of the injured or diseased person served by the Indian Tribe or Tribal Organization.

''(f) LIMITATION.—Absent specific written authorization by the governing body of an Indian Tribe for the period of such authorization (which may not be for a period of more than 1 year and which may be revoked at any time upon written notice by the governing body to the Service), the United States shall not have a right of recovery under this section if the injury, illness, or disability for which health services were provided is covered under a self-insurance plan funded by an Indian Tribe, Tribal Organization, or Urban Indian Organization. Where such authorization is provided, the Service may receive and expend such amounts for the provision of additional health services consistent with such authorization.

''(g) COSTS AND ATTORNEYS' FEES.—In any action brought to enforce the provisions of this section, a prevailing plaintiff shall be awarded its reasonable attorneys' fees and costs of litigation.

''(h) NONAPPLICATION OF CLAIMS FILING REQUIREMENTS.—An insurance company, health maintenance organization, self-insurance plan, managed care plan, or other health care plan or program (under the Social Security Act or otherwise) may not deny a claim for benefits submitted by the Service or by an Indian Tribe or Tribal Organization based on the format in which the claim is submitted if such format complies with the format required for submission of claims under title XVIII of the Social Security Act or recognized under section 1175 of such Act.

''(i) APPLICATION TO URBAN INDIAN ORGANIZATIONS.—The previous provisions of this section shall apply to Urban Indian Organizations with respect to populations served by such Organizations in the same manner they apply to Indian Tribes and Tribal Organizations with respect to populations served by such Indian Tribes and Tribal Organizations.

''(j) STATUTE OF LIMITATIONS.—The provisions of section 2415 of title 28, United States Code, shall apply to all actions commenced under this section, and the references therein to the United States are deemed to include Indian Tribes, Tribal Organizations, and Urban Indian Organizations.

''(k) SAVINGS.—Nothing in this section shall be construed to limit any right of recovery available to the United States, an Indian Tribe, or Tribal Organization under the provisions of any applicable, Federal, State, or Tribal law, including medical lien laws.

''SEC. 404. CREDITING OF REIMBURSEMENTS.

''(a) USE OF AMOUNTS.—

''(1) RETENTION BY PROGRAM.—Except as provided in section 202(f) (relating to the Catastrophic Health Emergency Fund) and section 807 (relating to health services for ineligible persons), all reimbursements received or recovered under any of the programs described in paragraph (2), including under section 807, by reason of the provision of health services by the Service, by an Indian Tribe or Tribal Organization, or by an Urban Indian Organization, shall be credited to the Service, such Indian Tribe or Tribal Organization, or such Urban Indian Organization, respectively, and may be used as provided in section 401. In the case of such a service provided by or through a Service Unit, such amounts shall be credited to such unit and used for such purposes.

''(2) PROGRAMS COVERED.—The programs referred to in paragraph (1) are the following:

''(A) Titles XVIII, XIX, and XXI of the Social Security Act.

''(B) This Act, including section 807.

''(C) Public Law 87–693.

''(D) Any other provision of law.

''(b) NO OFFSET OF AMOUNTS.—The Service may not offset or limit any amount obligated to any Service Unit or entity receiving funding from the Service because of the receipt of reimbursements under subsection (a).

''SEC. 405. PURCHASING HEALTH CARE COVERAGE.

''(a) IN GENERAL.—Insofar as amounts are made available under law (including a provision of the Social Security Act, the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), or other law, other than under section 402) to Indian Tribes, Tribal Organizations, and Urban Indian Organizations for health benefits for Service beneficiaries, Indian Tribes, Tribal Organizations, and Urban Indian Organizations may use such amounts to purchase health benefits coverage for such beneficiaries in any manner, including through—

''(1) a tribally owned and operated health care plan;

''(2) a State or locally authorized or licensed health care plan;

''(3) a health insurance provider or managed care organization; or

''(4) a self-insured plan.

The purchase of such coverage by an Indian Tribe, Tribal Organization, or Urban Indian Organization may be based on the financial needs of such beneficiaries (as determined by the Indian Tribe or Tribes being served based on a schedule of income levels developed or implemented by such Indian Tribe or Tribes).

''(b) EXPENSES FOR SELF-INSURED PLAN.—In the case of a self-insured plan under subsection (a)(4), the amounts may be used for expenses of operating the plan, including administration and insurance to limit the financial risks to the entity offering the plan.

''(c) CONSTRUCTION.—Nothing in this section shall be construed as affecting the use of any amounts not referred to in subsection (a).

''SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGENCIES.

''(a) AUTHORITY.—

''(1) IN GENERAL.—The Secretary may enter into (or expand) arrangements for the sharing of medical facilities and services between the Service, Indian Tribes, and Tribal Organizations and the Department of Veterans Affairs and the Department of Defense.

''(2) CONSULTATION BY SECRETARY REQUIRED.—The Secretary may not finalize any arrangement between the Service and a Department described in paragraph (1) without first consulting with the Indian Tribes which will be significantly affected by the arrangement.

''(b) LIMITATIONS.—The Secretary shall not take any action under this section or under subchapter IV of chapter 81 of title 38, United States Code, which would impair—

''(1) the priority access of any Indian to health care services provided through the Service and the eligibility of any Indian to receive health services through the Service;

''(2) the quality of health care services provided to any Indian through the Service;

''(3) the priority access of any veteran to health care services provided by the Department of Veterans Affairs;

''(4) the quality of health care services provided by the Department of Veterans Affairs or the Department of Defense; or

''(5) the eligibility of any Indian who is a veteran to receive health services through the Department of Veterans Affairs.

''(c) REIMBURSEMENT.—The Service, Indian Tribe, or Tribal Organization shall be reimbursed by the Department of Veterans Affairs or the Department of Defense (as the case may be) where services are provided through the Service, an Indian Tribe, or a Tribal Organization to beneficiaries eligible for services from either such Department, notwithstanding any other provision of law.

''(d) CONSTRUCTION.—Nothing in this section may be construed as creating any right of a non-Indian veteran to obtain health services from the Service.

''SEC. 407. ELIGIBLE INDIAN VETERAN SERVICES.

''(a) FINDINGS; PURPOSE.—

''(1) FINDINGS.—Congress finds that—

''(A) collaborations between the Secretary and the Secretary of Veterans Affairs regarding the treatment of Indian veterans at facilities of the Service should be encouraged to the maximum extent practicable; and

''(B) increased enrollment for services of the Department of Veterans Affairs by veterans who are members of Indian tribes should be encouraged to the maximum extent practicable.

''(2) PURPOSE.—The purpose of this section is to reaffirm the goals stated in the document entitled 'Memorandum of Understanding Between the VA/Veterans Health Administration And HHS/Indian Health Service' and dated February 25, 2003 (relating to cooperation and resource sharing between the Veterans Health Administration and Service).

''(b) DEFINITIONS.—In this section:

''(1) ELIGIBLE INDIAN VETERAN.—The term 'eligible Indian veteran' means an Indian or Alaska Native veteran who receives any medical service that is—

''(A) authorized under the laws administered by the Secretary of Veterans Affairs; and

''(B) administered at a facility of the Service (including a facility operated by an Indian tribe or tribal organization through a contract or compact with the Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)) pursuant to a local memorandum of understanding.

''(2) LOCAL MEMORANDUM OF UNDERSTANDING.—The term 'local memorandum of understanding' means a memorandum of understanding between the Secretary (or a designee, including the director of any Area Office of the Service) and the Secretary of Veterans Affairs (or a designee) to implement the document entitled 'Memorandum of Understanding Between the VA/Veterans Health Administration And HHS/Indian Health Service' and dated February 25, 2003 (relating to cooperation and resource sharing between the Veterans Health Administration and Indian Health Service).

''(c) ELIGIBLE INDIAN VETERANS' EXPENSES.—

''(1) IN GENERAL.—Notwithstanding any other provision of law, the Secretary shall provide for veteran-related expenses incurred by eligible Indian veterans as described in subsection (b)(1)(B).

''(2) METHOD OF PAYMENT.—The Secretary shall establish such guidelines as the Secretary determines to be appropriate regarding the method of payments to the Secretary of Veterans Affairs under paragraph (1).

''(d) TRIBAL APPROVAL OF MEMORANDA.—In negotiating a local memorandum of understanding with the Secretary of Veterans Affairs regarding the provision of services to eligible Indian veterans, the Secretary shall consult with each Indian tribe that would be affected by the local memorandum of understanding.

''(e) FUNDING.—

''(1) TREATMENT.—Expenses incurred by the Secretary in carrying out subsection (c)(1) shall not be considered to be Contract Health Service expenses.

''(2) USE OF FUNDS.—Of funds made available to the Secretary in appropriations Acts for the Service (excluding funds made available for facilities, Contract Health Services, or contract support costs), the Secretary shall use such sums as are necessary to carry out this section.

''SEC. 408. PAYOR OF LAST RESORT.

''Indian Health Programs and health care programs operated by Urban Indian Organizations shall be the payor of last resort for services provided to persons eligible for services from Indian Health Programs and Urban Indian Organizations, notwithstanding any Federal, State, or local law to the contrary.

''SEC. 409. NONDISCRIMINATION UNDER FEDERAL HEALTH CARE PROGRAMS IN QUALIFICATIONS FOR REIMBURSEMENT FOR SERVICES.

''(a) REQUIREMENT TO SATISFY GENERALLY APPLICABLE PARTICIPATION REQUIREMENTS.—

''(1) IN GENERAL.—A Federal health care program must accept an entity that is operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization as a provider eligible to receive payment under the program for health care services furnished to an Indian on the same basis as any other provider qualified to participate as a provider of health care services under the program if the entity meets generally applicable State or other requirements for participation as a provider of health care services under the program.

''(2) SATISFACTION OF STATE OR LOCAL LICENSURE OR RECOGNITION REQUIREMENTS.—Any requirement for participation as a provider of health care services under a Federal health care program that an entity be licensed or recognized under the State or local law where the entity is located to furnish health care services shall be deemed to have been met in the case of an entity operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization if the entity meets all the applicable standards for such licensure or recognition, regardless of whether the entity obtains a license or other documentation under such State or local law. In accordance with section 221, the absence of the licensure of a health care professional employed by such an entity under the State or local law where the entity is located shall not be taken into account for purposes of determining whether the entity meets such standards, if the professional is licensed in another State.

''(b) APPLICATION OF EXCLUSION FROM PARTICIPATION IN FEDERAL HEALTH CARE PROGRAMS.—

''(1) EXCLUDED ENTITIES.—No entity operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization that has been excluded from participation in any Federal health care program or for which a license is under suspension or has been revoked by the State where the entity is located shall be eligible to receive payment or reimbursement under any such program for health care services furnished to an Indian.

''(2) EXCLUDED INDIVIDUALS.—No individual who has been excluded from participation in any Federal health care program or whose State license is under suspension shall be eligible to receive payment or reimbursement under any such program for health care services furnished by that individual, directly or through an entity that is otherwise eligible to receive payment for health care services, to an Indian.

''(3) FEDERAL HEALTH CARE PROGRAM DEFINED.—In this subsection, the term, 'Federal health care program' has the meaning given that term in section 1128B(f) of the Social Security Act (42 U.S.C. 1320a–7b(f)), except that, for purposes of this subsection, such term shall include the health insurance program under chapter 89 of title 5, United States Code.

''(c) RELATED PROVISIONS.—For provisions related to nondiscrimination against providers operated by the Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization, see section 1139(c) of the Social Security Act (42 U.S.C. 1320b–9(c)).

''SEC. 410. CONSULTATION.

''For provisions related to consultation with representatives of Indian Health Programs and Urban Indian Organizations with respect to the health care programs established under titles XVIII, XIX, and XXI of the Social Security Act, see section 1139(d) of the Social Security Act (42 U.S.C. 1320b–9(d)).

''SEC. 411. STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP).

''For provisions relating to—

''(1) outreach to families of Indian children likely to be eligible for child health assistance under the State children's health insurance program established under title XXI of the Social Security Act, see sections 2105(c)(2)(C) and 1139(a) of such Act (42 U.S.C. 1397ee(c)(2), 1320b–9); and

''(2) ensuring that child health assistance is provided under such program to targeted low-income children who are Indians and that payments are made under such program to Indian Health Programs and Urban Indian Organizations operating in the State that provide such assistance, see sections 2102(b)(3)(D) and 2105(c)(6)(B) of such Act (42 U.S.C. 1397bb(b)(3)(D), 1397ee(c)(6)(B)).

''SEC. 412. EXCLUSION WAIVER AUTHORITY FOR AFFECTED INDIAN HEALTH PROGRAMS AND SAFE HARBOR TRANSACTIONS UNDER THE SOCIAL SECURITY ACT.

''For provisions relating to—

''(1) exclusion waiver authority for affected Indian Health Programs under the Social Security Act, see section 1128(k) of the Social Security Act (42 U.S.C. 1320a–7(k)); and

''(2) certain transactions involving Indian Health Programs deemed to be in safe harbors under that Act, see section 1128B(b)(4) of the Social Security Act (42 U.S.C. 1320a–7b(b)(4)).

''SEC. 413. PREMIUM AND COST SHARING PROTECTIONS AND ELIGIBILITY DETERMINATIONS UNDER MEDICAID AND SCHIP AND PROTECTION OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE RECOVERY.

''For provisions relating to—

''(1) premiums or cost sharing protections for Indians furnished items or services directly by Indian Health Programs or through referral under the contract health service under the Medicaid program established under title XIX of the Social Security Act, see sections 1916(j) and 1916A(a)(1) of the Social Security Act (42 U.S.C. 1396o(j), 1396o–1(a)(1));

''(2) rules regarding the treatment of certain property for purposes of determining eligibility under such programs, see sections 1902(e)(13) and 2107(e)(1)(B) of such Act (42 U.S.C. 1396a(e)(13), 1397gg(e)(1)(B)); and

''(3) the protection of certain property from estate recovery provisions under the Medicaid program, see section 1917(b)(3)(B) of such Act (42 U.S.C. 1396p(b)(3)(B)).

''SEC. 414. TREATMENT UNDER MEDICAID AND SCHIP MANAGED CARE.

''For provisions relating to the treatment of Indians enrolled in a managed care entity under the Medicaid program under title XIX of the Social Security Act and Indian Health Programs and Urban Indian Organizations that are providers of items or services to such Indian enrollees, see sections 1932(h) and 2107(e)(1)(H) of the Social Security Act (42 U.S.C. 1396u–2(h), 1397gg(e)(1)(H)).

''SEC. 415. NAVAJO NATION MEDICAID AGENCY FEASIBILITY STUDY.

''(a) STUDY.—The Secretary shall conduct a study to determine the feasibility of treating the Navajo Nation as a State for the purposes of title XIX of the Social Security Act, to provide services to Indians living within the boundaries of the Navajo Nation through an entity established having the same authority and performing the same functions as single-State medicaid agencies responsible for the administration of the State plan under title XIX of the Social Security Act.

''(b) CONSIDERATIONS.—In conducting the study, the Secretary shall consider the feasibility of—

''(1) assigning and paying all expenditures for the provision of services and related administration funds, under title XIX of the

Social Security Act, to Indians living within the boundaries of the Navajo Nation that are currently paid to or would otherwise be paid to the State of Arizona, New Mexico, or Utah;

''(2) providing assistance to the Navajo Nation in the development and implementation of such entity for the administration, eligibility, payment, and delivery of medical assistance under title XIX of the Social Security Act;

''(3) providing an appropriate level of matching funds for Federal medical assistance with respect to amounts such entity expends for medical assistance for services and related administrative costs; and

''(4) authorizing the Secretary, at the option of the Navajo Nation, to treat the Navajo Nation as a State for the purposes of title XIX of the Social Security Act (relating to the State children's health insurance program) under terms equivalent to those described in paragraphs (2) through (4).

''(c) REPORT.—Not later then 3 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall submit to the Committee on Indian Affairs and Committee on Finance of the Senate and the Committee on Natural Resources and Committee on Energy and Commerce of the House of Representatives a report that includes—

''(1) the results of the study under this section;

''(2) a summary of any consultation that occurred between the Secretary and the Navajo Nation, other Indian Tribes, the States of Arizona, New Mexico, and Utah, counties which include Navajo Lands, and other interested parties, in conducting this study;

''(3) projected costs or savings associated with establishment of such entity, and any estimated impact on services provided as described in this section in relation to probable costs or savings; and

''(4) legislative actions that would be required to authorize the establishment of such entity if such entity is determined by the Secretary to be feasible.

''SEC. 416. GENERAL EXCEPTIONS.

''The requirements of this title shall not apply to any excepted benefits described in paragraph (1)(A) or (3) of section 2791(c) of the Public Health Service Act (42 U.S.C. 300gg–91).

''SEC. 417. AUTHORIZATION OF APPROPRIATIONS.

''There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.

''TITLE V—HEALTH SERVICES FOR URBAN INDIANS

''SEC. 501. PURPOSE.

''The purpose of this title is to establish and maintain programs in Urban Centers to make health services more accessible and available to Urban Indians.

''SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN INDIAN ORGANIZATIONS.

''Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall enter into contracts with, or make grants to, Urban Indian Organizations to assist such organizations in the establishment and administration, within Urban Centers, of programs which meet the requirements set forth in this title. Subject to section 506, the Secretary, acting through the Service, shall include such conditions as the Secretary considers necessary to effect the purpose of this title in any contract into which the Secretary enters with, or in any grant the Secretary makes to, any Urban Indian Organization pursuant to this title.

''SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION OF HEALTH CARE AND REFERRAL SERVICES.

''(a) REQUIREMENTS FOR GRANTS AND CONTRACTS.—Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, shall enter into contracts with, and make grants to, Urban Indian Organizations for the provision of health care and referral services for Urban Indians. Any such contract or grant shall include requirements that the Urban Indian Organization successfully undertake to—

''(1) estimate the population of Urban Indians residing in the Urban Center or centers that the organization proposes to serve who are or could be recipients of health care or referral services;

''(2) estimate the current health status of Urban Indians residing in such Urban Center or centers;

''(3) estimate the current health care needs of Urban Indians residing in such Urban Center or centers;

''(4) provide basic health education, including health promotion and disease prevention education, to Urban Indians;

''(5) make recommendations to the Secretary and Federal, State, local, and other resource agencies on methods of improving health service programs to meet the needs of Urban Indians; and

''(6) where necessary, provide, or enter into contracts for the provision of, health care services for Urban Indians.

''(b) CRITERIA.—The Secretary, acting through the Service, shall, by regulation, prescribe the criteria for selecting Urban Indian Organizations to enter into contracts or receive grants under this section. Such criteria shall, among other factors, include—

''(1) the extent of unmet health care needs of Urban Indians in the Urban Center or centers involved;

''(2) the size of the Urban Indian population in the Urban Center or centers involved;

''(3) the extent, if any, to which the activities set forth in subsection (a) would duplicate any project funded under this title, or under any current public health service project funded in a manner other than pursuant to this title;

''(4) the capability of an Urban Indian Organization to perform the activities set forth in subsection (a) and to enter into a contract with the Secretary or to meet the requirements for receiving a grant under this section;

''(5) the satisfactory performance and successful completion by an Urban Indian Organization of other contracts with the Secretary under this title;

''(6) the appropriateness and likely effectiveness of conducting the activities set forth in subsection (a) in an Urban Center or centers; and

''(7) the extent of existing or likely future participation in the activities set forth in subsection (a) by appropriate health and health-related Federal, State, local, and other agencies.

''(c) ACCESS TO HEALTH PROMOTION AND DISEASE PREVENTION PROGRAMS.—The Secretary, acting through the Service, shall facilitate access to or provide health promotion and disease prevention services for Urban Indians through grants made to Urban Indian Organizations administering contracts entered into or receiving grants under subsection (a).

''(d) IMMUNIZATION SERVICES.—

''(1) ACCESS OR SERVICES PROVIDED.—The Secretary, acting through the Service, shall facilitate access to, or provide, immunization services for Urban Indians through grants made to Urban Indian Organizations administering contracts entered into or receiving grants under this section.

''(2) DEFINITION.—For purposes of this subsection, the term 'immunization services' means services to provide without charge immunizations against vaccine-preventable diseases.

''(e) BEHAVIORAL HEALTH SERVICES.—

''(1) ACCESS OR SERVICES PROVIDED.—The Secretary, acting through the Service, shall facilitate access to, or provide, behavioral health services for Urban Indians through grants made to Urban Indian Organizations administering contracts entered into or receiving grants under subsection (a).

''(2) ASSESSMENT REQUIRED.—Except as provided by paragraph (3)(A), a grant may not be made under this subsection to an Urban Indian Organization until that organization has prepared, and the Service has approved, an assessment of the following:

''(A) The behavioral health needs of the Urban Indian population concerned.

''(B) The behavioral health services and other related resources available to that population.

''(C) The barriers to obtaining those services and resources.

''(D) The needs that are unmet by such services and resources.

''(3) PURPOSES OF GRANTS.—Grants may be made under this subsection for the following:

''(A) To prepare assessments required under paragraph (2).

''(B) To provide outreach, educational, and referral services to Urban Indians regarding the availability of direct behavioral health services, to educate Urban Indians about behavioral health issues and services, and effect coordination with existing behavioral health providers in order to improve services to Urban Indians.

''(C) To provide outpatient behavioral health services to Urban Indians, including the identification and assessment of illness, therapeutic treatments, case management, support groups, family treatment, and other treatment.

''(D) To develop innovative behavioral health service delivery models which incorporate Indian cultural support systems and resources.

''(f) PREVENTION OF CHILD ABUSE.—

''(1) ACCESS OR SERVICES PROVIDED.—The Secretary, acting through the Service, shall facilitate access to or provide services for Urban Indians through grants to Urban Indian Organizations administering contracts entered into or receiving grants under subsection (a) to prevent and treat child abuse (including sexual abuse) among Urban Indians.

''(2) EVALUATION REQUIRED.—Except as provided by paragraph (3)(A), a grant may not be made under this subsection to an Urban Indian Organization until that organization has prepared, and the Service has approved, an assessment that documents the prevalence of child abuse in the Urban Indian population concerned and specifies the services and programs (which may not duplicate existing services and programs) for which the grant is requested.

''(3) PURPOSES OF GRANTS.—Grants may be made under this subsection for the following:

''(A) To prepare assessments required under paragraph (2).

''(B) For the development of prevention, training, and education programs for Urban Indians, including child education, parent education, provider training on identification and intervention, education on reporting requirements, prevention campaigns, and establishing service networks of all those involved in Indian child protection.

''(C) To provide direct outpatient treatment services (including individual treatment, family treatment, group therapy, and

support groups) to Urban Indians who are child victims of abuse (including sexual abuse) or adult survivors of child sexual abuse, to the families of such child victims, and to Urban Indian perpetrators of child abuse (including sexual abuse).

''(4) CONSIDERATIONS WHEN MAKING GRANTS.—In making grants to carry out this subsection, the Secretary shall take into consideration—

''(A) the support for the Urban Indian Organization demonstrated by the child protection authorities in the area, including committees or other services funded under the Indian Child Welfare Act of 1978 (25 U.S.C. 1901 et seq.), if any;

''(B) the capability and expertise demonstrated by the Urban Indian Organization to address the complex problem of child sexual abuse in the community; and

''(C) the assessment required under paragraph (2).

''(g) OTHER GRANTS.—The Secretary, acting through the Service, may enter into a contract with or make grants to an Urban Indian Organization that provides or arranges for the provision of health care services (through satellite facilities, provider networks, or otherwise) to Urban Indians in more than 1 Urban Center.

''SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINATION OF UNMET HEALTH CARE NEEDS.

''(a) GRANTS AND CONTRACTS AUTHORIZED.—Under authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary, acting through the Service, may enter into contracts with or make grants to Urban Indian Organizations situated in Urban Centers for which contracts have not been entered into or grants have not been made under section 503.

''(b) PURPOSE.—The purpose of a contract or grant made under this section shall be the determination of the matters described in subsection (c)(1) in order to assist the Secretary in assessing the health status and health care needs of Urban Indians in the Urban Center involved and determining whether the Secretary should enter into a contract or make a grant under section 503 with respect to the Urban Indian Organization which the Secretary has entered into a contract with, or made a grant to, under this section.

''(c) GRANT AND CONTRACT REQUIREMENTS.—Any contract entered into, or grant made, by the Secretary under this section shall include requirements that—

''(1) the Urban Indian Organization successfully undertakes to—

''(A) document the health care status and unmet health care needs of Urban Indians in the Urban Center involved; and

''(B) with respect to Urban Indians in the Urban Center involved, determine the matters described in paragraphs (2), (3), (4), and (7) of section 503(b); and

''(2) the Urban Indian Organization complete performance of the contract, or carry out the requirements of the grant, within 1 year after the date on which the Secretary and such organization enter into such contract, or within 1 year after such organization receives such grant, whichever is applicable.

''(d) NO RENEWALS.—The Secretary may not renew any contract entered into or grant made under this section.

''SEC. 505. EVALUATIONS; RENEWALS.

''(a) PROCEDURES FOR EVALUATIONS.—The Secretary, acting through the Service, shall develop procedures to evaluate compliance with grant requirements and compliance with and performance of contracts entered into by Urban Indian Organizations under this title. Such procedures shall include provisions for carrying out the requirements of this section.

''(b) EVALUATIONS.—The Secretary, acting through the Service, shall evaluate the compliance of each Urban Indian Organization which has entered into a contract or received a grant under section 503 with the terms of such contract or grant. For purposes of this evaluation, the Secretary shall—

''(1) acting through the Service, conduct an annual onsite evaluation of the organization; or

''(2) accept in lieu of such onsite evaluation evidence of the organization's provisional or full accreditation by a private independent entity recognized by the Secretary for purposes of conducting quality reviews of providers participating in the Medicare program under title XVIII of the Social Security Act.

''(c) NONCOMPLIANCE; UNSATISFACTORY PERFORMANCE.—If, as a result of the evaluations conducted under this section, the Secretary determines that an Urban Indian Organization has not complied with the requirements of a grant or complied with or satisfactorily performed a contract under section 503, the Secretary shall, prior to renewing such contract or grant, attempt to resolve with the organization the areas of noncompliance or unsatisfactory performance and modify the contract or grant to prevent future occurrences of noncompliance or unsatisfactory performance. If the Secretary determines that the noncompliance or unsatisfactory performance cannot be resolved and prevented in the future, the Secretary shall not renew the contract or grant with the organization and is authorized to enter into a contract or make a grant under section 503 with another Urban Indian Organization which is situated in the same Urban Center as the Urban Indian Organization whose contract or grant is not renewed under this section.

''(d) CONSIDERATIONS FOR RENEWALS.—In determining whether to renew a contract or grant with an Urban Indian Organization under section 503 which has completed performance of a contract or grant under section 504, the Secretary shall review the records of the Urban Indian Organization, the reports submitted under section 507, and shall consider the results of the onsite evaluations or accreditations under subsection (b).

''SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.

''(a) PROCUREMENT.—Contracts with Urban Indian Organizations entered into pursuant to this title shall be in accordance with all Federal contracting laws and regulations relating to procurement except that in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of sections 1304 and 3131 through 3133 of title 40, United States Code.

''(b) PAYMENTS UNDER CONTRACTS OR GRANTS.—

''(1) IN GENERAL.—Payments under any contracts or grants pursuant to this title, notwithstanding any term or condition of such contract or grant—

''(A) may be made in a single advance payment by the Secretary to the Urban Indian Organization by no later than the end of the first 30 days of the funding period with respect to which the payments apply, unless the Secretary determines through an evaluation under section 505 that the organization is not capable of administering such a single advance payment; and

''(B) if any portion thereof is unexpended by the Urban Indian Organization during the funding period with respect to which the payments initially apply, shall be carried forward for expenditure with respect to allowable or reimbursable costs incurred by the organization during 1 or more subsequent funding periods without additional justification or documentation by the organization as a condition of carrying forward the availability for expenditure of such funds.

''(2) SEMIANNUAL AND QUARTERLY PAYMENTS AND REIMBURSEMENTS.—If the Secretary determines under paragraph (1)(A) that an Urban Indian Organization is not capable of administering an entire single advance payment, on request of the Urban Indian Organization, the payments may be made—

''(A) in semiannual or quarterly payments by not later than 30 days after the date on which the funding period with respect to which the payments apply begins; or

''(B) by way of reimbursement.

''(c) REVISION OR AMENDMENT OF CONTRACTS.—Notwithstanding any provision of law to the contrary, the Secretary may, at the request and consent of an Urban Indian Organization, revise or amend any contract entered into by the Secretary with such organization under this title as necessary to carry out the purposes of this title.

''(d) FAIR AND UNIFORM SERVICES AND ASSISTANCE.—Contracts with or grants to Urban Indian Organizations and regulations adopted pursuant to this title shall include provisions to assure the fair and uniform provision to Urban Indians of services and assistance under such contracts or grants by such organizations.

''SEC. 507. REPORTS AND RECORDS.

''(a) REPORTS.—

''(1) IN GENERAL.—For each fiscal year during which an Urban Indian Organization receives or expends funds pursuant to a contract entered into or a grant received pursuant to this title, such Urban Indian Organization shall submit to the Secretary not more frequently than every 6 months, a report that includes the following:

''(A) In the case of a contract or grant under section 503, recommendations pursuant to section 503(a)(5).

''(B) Information on activities conducted by the organization pursuant to the contract or grant.

''(C) An accounting of the amounts and purpose for which Federal funds were expended.

''(D) A minimum set of data, using uniformly defined elements, as specified by the Secretary after consultation with Urban Indian Organizations.

''(2) HEALTH STATUS AND SERVICES.—

''(A) IN GENERAL.—Not later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, acting through the Service and working with a national membership-based consortium of Urban Indian Organizations, shall submit to Congress a report evaluating—

''(i) the health status of Urban Indians;

''(ii) the services provided to Indians pursuant to this title; and

''(iii) areas of unmet needs in the delivery of health services to Urban Indians, including unmet health care facilities needs.

''(B) CONSULTATION AND CONTRACTS.—In preparing the report under paragraph (1), the Secretary—

''(i) shall confer with Urban Indian Organizations; and

''(ii) may enter into a contract with a national organization representing Urban Indian Organizations to conduct any aspect of the report.

''(b) AUDIT.—The reports and records of the Urban Indian Organization with respect to a contract or grant under this title shall be subject to audit by the Secretary and the Comptroller General of the United States.

''(c) COSTS OF AUDITS.—The Secretary shall allow as a cost of any contract or grant entered into or awarded under section 502 or 503 the cost of an annual independent financial audit conducted by—

''(1) a certified public accountant; or

''(2) a certified public accounting firm qualified to conduct Federal compliance audits.

''SEC. 508. LIMITATION ON CONTRACT AUTHORITY.

''The authority of the Secretary to enter into contracts or to award grants under this title shall be to the extent, and in an amount, provided for in appropriation Acts.

''SEC. 509. FACILITIES.

''(a) GRANTS.—The Secretary, acting through the Service, may make grants to contractors or grant recipients under this title for the lease, purchase, renovation, construction, or expansion of facilities, including leased facilities, in order to assist such contractors or grant recipients in complying with applicable licensure or certification requirements.

''(b) LOAN FUND STUDY.—The Secretary, acting through the Service, may carry out a study to determine the feasibility of establishing a loan fund to provide to Urban Indian Organizations direct loans or guarantees for loans for the construction of health care facilities in a manner consistent with section 309, including by submitting a report in accordance with subsection (c) of that section.

''SEC. 510. DIVISION OF URBAN INDIAN HEALTH.

''There is established within the Service a Division of Urban Indian Health, which shall be responsible for—

''(1) carrying out the provisions of this title;

''(2) providing central oversight of the programs and services authorized under this title; and

''(3) providing technical assistance to Urban Indian Organizations working with a national membership-based consortium of Urban Indian Organizations.

''SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-RELATED SERVICES.

''(a) GRANTS AUTHORIZED.—The Secretary, acting through the Service, may make grants for the provision of health-related services in prevention of, treatment of, rehabilitation of, or school- and community-based education regarding, alcohol and substance abuse, including fetal alcohol spectrum disorders, in Urban Centers to those Urban Indian Organizations with which the Secretary has entered into a contract under this title or under section 201.

''(b) GOALS.—Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished pursuant to the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee.

''(c) CRITERIA.—The Secretary shall establish criteria for the grants made under subsection (a), including criteria relating to the following:

''(1) The size of the Urban Indian population.

''(2) Capability of the organization to adequately perform the activities required under the grant.

''(3) Satisfactory performance standards for the organization in meeting the goals set forth in such grant. The standards shall be negotiated and agreed to between the Secretary and the grantee on a grant-by-grant basis.

''(4) Identification of the need for services.

''(d) ALLOCATION OF GRANTS.—The Secretary shall develop a methodology for allocating grants made pursuant to this section based on the criteria established pursuant to subsection (c).

''(e) GRANTS SUBJECT TO CRITERIA.—Any grant received by an Urban Indian Organization under this Act for substance abuse prevention, treatment, and rehabilitation shall be subject to the criteria set forth in subsection (c).

''SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION PROJECTS.

''Notwithstanding any other provision of law, the Tulsa Clinic and Oklahoma City Clinic demonstration projects shall—

''(1) be permanent programs within the Service's direct care program;

''(2) continue to be treated as Service Units and Operating Units in the allocation of resources and coordination of care; and

''(3) continue to meet the requirements and definitions of an Urban Indian Organization in this Act, and shall not be subject to the provisions of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

''SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.

''(a) GRANTS AND CONTRACTS.—The Secretary, through the Division of Urban Indian Health, shall make grants to, or enter into contracts with, Urban Indian Organizations, to take effect not later than September 30, 2010, for the administration of Urban Indian alcohol programs that were originally established under the National Institute on Alcoholism and Alcohol Abuse (hereafter in this section referred to as 'NIAAA') and transferred to the Service.

''(b) USE OF FUNDS.—Grants provided or contracts entered into under this section shall be used to provide support for the continuation of alcohol prevention and treatment services for Urban Indian populations and such other objectives as are agreed upon between the Service and a recipient of a grant or contract under this section.

''(c) ELIGIBILITY.—Urban Indian Organizations that operate Indian alcohol programs originally funded under the NIAAA and subsequently transferred to the Service are eligible for grants or contracts under this section.

''(d) REPORT.—The Secretary shall evaluate and report to Congress on the activities of programs funded under this section not less than every 5 years.

''SEC. 514. CONFERRING WITH URBAN INDIAN ORGANIZATIONS.

''(a) IN GENERAL.—The Secretary shall ensure that the Service confers or conferences, to the greatest extent practicable, with Urban Indian Organizations.

''(b) DEFINITION OF CONFER; CONFERENCE.—In this section, the terms 'confer' and 'conference' mean an open and free exchange of information and opinions that—

''(1) leads to mutual understanding and comprehension; and

''(2) emphasizes trust, respect, and shared responsibility.

''SEC. 515. URBAN YOUTH TREATMENT CENTER DEMONSTRATION.

''(a) CONSTRUCTION AND OPERATION.—

''(1) IN GENERAL.—The Secretary, acting through the Service, through grant or contract, shall fund the construction and operation of at least 1 residential treatment center in each Service Area that meets the eligibility requirements set forth in subsection (b) to demonstrate the provision of alcohol and substance abuse treatment services to Urban Indian youth in a culturally competent residential setting.

''(2) TREATMENT.—Each residential treatment center described in paragraph (1) shall be in addition to any facilities constructed under section 707(b).

''(b) ELIGIBILITY REQUIREMENTS.—To be eligible to obtain a facility under subsection (a)(1), a Service Area shall meet the following requirements:

''(1) There is an Urban Indian Organization in the Service Area.

''(2) There reside in the Service Area Urban Indian youth with need for alcohol and substance abuse treatment services in a residential setting.

''(3) There is a significant shortage of culturally competent residential treatment services for Urban Indian youth in the Service Area.

''SEC. 516. GRANTS FOR DIABETES PREVENTION, TREATMENT, AND CONTROL.

''(a) GRANTS AUTHORIZED.—The Secretary may make grants to those Urban Indian Organizations that have entered into a contract or have received a grant under this title for the provision of services for the prevention and treatment of, and control of the complications resulting from, diabetes among Urban Indians.

''(b) GOALS.—Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished under the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee.

''(c) ESTABLISHMENT OF CRITERIA.—The Secretary shall establish criteria for the grants made under subsection (a) relating to—

''(1) the size and location of the Urban Indian population to be served;

''(2) the need for prevention of and treatment of, and control of the complications resulting from, diabetes among the Urban Indian population to be served;

''(3) performance standards for the organization in meeting the goals set forth in such grant that are negotiated and agreed to by the Secretary and the grantee;

''(4) the capability of the organization to adequately perform the activities required under the grant; and

''(5) the willingness of the organization to collaborate with the registry, if any, established by the Secretary under section 204(e) in the Area Office of the Service in which the organization is located.

''(d) FUNDS SUBJECT TO CRITERIA.—Any funds received by an Urban Indian Organization under this Act for the prevention, treatment, and control of diabetes among Urban Indians shall be subject to the criteria developed by the Secretary under subsection (c).

''SEC. 517. COMMUNITY HEALTH REPRESENTATIVES.

''The Secretary, acting through the Service, may enter into contracts with, and make grants to, Urban Indian Organizations for the employment of Indians trained as health service providers through the Community Health Representatives Program under section 109 in the provision of health care, health promotion, and disease prevention services to Urban Indians.

''SEC. 518. EFFECTIVE DATE.

''The amendments made by the Indian Health Care Improvement Act Amendments of 2008 to this title shall take effect beginning on the date of enactment of that Act, regardless of whether the Secretary has promulgated regulations implementing such amendments.

''SEC. 519. ELIGIBILITY FOR SERVICES.

''Urban Indians shall be eligible for, and the ultimate beneficiaries of, health care or referral services provided pursuant to this title.

''SEC. 520. AUTHORIZATION OF APPROPRIATIONS.

''There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.

''TITLE VI—ORGANIZATIONAL IMPROVEMENTS

''SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERVICE AS AN AGENCY OF THE PUBLIC HEALTH SERVICE.

''(a) ESTABLISHMENT.—

''(1) IN GENERAL.—In order to more effectively and efficiently carry out the responsibilities, authorities, and functions of the United States to provide health care services to Indians and Indian Tribes, as are or may be hereafter provided by Federal statute or treaties, there is established within the Public Health Service of the Department the Indian Health Service.

''(2) DIRECTOR.—The Service shall be administered by a Director, who shall be appointed by the President, by and with the advice and consent of the Senate. The Director shall report to the Secretary. Effective with respect to an individual appointed by the President, by and with the advice and consent of the Senate, after January 1, 2008, the term of service of the Director shall be 4 years. A Director may serve more than 1 term.

''(3) INCUMBENT.—The individual serving in the position of Director of the Service on the day before the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 shall serve as Director.

''(4) ADVOCACY AND CONSULTATION.—The position of Director is established to, in a manner consistent with the government-to-government relationship between the United States and Indian Tribes—

''(A) facilitate advocacy for the development of appropriate Indian health policy; and

''(B) promote consultation on matters relating to Indian health.

''(b) AGENCY.—The Service shall be an agency within the Public Health Service of the Department, and shall not be an office, component, or unit of any other agency of the Department.

''(c) DUTIES.—The Director shall—

''(1) perform all functions that were, on the day before the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, carried out by or under the direction of the individual serving as Director of the Service on that day;

''(2) perform all functions of the Secretary relating to the maintenance and operation of hospital and health facilities for Indians and the planning for, and provision and utilization of, health services for Indians;

''(3) administer all health programs under which health care is provided to Indians based upon their status as Indians which are administered by the Secretary, including programs under—

''(A) this Act;

''(B) the Act of November 2, 1921 (25 U.S.C. 13);

''(C) the Act of August 5, 1954 (42 U.S.C. 2001 et seq.);

''(D) the Act of August 16, 1957 (42 U.S.C. 2005 et seq.); and

''(E) the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.);

''(4) administer all scholarship and loan functions carried out under title I;

''(5) directly advise the Secretary concerning the development of all policy- and budget-related matters affecting Indian health;

''(6) collaborate with the Assistant Secretary for Health concerning appropriate matters of Indian health that affect the agencies of the Public Health Service;

''(7) advise each Assistant Secretary of the Department concerning matters of Indian health with respect to which that Assistant Secretary has authority and responsibility;

''(8) advise the heads of other agencies and programs of the Department concerning matters of Indian health with respect to which those heads have authority and responsibility;

''(9) coordinate the activities of the Department concerning matters of Indian health; and

''(10) perform such other functions as the Secretary may designate.

''(d) AUTHORITY.—

''(1) IN GENERAL.—The Secretary, acting through the Director, shall have the authority—

''(A) except to the extent provided for in paragraph (2), to appoint and compensate employees for the Service in accordance with title 5, United States Code;

''(B) to enter into contracts for the procurement of goods and services to carry out the functions of the Service; and

''(C) to manage, expend, and obligate all funds appropriated for the Service.

''(2) PERSONNEL ACTIONS.—Notwithstanding any other provision of law, the provisions of section 12 of the Act of June 18, 1934 (48 Stat. 986; 25 U.S.C. 472), shall apply to all personnel actions taken with respect to new positions created within the Service as a result of its establishment under subsection (a).

''SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYSTEM.

''(a) ESTABLISHMENT.—

''(1) IN GENERAL.—The Secretary shall establish an automated management information system for the Service.

''(2) REQUIREMENTS OF SYSTEM.—The information system established under paragraph (1) shall include—

''(A) a financial management system;

''(B) a patient care information system for each area served by the Service;

''(C) a privacy component that protects the privacy of patient information held by, or on behalf of, the Service;

''(D) a services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services in each Area office of the Service;

''(E) an interface mechanism for patient billing and accounts receivable system; and

''(F) a training component.

''(b) PROVISION OF SYSTEMS TO TRIBES AND ORGANIZATIONS.—The Secretary shall provide each Tribal Health Program automated management information systems which—

''(1) meet the management information needs of such Tribal Health Program with respect to the treatment by the Tribal Health Program of patients of the Service; and

''(2) meet the management information needs of the Service.

''(c) ACCESS TO RECORDS.—Notwithstanding any other provision of law, each patient shall have reasonable access to the medical or health records of such patient which are held by, or on behalf of, the Service.

''(d) AUTHORITY TO ENHANCE INFORMATION TECHNOLOGY.—The Secretary, acting through the Director, shall have the authority to enter into contracts, agreements, or joint ventures with other Federal agencies, States, private and nonprofit organizations, for the purpose of enhancing information technology in Indian Health Programs and facilities.

''SEC. 603. AUTHORIZATION OF APPROPRIATIONS.

''There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.

''TITLE VII—BEHAVIORAL HEALTH PROGRAMS

''SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREATMENT SERVICES.

''(a) PURPOSES.—The purposes of this section are as follows:

''(1) To authorize and direct the Secretary, acting through the Service, Indian Tribes and Tribal Organizations to develop a comprehensive behavioral health prevention and treatment program which emphasizes collaboration among alcohol and substance abuse, social services, and mental health programs.

''(2) To provide information, direction, and guidance relating to mental illness and dysfunction and self-destructive behavior, including child abuse and family violence, to those Federal, tribal, State, and local agencies responsible for programs in Indian communities in areas of health care, education, social services, child and family welfare, alcohol and substance abuse, law enforcement, and judicial services.

''(3) To assist Indian Tribes to identify services and resources available to address mental illness and dysfunctional and self-destructive behavior.

''(4) To provide authority and opportunities for Indian Tribes and Tribal Organizations to develop, implement, and coordinate with community-based programs which include identification, prevention, education, referral, and treatment services, including through multidisciplinary resource teams.

''(5) To ensure that Indians, as citizens of the United States and of the States in which they reside, have the same access to behavioral health services to which all citizens have access.

''(6) To modify or supplement existing programs and authorities in the areas identified in paragraph (2).

''(b) PLANS.—

''(1) DEVELOPMENT.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall encourage Indian Tribes and Tribal Organizations to develop tribal plans and to participate in developing areawide plans for Indian Behavioral Health Services. The plans shall include, to the extent feasible, the following components:

''(A) An assessment of the scope of alcohol or other substance abuse, mental illness, and dysfunctional and self-destructive behavior, including suicide, child abuse, and family violence, among Indians, including—

''(i) the number of Indians served who are directly or indirectly affected by such illness or behavior; or

''(ii) an estimate of the financial and human cost attributable to such illness or behavior.

''(B) An assessment of the existing and additional resources necessary for the prevention and treatment of such illness and behavior, including an assessment of the progress toward achieving the availability of the full continuum of care described in subsection (c).

''(C) An estimate of the additional funding needed by the Service, Indian Tribes, and Tribal Organizations to meet their responsibilities under the plans.

''(2) COORDINATION WITH NATIONAL CLEARINGHOUSES AND INFORMATION CENTERS.—The Secretary, acting through the Service, shall coordinate with existing national clearinghouses and information centers to include at the clearinghouses and centers plans and reports on the outcomes of such plans developed by Indian Tribes, Tribal Organizations, and Service Areas relating to behavioral health. The Secretary shall ensure access to these plans and outcomes by any Indian Tribe, Tribal Organization, or the Service.

''(3) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to Indian Tribes and Tribal Organizations in preparation of plans under this section and in developing standards of care that may be used and adopted locally.

''(c) PROGRAMS.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide, to the extent feasible and if funding is available, programs including the following:

''(1) COMPREHENSIVE CARE.—A comprehensive continuum of behavioral health care which provides—

''(A) community-based prevention, intervention, outpatient, and behavioral health aftercare;

''(B) detoxification (social and medical);

''(C) acute hospitalization;

''(D) intensive outpatient/day treatment;

''(E) residential treatment;

''(F) transitional living for those needing a temporary, stable living environment that is supportive of treatment and recovery goals;

''(G) emergency shelter;

''(H) intensive case management;

''(I) diagnostic services; and

''(J) promotion of healthy approaches to risk and safety issues, including injury prevention.

''(2) CHILD CARE.—Behavioral health services for Indians from birth through age 17, including—

''(A) preschool and school age fetal alcohol spectrum disorder services, including assessment and behavioral intervention;

''(B) mental health and substance abuse services (emotional, organic, alcohol, drug, inhalant, and tobacco);

''(C) identification and treatment of co-occurring disorders and comorbidity;

''(D) prevention of alcohol, drug, inhalant, and tobacco use;

''(E) early intervention, treatment, and aftercare; and

''(F) identification and treatment of neglect and physical, mental, and sexual abuse.

''(3) ADULT CARE.—Behavioral health services for Indians from age 18 through 55, including—

''(A) early intervention, treatment, and aftercare;

''(B) mental health and substance abuse services (emotional, alcohol, drug, inhalant, and tobacco), including sex specific services;

''(C) identification and treatment of co-occurring disorders (dual diagnosis) and comorbidity;

''(D) promotion of healthy approaches for risk-related behavior;

''(E) treatment services for women at risk of a fetal alcohol-exposed pregnancy; and

''(F) sex specific treatment for sexual assault and domestic violence.

''(4) FAMILY CARE.—Behavioral health services for families, including—

''(A) early intervention, treatment, and aftercare for affected families;

''(B) treatment for sexual assault and domestic violence; and

''(C) promotion of healthy approaches relating to parenting, domestic violence, and other abuse issues.

''(5) ELDER CARE.—Behavioral health services for Indians 56 years of age and older, including—

''(A) early intervention, treatment, and aftercare;

''(B) mental health and substance abuse services (emotional, alcohol, drug, inhalant, and tobacco), including sex specific services;

''(C) identification and treatment of co-occurring disorders (dual diagnosis) and comorbidity;

''(D) promotion of healthy approaches to managing conditions related to aging;

''(E) sex specific treatment for sexual assault, domestic violence, neglect, physical and mental abuse and exploitation; and

''(F) identification and treatment of dementias regardless of cause.

''(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

''(1) ESTABLISHMENT.—The governing body of any Indian Tribe or Tribal Organization may adopt a resolution for the establishment of a community behavioral health plan providing for the identification and coordination of available resources and programs to identify, prevent, or treat substance abuse, mental illness, or dysfunctional and self-destructive behavior, including child abuse and family violence, among its members or its service population. This plan should include behavioral health services, social services, intensive outpatient services, and continuing aftercare.

''(2) TECHNICAL ASSISTANCE.—At the request of an Indian Tribe or Tribal Organization, the Bureau of Indian Affairs and the Service shall cooperate with and provide technical assistance to the Indian Tribe or Tribal Organization in the development and implementation of such plan.

''(3) FUNDING.—The Secretary, acting through the Service, may make funding available to Indian Tribes and Tribal Organizations which adopt a resolution pursuant to paragraph (1) to obtain technical assistance for the development of a community behavioral health plan and to provide administrative support in the implementation of such plan.

''(e) COORDINATION FOR AVAILABILITY OF SERVICES.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall coordinate behavioral health planning, to the extent feasible, with other Federal agencies and with State agencies, to encourage comprehensive behavioral health services for Indians regardless of their place of residence.

''(f) MENTAL HEALTH CARE NEED ASSESSMENT.—Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, acting through the Service, shall make an assessment of the need for inpatient mental health care among Indians and the availability and cost of inpatient mental health facilities which can meet such need. In making such assessment, the Secretary shall consider the possible conversion of existing, underused Service hospital beds into psychiatric units to meet such need.

''SEC. 702. MEMORANDA OF AGREEMENT WITH THE DEPARTMENT OF THE INTERIOR.

''(a) CONTENTS.—Not later than 12 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, acting through the Service, and the Secretary of the Interior shall develop and enter into a memoranda of agreement, or review and update any existing memoranda of agreement, as required by section 4205 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411) under which the Secretaries address the following:

''(1) The scope and nature of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence, among Indians.

''(2) The existing Federal, tribal, State, local, and private services, resources, and programs available to provide behavioral health services for Indians.

''(3) The unmet need for additional services, resources, and programs necessary to meet the needs identified pursuant to paragraph (1).

''(4)(A) The right of Indians, as citizens of the United States and of the States in which they reside, to have access to behavioral health services to which all citizens have access.

''(B) The right of Indians to participate in, and receive the benefit of, such services.

''(C) The actions necessary to protect the exercise of such right.

''(5) The responsibilities of the Bureau of Indian Affairs and the Service, including mental illness identification, prevention, education, referral, and treatment services (including services through multidisciplinary resource teams), at the central, area, and agency and Service Unit, Service Area, and headquarters levels to address the problems identified in paragraph (1).

''(6) A strategy for the comprehensive coordination of the behavioral health services provided by the Bureau of Indian Affairs and the Service to meet the problems identified pursuant to paragraph (1), including—

''(A) the coordination of alcohol and substance abuse programs of the Service, the Bureau of Indian Affairs, and Indian Tribes and Tribal Organizations (developed under the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2401 et seq.)) with behavioral health initiatives pursuant to this Act, particularly with respect to the referral and treatment of dually diagnosed individuals requiring behavioral health and substance abuse treatment; and

''(B) ensuring that the Bureau of Indian Affairs and Service programs and services (including multidisciplinary resource teams) addressing child abuse and family violence are coordinated with such non-Federal programs and services.

''(7) Directing appropriate officials of the Bureau of Indian Affairs and the Service, particularly at the agency and Service Unit levels, to cooperate fully with tribal requests made pursuant to community behavioral health plans adopted under section 701(c) and section 4206 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2412).

''(8) Providing for an annual review of such agreement by the Secretaries which shall be provided to Congress and Indian Tribes and Tribal Organizations.

''(b) SPECIFIC PROVISIONS REQUIRED.—The memoranda of agreement updated or entered into pursuant to subsection (a) shall include specific provisions pursuant to which the Service shall assume responsibility for—

''(1) the determination of the scope of the problem of alcohol and substance abuse among Indians, including the number of Indians within the jurisdiction of the Service who are directly or indirectly affected by alcohol and substance abuse and the financial and human cost;

''(2) an assessment of the existing and needed resources necessary for the prevention of alcohol and substance abuse and the treatment of Indians affected by alcohol and substance abuse; and

''(3) an estimate of the funding necessary to adequately support a program of prevention of alcohol and substance abuse and treatment of Indians affected by alcohol and substance abuse.

''(c) PUBLICATION.—Each memorandum of agreement entered into or renewed (and amendments or modifications thereto) under subsection (a) shall be published in the Federal Register. At the same time as publication in the Federal Register, the Secretary shall provide a copy of such memoranda, amendment, or modification to each Indian Tribe, Tribal Organization, and Urban Indian Organization.

''SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PREVENTION AND TREATMENT PROGRAM.

''(a) ESTABLISHMENT.—

''(1) IN GENERAL.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide a program of comprehensive behavioral health, prevention, treatment, and aftercare, which shall include—

''(A) prevention, through educational intervention, in Indian communities;

''(B) acute detoxification, psychiatric hospitalization, residential, and intensive outpatient treatment;

''(C) community-based rehabilitation and aftercare;

''(D) community education and involvement, including extensive training of health care, educational, and community-based personnel;

''(E) specialized residential treatment programs for high-risk populations, including pregnant and postpartum women and their children; and

''(F) diagnostic services.

''(2) TARGET POPULATIONS.—The target population of such programs shall be members of Indian Tribes. Efforts to train and educate key members of the Indian community shall also target employees of health, education, judicial, law enforcement, legal, and social service programs.

''(b) CONTRACT HEALTH SERVICES.—

''(1) IN GENERAL.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may enter into contracts with public or private providers of behavioral health treatment services for the purpose of carrying out the program required under subsection (a).

''(2) PROVISION OF ASSISTANCE.—In carrying out this subsection, the Secretary shall provide assistance to Indian Tribes and Tribal Organizations to develop criteria for the certification of behavioral health service providers and accreditation of service facilities which meet minimum standards for such services and facilities.

''SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.

''(a) IN GENERAL.—Under the authority of the Act of November 2, 1921 (25 U.S.C. 13) (commonly known as the 'Snyder Act'), the Secretary shall establish and maintain a mental health technician program within the Service which—

''(1) provides for the training of Indians as mental health technicians; and

''(2) employs such technicians in the provision of community-based mental health care that includes identification, prevention, education, referral, and treatment services.

''(b) PARAPROFESSIONAL TRAINING.—In carrying out subsection (a), the Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide high-standard paraprofessional training in mental health care necessary to provide quality care to the Indian communities to be served. Such training shall be based upon a curriculum developed or approved by the Secretary which combines education in the theory of mental health care with supervised practical experience in the provision of such care.

''(c) SUPERVISION AND EVALUATION OF TECHNICIANS.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall supervise and evaluate the mental health technicians in the training program.

''(d) TRADITIONAL HEALTH CARE PRACTICES.—The Secretary, acting through the Service, shall ensure that the program established pursuant to this subsection involves the use and promotion of the traditional health care practices of the Indian Tribes to be served.

''SEC. 705. LICENSING REQUIREMENT FOR MENTAL HEALTH CARE WORKERS.

''(a) IN GENERAL.—Subject to the provisions of section 221, and except as provided in subsection (b), any individual employed as a psychologist, social worker, or marriage and family therapist for the purpose of providing mental health care services to Indians in a clinical setting under this Act is required to be licensed as a psychologist, social worker, or marriage and family therapist, respectively.

''(b) TRAINEES.—An individual may be employed as a trainee in psychology, social work, or marriage and family therapy to provide mental health care services described in subsection (a) if such individual—

''(1) works under the direct supervision of a licensed psychologist, social worker, or marriage and family therapist, respectively;

''(2) is enrolled in or has completed at least 2 years of course work at a post-secondary, accredited education program for psychology, social work, marriage and family therapy, or counseling; and

''(3) meets such other training, supervision, and quality review requirements as the Secretary may establish.

''SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.

''(a) GRANTS.—The Secretary, consistent with section 701, may make grants to Indian Tribes, Tribal Organizations, and Urban Indian Organizations to develop and implement a comprehensive behavioral health program of prevention, intervention, treatment, and relapse prevention services that specifically addresses the cultural, historical, social, and child care needs of Indian women, regardless of age.

''(b) USE OF GRANT FUNDS.—A grant made pursuant to this section may be used to—

''(1) develop and provide community training, education, and prevention programs for Indian women relating to behavioral health issues, including fetal alcohol spectrum disorders;

''(2) identify and provide psychological services, counseling, advocacy, support, and relapse prevention to Indian women and their families; and

''(3) develop prevention and intervention models for Indian women which incorporate traditional health care practices, cultural values, and community and family involvement.

''(c) CRITERIA.—The Secretary, in consultation with Indian Tribes and Tribal Organizations, shall establish criteria for the review and approval of applications and proposals for funding under this section.

''(d) EARMARK OF CERTAIN FUNDS.—Twenty percent of the funds appropriated pursuant to this section shall be used to make grants to Urban Indian Organizations.

''SEC. 707. INDIAN YOUTH PROGRAM.

''(a) DETOXIFICATION AND REHABILITATION.—The Secretary, acting through the Service, consistent with section 701, shall develop and implement a program for acute detoxification and treatment for Indian youths, including behavioral health services. The program shall include regional treatment centers designed to include detoxification and rehabilitation for both sexes on a referral basis and programs developed and implemented by Indian Tribes or Tribal Organizations at the local level under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.). Regional centers shall be integrated with the intake and rehabilitation programs based in the referring Indian community.

''(b) ALCOHOL AND SUBSTANCE ABUSE TREATMENT CENTERS OR FACILITIES.—

''(1) ESTABLISHMENT.—

''(A) IN GENERAL.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall construct, renovate, or, as necessary, purchase, and appropriately staff and operate, at least 1 youth regional treatment center or treatment network in each area under the jurisdiction of an Area Office.

''(B) AREA OFFICE IN CALIFORNIA.—For the purposes of this subsection, the Area Office in California shall be considered to be 2 Area Offices, 1 office whose jurisdiction shall be considered to encompass the northern area of the State of California, and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California for the purpose of implementing California treatment networks.

''(2) FUNDING.—For the purpose of staffing and operating such centers or facilities, funding shall be pursuant to the Act of November 2, 1921 (25 U.S.C. 13).

''(3) LOCATION.—A youth treatment center constructed or purchased under this subsection shall be constructed or purchased at a location within the area described in paragraph (1) agreed upon (by appropriate tribal resolution) by a majority of the Indian Tribes to be served by such center.

''(4) SPECIFIC PROVISION OF FUNDS.—

''(A) IN GENERAL.—Notwithstanding any other provision of this title, the Secretary may, from amounts authorized to be appropriated for the purposes of carrying out this section, make funds available to—

''(i) the Tanana Chiefs Conference, Incorporated, for the purpose of leasing, constructing, renovating, operating, and maintaining a residential youth treatment facility in Fairbanks, Alaska; and

''(ii) the Southeast Alaska Regional Health Corporation to staff and operate a residential youth treatment facility without regard to the proviso set forth in section 4(l) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(l)).

''(B) PROVISION OF SERVICES TO ELIGIBLE YOUTHS.—Until additional residential youth treatment facilities are established in Alaska pursuant to this section, the facilities specified in subparagraph (A) shall make every effort to provide services to all eligible Indian youths residing in Alaska.

''(c) INTERMEDIATE ADOLESCENT BEHAVIORAL HEALTH SERVICES.—

''(1) IN GENERAL.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide intermediate behavioral health services to Indian children and adolescents, including—

''(A) pretreatment assistance;

''(B) inpatient, outpatient, and aftercare services;

''(C) emergency care;

''(D) suicide prevention and crisis intervention; and

''(E) prevention and treatment of mental illness and dysfunctional and self-destructive behavior, including child abuse and family violence.

''(2) USE OF FUNDS.—Funds provided under this subsection may be used—

''(A) to construct or renovate an existing health facility to provide intermediate behavioral health services;

''(B) to hire behavioral health professionals;

''(C) to staff, operate, and maintain an intermediate mental health facility, group home, sober housing, transitional housing or similar facilities, or youth shelter where intermediate behavioral health services are being provided;

''(D) to make renovations and hire appropriate staff to convert existing hospital beds into adolescent psychiatric units; and

''(E) for intensive home- and community-based services.

''(3) CRITERIA.—The Secretary, acting through the Service, shall, in consultation with Indian Tribes and Tribal Organizations, establish criteria for the review and approval of applications or proposals for funding made available pursuant to this subsection.

''(d) FEDERALLY-OWNED STRUCTURES.—

''(1) IN GENERAL.—The Secretary, in consultation with Indian Tribes and Tribal Organizations, shall—

''(A) identify and use, where appropriate, federally-owned structures suitable for local residential or regional behavioral health treatment for Indian youths; and

''(B) establish guidelines for determining the suitability of any such federally-owned

structure to be used for local residential or regional behavioral health treatment for Indian youths.

''(2) TERMS AND CONDITIONS FOR USE OF STRUCTURE.—Any structure described in paragraph (1) may be used under such terms and conditions as may be agreed upon by the Secretary and the agency having responsibility for the structure and any Indian Tribe or Tribal Organization operating the program.

''(e) REHABILITATION AND AFTERCARE SERVICES.—

''(1) IN GENERAL.—The Secretary, Indian Tribes, or Tribal Organizations, in cooperation with the Secretary of the Interior, shall develop and implement within each Service Unit, community-based rehabilitation and follow-up services for Indian youths who are having significant behavioral health problems, and require long-term treatment, community reintegration, and monitoring to support the Indian youths after their return to their home community.

''(2) ADMINISTRATION.—Services under paragraph (1) shall be provided by trained staff within the community who can assist the Indian youths in their continuing development of self-image, positive problem-solving skills, and nonalcohol or substance abusing behaviors. Such staff may include alcohol and substance abuse counselors, mental health professionals, and other health professionals and paraprofessionals, including community health representatives.

''(f) INCLUSION OF FAMILY IN YOUTH TREATMENT PROGRAM.—In providing the treatment and other services to Indian youths authorized by this section, the Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide for the inclusion of family members of such youths in the treatment programs or other services as may be appropriate. Not less than 10 percent of the funds appropriated for the purposes of carrying out subsection (e) shall be used for outpatient care of adult family members related to the treatment of an Indian youth under that subsection.

''(g) MULTIDRUG ABUSE PROGRAM.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall provide, consistent with section 701, programs and services to prevent and treat the abuse of multiple forms of substances, including alcohol, drugs, inhalants, and tobacco, among Indian youths residing in Indian communities, on or near reservations, and in urban areas and provide appropriate mental health services to address the incidence of mental illness among such youths.

''(h) INDIAN YOUTH MENTAL HEALTH.—The Secretary, acting through the Service, shall collect data for the report under section 801 with respect to—

''(1) the number of Indian youth who are being provided mental health services through the Service and Tribal Health Programs;

''(2) a description of, and costs associated with, the mental health services provided for Indian youth through the Service and Tribal Health Programs;

''(3) the number of youth referred to the Service or Tribal Health Programs for mental health services;

''(4) the number of Indian youth provided residential treatment for mental health and behavioral problems through the Service and Tribal Health Programs, reported separately for on- and off-reservation facilities; and

''(5) the costs of the services described in paragraph (4).

''SEC. 708. INDIAN YOUTH TELEMENTAL HEALTH DEMONSTRATION PROJECT.

''(a) PURPOSE.—The purpose of this section is to authorize the Secretary to carry out a demonstration project to test the use of telemental health services in suicide prevention, intervention and treatment of Indian youth, including through—

''(1) the use of psychotherapy, psychiatric assessments, diagnostic interviews, therapies for mental health conditions predisposing to suicide, and alcohol and substance abuse treatment;

''(2) the provision of clinical expertise to, consultation services with, and medical advice and training for frontline health care providers working with Indian youth;

''(3) training and related support for community leaders, family members and health and education workers who work with Indian youth;

''(4) the development of culturally-relevant educational materials on suicide; and

''(5) data collection and reporting.

''(b) DEFINITIONS.—For the purpose of this section, the following definitions shall apply:

''(1) DEMONSTRATION PROJECT.—The term 'demonstration project' means the Indian youth telemental health demonstration project authorized under subsection (c).

''(2) TELEMENTAL HEALTH.—The term 'telemental health' means the use of electronic information and telecommunications technologies to support long distance mental health care, patient and professional-related education, public health, and health administration.

''(c) AUTHORIZATION.—

''(1) IN GENERAL.—The Secretary is authorized to award grants under the demonstration project for the provision of telemental health services to Indian youth who—

''(A) have expressed suicidal ideas;

''(B) have attempted suicide; or

''(C) have mental health conditions that increase or could increase the risk of suicide.

''(2) ELIGIBILITY FOR GRANTS.—Such grants shall be awarded to Indian Tribes and Tribal Organizations that operate 1 or more facilities—

''(A) located in Alaska and part of the Alaska Federal Health Care Access Network;

''(B) reporting active clinical telehealth capabilities; or

''(C) offering school-based telemental health services relating to psychiatry to Indian youth.

''(3) GRANT PERIOD.—The Secretary shall award grants under this section for a period of up to 4 years.

''(4) AWARDING OF GRANTS.—Not more than 5 grants shall be provided under paragraph (1), with priority consideration given to Indian Tribes and Tribal Organizations that—

''(A) serve a particular community or geographic area where there is a demonstrated need to address Indian youth suicide;

''(B) enter in to collaborative partnerships with Indian Health Service or Tribal Health Programs or facilities to provide services under this demonstration project;

''(C) serve an isolated community or geographic area which has limited or no access to behavioral health services; or

''(D) operate a detention facility at which Indian youth are detained.

''(d) USE OF FUNDS.—

''(1) IN GENERAL.—An Indian Tribe or Tribal Organization shall use a grant received under subsection (c) for the following purposes:

''(A) To provide telemental health services to Indian youth, including the provision of—

''(i) psychotherapy;

''(ii) psychiatric assessments and diagnostic interviews, therapies for mental health conditions predisposing to suicide, and treatment; and

''(iii) alcohol and substance abuse treatment.

''(B) To provide clinician-interactive medical advice, guidance and training, assistance in diagnosis and interpretation, crisis counseling and intervention, and related assistance to Service, tribal, or urban clinicians and health services providers working with youth being served under this demonstration project.

''(C) To assist, educate and train community leaders, health education professionals and paraprofessionals, tribal outreach workers, and family members who work with the youth receiving telemental health services under this demonstration project, including with identification of suicidal tendencies, crisis intervention and suicide prevention, emergency skill development, and building and expanding networks among these individuals and with State and local health services providers.

''(D) To develop and distribute culturally appropriate community educational materials on—

''(i) suicide prevention;

''(ii) suicide education;

''(iii) suicide screening;

''(iv) suicide intervention; and

''(v) ways to mobilize communities with respect to the identification of risk factors for suicide.

''(E) For data collection and reporting related to Indian youth suicide prevention efforts.

''(2) TRADITIONAL HEALTH CARE PRACTICES.—In carrying out the purposes described in paragraph (1), an Indian Tribe or Tribal Organization may use and promote the traditional health care practices of the Indian Tribes of the youth to be served.

''(e) APPLICATIONS.—To be eligible to receive a grant under subsection (c), an Indian Tribe or Tribal Organization shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including—

''(1) a description of the project that the Indian Tribe or Tribal Organization will carry out using the funds provided under the grant;

''(2) a description of the manner in which the project funded under the grant would—

''(A) meet the telemental health care needs of the Indian youth population to be served by the project; or

''(B) improve the access of the Indian youth population to be served to suicide prevention and treatment services;

''(3) evidence of support for the project from the local community to be served by the project;

''(4) a description of how the families and leadership of the communities or populations to be served by the project would be involved in the development and ongoing operations of the project;

''(5) a plan to involve the tribal community of the youth who are provided services by the project in planning and evaluating the mental health care and suicide prevention efforts provided, in order to ensure the integration of community, clinical, environmental, and cultural components of the treatment; and

''(6) a plan for sustaining the project after Federal assistance for the demonstration project has terminated.

''(f) COLLABORATION; REPORTING TO NATIONAL CLEARINGHOUSE.—

''(1) COLLABORATION.—The Secretary, acting through the Service, shall encourage Indian Tribes and Tribal Organizations receiving grants under this section to collaborate to enable comparisons about best practices across projects.

''(2) REPORTING TO NATIONAL CLEARINGHOUSE.—The Secretary, acting through the Service, shall also encourage Indian Tribes and Tribal Organizations receiving grants

under this section to submit relevant, declassified project information to the national clearinghouse authorized under section 701(b)(2) in order to better facilitate program performance and improve suicide prevention, intervention, and treatment services.

''(g) ANNUAL REPORT.—Each grant recipient shall submit to the Secretary an annual report that—

''(1) describes the number of telemental health services provided; and

''(2) includes any other information that the Secretary may require.

''(h) REPORT TO CONGRESS.—Not later than 270 days after the termination of the demonstration project, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources and Committee on Energy and Commerce of the House of Representatives a final report, based on the annual reports provided by grant recipients under subsection (h), that—

''(1) describes the results of the projects funded by grants awarded under this section, including any data available which indicates the number of attempted suicides;

''(2) evaluates the impact of the telemental health services funded by the grants in reducing the number of completed suicides among Indian youth;

''(3) evaluates whether the demonstration project should be—

''(A) expanded to provide more than 5 grants; and

''(B) designated a permanent program; and

''(4) evaluates the benefits of expanding the demonstration project to include Urban Indian Organizations.

''(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $1,500,000 for each of fiscal years 2008 through 2011.

''SEC. 709. INPATIENT AND COMMUNITY-BASED MENTAL HEALTH FACILITIES DESIGN, CONSTRUCTION, AND STAFFING.

''Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, may provide, in each area of the Service, not less than 1 inpatient mental health care facility, or the equivalent, for Indians with behavioral health problems. For the purposes of this subsection, California shall be considered to be 2 Area Offices, 1 office whose location shall be considered to encompass the northern area of the State of California and 1 office whose jurisdiction shall be considered to encompass the remainder of the State of California. The Secretary shall consider the possible conversion of existing, underused Service hospital beds into psychiatric units to meet such need.

''SEC. 710. TRAINING AND COMMUNITY EDUCATION.

''(a) PROGRAM.—The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement or assist Indian Tribes and Tribal Organizations to develop and implement, within each Service Unit or tribal program, a program of community education and involvement which shall be designed to provide concise and timely information to the community leadership of each tribal community. Such program shall include education about behavioral health issues to political leaders, Tribal judges, law enforcement personnel, members of tribal health and education boards, health care providers including traditional practitioners, and other critical members of each tribal community. Such program may also include community-based training to develop local capacity and tribal community provider training for prevention, intervention, treatment, and aftercare.

''(b) INSTRUCTION.—The Secretary, acting through the Service, shall, either directly or through Indian Tribes and Tribal Organizations, provide instruction in the area of behavioral health issues, including instruction in crisis intervention and family relations in the context of alcohol and substance abuse, child sexual abuse, youth alcohol and substance abuse, and the causes and effects of fetal alcohol spectrum disorders to appropriate employees of the Bureau of Indian Affairs and the Service, and to personnel in schools or programs operated under any contract with the Bureau of Indian Affairs or the Service, including supervisors of emergency shelters and halfway houses described in section 4213 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2433).

''(c) TRAINING MODELS.—In carrying out the education and training programs required by this section, the Secretary, in consultation with Indian Tribes, Tribal Organizations, Indian behavioral health experts, and Indian alcohol and substance abuse prevention experts, shall develop and provide community-based training models. Such models shall address—

''(1) the elevated risk of alcohol and behavioral health problems faced by children of alcoholics;

''(2) the cultural, spiritual, and multigenerational aspects of behavioral health problem prevention and recovery; and

''(3) community-based and multidisciplinary strategies for preventing and treating behavioral health problems.

''SEC. 711. BEHAVIORAL HEALTH PROGRAM.

''(a) INNOVATIVE PROGRAMS.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, consistent with section 701, may plan, develop, implement, and carry out programs to deliver innovative community-based behavioral health services to Indians.

''(b) AWARDS; CRITERIA.—The Secretary may award a grant for a project under subsection (a) to an Indian Tribe or Tribal Organization and may consider the following criteria:

''(1) The project will address significant unmet behavioral health needs among Indians.

''(2) The project will serve a significant number of Indians.

''(3) The project has the potential to deliver services in an efficient and effective manner.

''(4) The Indian Tribe or Tribal Organization has the administrative and financial capability to administer the project.

''(5) The project may deliver services in a manner consistent with traditional health care practices.

''(6) The project is coordinated with, and avoids duplication of, existing services.

''(c) EQUITABLE TREATMENT.—For purposes of this subsection, the Secretary shall, in evaluating project applications or proposals, use the same criteria that the Secretary uses in evaluating any other application or proposal for such funding.

''SEC. 712. FETAL ALCOHOL SPECTRUM DISORDERS PROGRAMS.

''(a) PROGRAMS.—

''(1) ESTABLISHMENT.—The Secretary, consistent with section 701, acting through the Service, Indian Tribes, and Tribal Organizations, is authorized to establish and operate fetal alcohol spectrum disorders programs as provided in this section for the purposes of meeting the health status objectives specified in section 3.

''(2) USE OF FUNDS.—

''(A) IN GENERAL.—Funding provided pursuant to this section shall be used for the following:

''(i) To develop and provide for Indians community and in-school training, education, and prevention programs relating to fetal alcohol spectrum disorders.

''(ii) To identify and provide behavioral health treatment to high-risk Indian women and high-risk women pregnant with an Indian's child.

''(iii) To identify and provide appropriate psychological services, educational and vocational support, counseling, advocacy, and information to fetal alcohol spectrum disorders-affected Indians and their families or caretakers.

''(iv) To develop and implement counseling and support programs in schools for fetal alcohol spectrum disorders-affected Indian children.

''(v) To develop prevention and intervention models which incorporate practitioners of traditional health care practices, cultural values, and community involvement.

''(vi) To develop, print, and disseminate education and prevention materials on fetal alcohol spectrum disorders.

''(vii) To develop and implement, in consultation with Indian Tribes and Tribal Organizations, and in conference with Urban Indian Organizations, culturally sensitive assessment and diagnostic tools including dysmorphology clinics and multidisciplinary fetal alcohol spectrum disorders clinics for use in Indian communities and Urban Centers.

''(B) ADDITIONAL USES.—In addition to any purpose under subparagraph (A), funding provided pursuant to this section may be used for 1 or more of the following:

''(i) Early childhood intervention projects from birth on to mitigate the effects of fetal alcohol spectrum disorders among Indians.

''(ii) Community-based support services for Indians and women pregnant with Indian children.

''(iii) Community-based housing for adult Indians with fetal alcohol spectrum disorders.

''(3) CRITERIA FOR APPLICATIONS.—The Secretary shall establish criteria for the review and approval of applications for funding under this section.

''(b) SERVICES.—The Secretary, acting through the Service, Indian Tribes, and Tribal Organizations, shall—

''(1) develop and provide services for the prevention, intervention, treatment, and aftercare for those affected by fetal alcohol spectrum disorders in Indian communities; and

''(2) provide supportive services, including services to meet the special educational, vocational, school-to-work transition, and independent living needs of adolescent and adult Indians with fetal alcohol spectrum disorders.

''(c) TASK FORCE.—The Secretary shall establish a task force to be known as the Fetal Alcohol Spectrum Disorders Task Force to advise the Secretary in carrying out subsection (b). Such task force shall be composed of representatives from the following:

''(1) The National Institute on Drug Abuse.

''(2) The National Institute on Alcohol and Alcoholism.

''(3) The Office of Substance Abuse Prevention.

''(4) The National Institute of Mental Health.

''(5) The Service.

''(6) The Office of Minority Health of the Department of Health and Human Services.

''(7) The Administration for Native Americans.

''(8) The National Institute of Child Health and Human Development (NICHD).

''(9) The Centers for Disease Control and Prevention.

''(10) The Bureau of Indian Affairs.

''(11) Indian Tribes.

''(12) Tribal Organizations.

''(13) Urban Indian communities.

''(14) Indian fetal alcohol spectrum disorders experts.

''(d) APPLIED RESEARCH PROJECTS.—The Secretary, acting through the Substance Abuse and Mental Health Services Administration, shall make grants to Indian Tribes, Tribal Organizations, and Urban Indian Organizations for applied research projects which propose to elevate the understanding of methods to prevent, intervene, treat, or provide rehabilitation and behavioral health aftercare for Indians and Urban Indians affected by fetal alcohol spectrum disorders.

''(e) FUNDING FOR URBAN INDIAN ORGANIZATIONS.—Ten percent of the funds appropriated pursuant to this section shall be used to make grants to Urban Indian Organizations funded under title V.

''SEC. 713. CHILD SEXUAL ABUSE PREVENTION AND TREATMENT PROGRAMS.

''(a) ESTABLISHMENT.—The Secretary, acting through the Service, and the Secretary of the Interior, Indian Tribes, and Tribal Organizations, shall establish, consistent with section 701, in every Service Area, programs involving treatment for—

''(1) victims of sexual abuse who are Indian children or children in an Indian household; and

''(2) perpetrators of child sexual abuse who are Indian or members of an Indian household.

''(b) USE OF FUNDS.—Funding provided pursuant to this section shall be used for the following:

''(1) To develop and provide community education and prevention programs related to sexual abuse of Indian children or children in an Indian household.

''(2) To identify and provide behavioral health treatment to victims of sexual abuse who are Indian children or children in an Indian household, and to their family members who are affected by sexual abuse.

''(3) To develop prevention and intervention models which incorporate traditional health care practices, cultural values, and community involvement.

''(4) To develop and implement culturally sensitive assessment and diagnostic tools for use in Indian communities and Urban Centers.

''(5) To identify and provide behavioral health treatment to Indian perpetrators and perpetrators who are members of an Indian household—

''(A) making efforts to begin offender and behavioral health treatment while the perpetrator is incarcerated or at the earliest possible date if the perpetrator is not incarcerated; and

''(B) providing treatment after the perpetrator is released, until it is determined that the perpetrator is not a threat to children.

''(c) COORDINATION.—The programs established under subsection (a) shall be carried out in coordination with programs and services authorized under the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3201 et seq.).

''SEC. 714. DOMESTIC AND SEXUAL VIOLENCE PREVENTION AND TREATMENT.

''(a) IN GENERAL.—The Secretary, in accordance with section 701, is authorized to establish in each Service Area programs involving the prevention and treatment of—

''(1) Indian victims of domestic violence or sexual abuse; and

''(2) perpetrators of domestic violence or sexual abuse who are Indian or members of an Indian household.

''(b) USE OF FUNDS.—Funds made available to carry out this section shall be used—

''(1) to develop and implement prevention programs and community education programs relating to domestic violence and sexual abuse;

''(2) to provide behavioral health services, including victim support services, and medical treatment (including examinations performed by sexual assault nurse examiners) to Indian victims of domestic violence or sexual abuse;

''(3) to purchase rape kits,

''(4) to develop prevention and intervention models, which may incorporate traditional health care practices; and

''(5) to identify and provide behavioral health treatment to perpetrators who are Indian or members of an Indian household.

''(c) TRAINING AND CERTIFICATION.—

''(1) IN GENERAL.—Not later than 1 year after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall establish appropriate protocols, policies, procedures, standards of practice, and, if not available elsewhere, training curricula and training and certification requirements for services for victims of domestic violence and sexual abuse.

''(2) REPORT.—Not later than 18 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes the means and extent to which the Secretary has carried out paragraph (1).

''(d) COORDINATION.—

''(1) IN GENERAL.—The Secretary, in coordination with the Attorney General, Federal and tribal law enforcement agencies, Indian Health Programs, and domestic violence or sexual assault victim organizations, shall develop appropriate victim services and victim advocate training programs—

''(A) to improve domestic violence or sexual abuse responses;

''(B) to improve forensic examinations and collection;

''(C) to identify problems or obstacles in the prosecution of domestic violence or sexual abuse; and

''(D) to meet other needs or carry out other activities required to prevent, treat, and improve prosecutions of domestic violence and sexual abuse.

''(2) REPORT.—Not later than 2 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall submit to the Committee on Indian Affairs of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes, with respect to the matters described in paragraph (1), the improvements made and needed, problems or obstacles identified, and costs necessary to address the problems or obstacles, and any other recommendations that the Secretary determines to be appropriate.

''SEC. 715. BEHAVIORAL HEALTH RESEARCH.

''The Secretary, in consultation with appropriate Federal agencies, shall make grants to, or enter into contracts with, Indian Tribes, Tribal Organizations, and Urban Indian Organizations or enter into contracts with, or make grants to appropriate institutions for, the conduct of research on the incidence and prevalence of behavioral health problems among Indians served by the Service, Indian Tribes, or Tribal Organizations and among Indians in urban areas. Research priorities under this section shall include—

''(1) the multifactorial causes of Indian youth suicide, including—

''(A) protective and risk factors and scientific data that identifies those factors; and

''(B) the effects of loss of cultural identity and the development of scientific data on those effects;

''(2) the interrelationship and interdependence of behavioral health problems with alcoholism and other substance abuse, suicide, homicides, other injuries, and the incidence of family violence; and

''(3) the development of models of prevention techniques.

The effect of the interrelationships and interdependencies referred to in paragraph (2) on children, and the development of prevention techniques under paragraph (3) applicable to children, shall be emphasized.

''SEC. 716. DEFINITIONS.

''For the purpose of this title, the following definitions shall apply:

''(1) ASSESSMENT.—The term 'assessment' means the systematic collection, analysis, and dissemination of information on health status, health needs, and health problems.

''(2) ALCOHOL-RELATED NEURODEVELOPMENTAL DISORDERS OR ARND.—The term 'alcohol-related neurodevelopmental disorders' or 'ARND' means any 1 of a spectrum of effects that—

''(A) may occur when a woman drinks alcohol during pregnancy; and

''(B) involves a central nervous system abnormality that may be structural, neurological, or functional.

''(3) BEHAVIORAL HEALTH AFTERCARE.—The term 'behavioral health aftercare' includes those activities and resources used to support recovery following inpatient, residential, intensive substance abuse, or mental health outpatient or outpatient treatment. The purpose is to help prevent or deal with relapse by ensuring that by the time a client or patient is discharged from a level of care, such as outpatient treatment, an aftercare plan has been developed with the client. An aftercare plan may use such resources as a community-based therapeutic group, transitional living facilities, a 12-step sponsor, a local 12-step or other related support group, and other community-based providers.

''(4) DUAL DIAGNOSIS.—The term 'dual diagnosis' means coexisting substance abuse and mental illness conditions or diagnosis. Such clients are sometimes referred to as mentally ill chemical abusers (MICAs).

''(5) FETAL ALCOHOL SPECTRUM DISORDERS.—

''(A) IN GENERAL.—The term 'fetal alcohol spectrum disorders' includes a range of effects that can occur in an individual whose mother drank alcohol during pregnancy, including physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

''(B) INCLUSIONS.—The term 'fetal alcohol spectrum disorders' may include—

''(i) fetal alcohol syndrome (FAS);

''(ii) fetal alcohol effect (FAE);

''(iii) alcohol-related birth defects; and

''(iv) alcohol-related neurodevelopmental disorders (ARND).

''(6) FETAL ALCOHOL SYNDROME OR FAS.—The term 'fetal alcohol syndrome' or 'FAS' means any 1 of a spectrum of effects that may occur when a woman drinks alcohol during pregnancy, the diagnosis of which involves the confirmed presence of the following 3 criteria:

''(A) Craniofacial abnormalities.

''(B) Growth deficits.

''(C) Central nervous system abnormalities.

''(7) REHABILITATION.—The term 'rehabilitation' means to restore the ability or capacity to engage in usual and customary life activities through education and therapy.

''(8) SUBSTANCE ABUSE.—The term 'substance abuse' includes inhalant abuse.

''SEC. 717. AUTHORIZATION OF APPROPRIATIONS.

''There is authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out the provisions of this title.

"TITLE VIII—MISCELLANEOUS

"SEC. 801. REPORTS.

''For each fiscal year following the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall transmit to Congress a report containing the following:

''(1) A report on the progress made in meeting the objectives of this Act, including a review of programs established or assisted pursuant to this Act and assessments and recommendations of additional programs or additional assistance necessary to, at a minimum, provide health services to Indians and ensure a health status for Indians, which are at a parity with the health services available to and the health status of the general population.

''(2) A report on whether, and to what extent, new national health care programs, benefits, initiatives, or financing systems have had an impact on the purposes of this Act and any steps that the Secretary may have taken to consult with Indian Tribes, Tribal Organizations, and Urban Indian Organizations to address such impact, including a report on proposed changes in allocation of funding pursuant to section 808.

''(3) A report on the use of health services by Indians—

''(A) on a national and area or other relevant geographical basis;

''(B) by gender and age;

''(C) by source of payment and type of service;

''(D) comparing such rates of use with rates of use among comparable non-Indian populations; and

''(E) provided under contracts.

''(4) A report of contractors to the Secretary on Health Care Educational Loan Repayments every 6 months required by section 110.

''(5) A general audit report of the Secretary on the Health Care Educational Loan Repayment Program as required by section 110(n).

''(6) A report of the findings and conclusions of demonstration programs on development of educational curricula for substance abuse counseling as required in section 125(f).

''(7) A separate statement which specifies the amount of funds requested to carry out the provisions of section 201.

''(8) A report of the evaluations of health promotion and disease prevention as required in section 203(c).

''(9) A biennial report to Congress on infectious diseases as required by section 212.

''(10) A report on environmental and nuclear health hazards as required by section 215.

''(11) An annual report on the status of all health care facilities needs as required by section 301(c)(2)(B) and 301(d).

''(12) Reports on safe water and sanitary waste disposal facilities as required by section 302(h).

''(13) An annual report on the expenditure of non-Service funds for renovation as required by sections 304(b)(2).

''(14) A report identifying the backlog of maintenance and repair required at Service and tribal facilities required by section 313(a).

''(15) A report providing an accounting of reimbursement funds made available to the Secretary under titles XVIII, XIX, and XXI of the Social Security Act.

''(16) A report on any arrangements for the sharing of medical facilities or services, as authorized by section 406.

''(17) A report on evaluation and renewal of Urban Indian programs under section 505.

''(18) A report on the evaluation of programs as required by section 513(d).

''(19) A report on alcohol and substance abuse as required by section 701(f).

''(20) A report on Indian youth mental health services as required by section 707(h).

''(21) A report on the reallocation of base resources if required by section 808.

"SEC. 802. REGULATIONS.

''(a) DEADLINES.—

''(1) PROCEDURES.—Not later than 90 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary shall initiate procedures under subchapter III of chapter 5 of title 5, United States Code, to negotiate and promulgate such regulations or amendments thereto that are necessary to carry out titles II (except section 202) and VII, the sections of title III for which negotiated rulemaking is specifically required, and section 807. Unless otherwise required, the Secretary may promulgate regulations to carry out titles I, III, IV, and V, and section 202, using the procedures required by chapter V of title 5, United States Code (commonly known as the 'Administrative Procedure Act').

''(2) PROPOSED REGULATIONS.—Proposed regulations to implement this Act shall be published in the Federal Register by the Secretary no later than 2 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008 and shall have no less than a 120-day comment period.

''(3) FINAL REGULATIONS.—The Secretary shall publish in the Federal Register final regulations to implement this Act by not later than 3 years after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008.

''(b) COMMITTEE.—A negotiated rulemaking committee established pursuant to section 565 of title 5, United States Code, to carry out this section shall have as its members only representatives of the Federal Government and representatives of Indian Tribes, and Tribal Organizations, a majority of whom shall be nominated by and be representatives of Indian Tribes and Tribal Organizations from each Service Area.

''(c) ADAPTATION OF PROCEDURES.—The Secretary shall adapt the negotiated rulemaking procedures to the unique context of self-governance and the government-to-government relationship between the United States and Indian Tribes.

''(d) LACK OF REGULATIONS.—The lack of promulgated regulations shall not limit the effect of this Act.

''(e) INCONSISTENT REGULATIONS.—The provisions of this Act shall supersede any conflicting provisions of law in effect on the day before the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, and the Secretary is authorized to repeal any regulation inconsistent with the provisions of this Act.

"SEC. 803. PLAN OF IMPLEMENTATION.

''Not later than 9 months after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, the Secretary, in consultation with Indian Tribes and Tribal Organizations, and in conference with Urban Indian Organizations, shall submit to Congress a plan explaining the manner and schedule, by title and section, by which the Secretary will implement the provisions of this Act. This consultation may be conducted jointly with the annual budget consultation pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq).

"SEC. 804. AVAILABILITY OF FUNDS.

''The funds appropriated pursuant to this Act shall remain available until expended.

"SEC. 805. LIMITATIONS.

''(a) USE OF FUNDS.—Any limitation on the use of funds contained in an Act providing appropriations for the Department for a period with respect to the performance of abortions shall apply for that period with respect to the performance of abortions using funds contained in an Act providing appropriations for the Service.

''(b) TRADITIONAL HEALTH CARE PRACTICES.—Although the Secretary may promote traditional health care practices, consistent with the Service standards for the provision of health care, health promotion, and disease prevention under this Act, the United States is not liable for any provision of traditional health care practices pursuant to this Act that results in damage, injury, or death to a patient. Nothing in this subsection shall be construed to alter any liability or other obligation that the United States may otherwise have under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) or this Act.

"SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.

''(a) IN GENERAL.—The following California Indians shall be eligible for health services provided by the Service:

''(1) Any member of a federally recognized Indian Tribe.

''(2) Any descendant of an Indian who was residing in California on June 1, 1852, if such descendant—

''(A) is a member of the Indian community served by a local program of the Service; and

''(B) is regarded as an Indian by the community in which such descendant lives.

''(3) Any Indian who holds trust interests in public domain, national forest, or reservation allotments in California.

''(4) Any Indian in California who is listed on the plans for distribution of the assets of rancherias and reservations located within the State of California under the Act of August 18, 1958 (72 Stat. 619), and any descendant of such an Indian.

''(b) CLARIFICATION.—Nothing in this section may be construed as expanding the eligibility of California Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.

"SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.

''(a) CHILDREN.—Any individual who—

''(1) has not attained 19 years of age;

''(2) is the natural or adopted child, stepchild, foster child, legal ward, or orphan of an eligible Indian; and

''(3) is not otherwise eligible for health services provided by the Service,

shall be eligible for all health services provided by the Service on the same basis and subject to the same rules that apply to eligible Indians until such individual attains 19 years of age. The existing and potential health needs of all such individuals shall be taken into consideration by the Service in determining the need for, or the allocation of, the health resources of the Service. If such an individual has been determined to be legally incompetent prior to attaining 19 years of age, such individual shall remain eligible for such services until 1 year after the date of a determination of competency.

''(b) SPOUSES.—Any spouse of an eligible Indian who is not an Indian, or who is of Indian descent but is not otherwise eligible for the health services provided by the Service, shall be eligible for such health services if all such spouses or spouses who are married to members of each Indian Tribe being served are made eligible, as a class, by an appropriate resolution of the governing body of the Indian Tribe or Tribal Organization providing such services. The health needs of persons made eligible under this paragraph shall not be taken into consideration by the Service in determining the need for, or allocation of, its health resources.

''(c) PROVISION OF SERVICES TO OTHER INDIVIDUALS.—

''(1) IN GENERAL.—The Secretary is authorized to provide health services under this

subsection through health programs operated directly by the Service to individuals who reside within the Service Unit and who are not otherwise eligible for such health services if—

''(A) the Indian Tribes served by such Service Unit request such provision of health services to such individuals; and

''(B) the Secretary and the served Indian Tribes have jointly determined that—

''(i) the provision of such health services will not result in a denial or diminution of health services to eligible Indians; and

''(ii) there is no reasonable alternative health facilities or services, within or without the Service Unit, available to meet the health needs of such individuals.

''(2) ISDEAA PROGRAMS.—In the case of health programs and facilities operated under a contract or compact entered into under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), the governing body of the Indian Tribe or Tribal Organization providing health services under such contract or compact is authorized to determine whether health services should be provided under such contract to individuals who are not eligible for such health services under any other subsection of this section or under any other provision of law. In making such determinations, the governing body of the Indian Tribe or Tribal Organization shall take into account the considerations described in paragraph (1)(B).

''(3) PAYMENT FOR SERVICES.—

''(A) IN GENERAL.—Persons receiving health services provided by the Service under this subsection shall be liable for payment of such health services under a schedule of charges prescribed by the Secretary which, in the judgment of the Secretary, results in reimbursement in an amount not less than the actual cost of providing the health services. Notwithstanding section 404 of this Act or any other provision of law, amounts collected under this subsection, including Medicare, Medicaid, or SCHIP reimbursements under titles XVIII, XIX, and XXI of the Social Security Act, shall be credited to the account of the program providing the service and shall be used for the purposes listed in section 401(d)(2) and amounts collected under this subsection shall be available for expenditure within such program.

''(B) INDIGENT PEOPLE.—Health services may be provided by the Secretary through the Service under this subsection to an indigent individual who would not be otherwise eligible for such health services but for the provisions of paragraph (1) only if an agreement has been entered into with a State or local government under which the State or local government agrees to reimburse the Service for the expenses incurred by the Service in providing such health services to such indigent individual.

''(4) REVOCATION OF CONSENT FOR SERVICES.—

''(A) SINGLE TRIBE SERVICE AREA.—In the case of a Service Area which serves only 1 Indian Tribe, the authority of the Secretary to provide health services under paragraph (1) shall terminate at the end of the fiscal year succeeding the fiscal year in which the governing body of the Indian Tribe revokes its concurrence to the provision of such health services.

''(B) MULTITRIBAL SERVICE AREA.—In the case of a multitribal Service Area, the authority of the Secretary to provide health services under paragraph (1) shall terminate at the end of the fiscal year succeeding the fiscal year in which at least 51 percent of the number of Indian Tribes in the Service Area revoke their concurrence to the provisions of such health services.

''(d) OTHER SERVICES.—The Service may provide health services under this subsection to individuals who are not eligible for health services provided by the Service under any other provision of law in order to—

''(1) achieve stability in a medical emergency;

''(2) prevent the spread of a communicable disease or otherwise deal with a public health hazard;

''(3) provide care to non-Indian women pregnant with an eligible Indian's child for the duration of the pregnancy through postpartum; or

''(4) provide care to immediate family members of an eligible individual if such care is directly related to the treatment of the eligible individual.

''(e) HOSPITAL PRIVILEGES FOR PRACTITIONERS.—Hospital privileges in health facilities operated and maintained by the Service or operated under a contract or compact pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) may be extended to non-Service health care practitioners who provide services to individuals described in subsection (a), (b), (c), or (d). Such non-Service health care practitioners may, as part of the privileging process, be designated as employees of the Federal Government for purposes of section 1346(b) and chapter 171 of title 28, United States Code (relating to Federal tort claims) only with respect to acts or omissions which occur in the course of providing services to eligible individuals as a part of the conditions under which such hospital privileges are extended.

''(f) ELIGIBLE INDIAN.—For purposes of this section, the term 'eligible Indian' means any Indian who is eligible for health services provided by the Service without regard to the provisions of this section.

''SEC. 808. REALLOCATION OF BASE RESOURCES.

''(a) REPORT REQUIRED.—Notwithstanding any other provision of law, any allocation of Service funds for a fiscal year that reduces by 5 percent or more from the previous fiscal year the funding for any recurring program, project, or activity of a Service Unit may be implemented only after the Secretary has submitted to Congress, under section 801, a report on the proposed change in allocation of funding, including the reasons for the change and its likely effects.

''(b) EXCEPTION.—Subsection (a) shall not apply if the total amount appropriated to the Service for a fiscal year is at least 5 percent less than the amount appropriated to the Service for the previous fiscal year.

''SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.

''The Secretary shall provide for the dissemination to Indian Tribes, Tribal Organizations, and Urban Indian Organizations of the findings and results of demonstration projects conducted under this Act.

''SEC. 810. PROVISION OF SERVICES IN MONTANA.

''(a) CONSISTENT WITH COURT DECISION.—The Secretary, acting through the Service, shall provide services and benefits for Indians in Montana in a manner consistent with the decision of the United States Court of Appeals for the Ninth Circuit in McNabb for McNabb v. Bowen, 829 F.2d 787 (9th Cir. 1987).

''(b) CLARIFICATION.—The provisions of subsection (a) shall not be construed to be an expression of the sense of Congress on the application of the decision described in subsection (a) with respect to the provision of services or benefits for Indians living in any State other than Montana.

''SEC. 811. TRIBAL EMPLOYMENT.

''For purposes of section 2(2) of the Act of July 5, 1935 (49 Stat. 450, chapter 372), an Indian Tribe or Tribal Organization carrying out a contract or compact pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) shall not be considered an 'employer'.

''SEC. 812. SEVERABILITY PROVISIONS.

''If any provision of this Act, any amendment made by the Act, or the application of such provision or amendment to any person or circumstances is held to be invalid, the remainder of this Act, the remaining amendments made by this Act, and the application of such provisions to persons or circumstances other than those to which it is held invalid, shall not be affected thereby.

''SEC. 813. ESTABLISHMENT OF NATIONAL BIPARTISAN COMMISSION ON INDIAN HEALTH CARE.

''(a) ESTABLISHMENT.—There is established the National Bipartisan Indian Health Care Commission (the 'Commission').

''(b) DUTIES OF COMMISSION.—The duties of the Commission are the following:

''(1) To establish a study committee composed of those members of the Commission appointed by the Director and at least 4 members of Congress from among the members of the Commission, the duties of which shall be the following:

''(A) To the extent necessary to carry out its duties, collect and compile data necessary to understand the extent of Indian needs with regard to the provision of health services, regardless of the location of Indians, including holding hearings and soliciting the views of Indians, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, which may include authorizing and making funds available for feasibility studies of various models for providing and funding health services for all Indian beneficiaries, including those who live outside of a reservation, temporarily or permanently.

''(B) To make legislative recommendations to the Commission regarding the delivery of Federal health care services to Indians. Such recommendations shall include those related to issues of eligibility, benefits, the range of service providers, the cost of such services, financing such services, and the optimal manner in which to provide such services.

''(C) To determine the effect of the enactment of such recommendations on (i) the existing system of delivery of health services for Indians, and (ii) the sovereign status of Indian Tribes.

''(D) Not later than 12 months after the appointment of all members of the Commission, to submit a written report of its findings and recommendations to the full Commission. The report shall include a statement of the minority and majority position of the Committee and shall be disseminated, at a minimum, to every Indian Tribe, Tribal Organization, and Urban Indian Organization for comment to the Commission.

''(E) To report regularly to the full Commission regarding the findings and recommendations developed by the study committee in the course of carrying out its duties under this section.

''(2) To review and analyze the recommendations of the report of the study committee.

''(3) To make legislative recommendations to Congress regarding the delivery of Federal health care services to Indians. Such recommendations shall include those related to issues of eligibility, benefits, the range of service providers, the cost of such services, financing such services, and the optimal manner in which to provide such services.

''(4) Not later than 18 months following the date of appointment of all members of the Commission, submit a written report to Congress regarding the delivery of Federal health care services to Indians. Such recommendations shall include those related to issues of eligibility, benefits, the range of service providers, the cost of such services, financing such services, and the optimal manner in which to provide such services.

''(c) MEMBERS.—

''(1) APPOINTMENT.—The Commission shall be composed of 25 members, appointed as follows:

''(A) Ten members of Congress, including 3 from the House of Representatives and 2 from the Senate, appointed by their respective majority leaders, and 3 from the House of Representatives and 2 from the Senate, appointed by their respective minority leaders, and who shall be members of the standing committees of Congress that consider legislation affecting health care to Indians.

''(B) Twelve persons chosen by the congressional members of the Commission, 1 from each Service Area as currently designated by the Director to be chosen from among 3 nominees from each Service Area put forward by the Indian Tribes within the area, with due regard being given to the experience and expertise of the nominees in the provision of health care to Indians and to a reasonable representation on the commission of members who are familiar with various health care delivery modes and who represent Indian Tribes of various size populations.

''(C) Three persons appointed by the Director who are knowledgeable about the provision of health care to Indians, at least 1 of whom shall be appointed from among 3 nominees put forward by those programs whose funds are provided in whole or in part by the Service primarily or exclusively for the benefit of Urban Indians.

''(D) All those persons chosen by the congressional members of the Commission and by the Director shall be members of federally recognized Indian Tribes.

''(2) CHAIR; VICE CHAIR.—The Chair and Vice Chair of the Commission shall be selected by the congressional members of the Commission.

''(3) TERMS.—The terms of members of the Commission shall be for the life of the Commission.

''(4) DEADLINE FOR APPOINTMENTS.—Congressional members of the Commission shall be appointed not later than 180 days after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008, and the remaining members of the Commission shall be appointed not later than 60 days following the appointment of the congressional members.

''(5) VACANCY.—A vacancy in the Commission shall be filled in the manner in which the original appointment was made.

''(d) COMPENSATION.—

''(1) CONGRESSIONAL MEMBERS.—Each congressional member of the Commission shall receive no additional pay, allowances, or benefits by reason of their service on the Commission and shall receive travel expenses and per diem in lieu of subsistence in accordance with sections 5702 and 5703 of title 5, United States Code.

''(2) OTHER MEMBERS.—Remaining members of the Commission, while serving on the business of the Commission (including travel time), shall be entitled to receive compensation at the per diem equivalent of the rate provided for level IV of the Executive Schedule under section 5315 of title 5, United States Code, and while so serving away from home and the member's regular place of business, a member may be allowed travel expenses, as authorized by the Chairman of the Commission. For purpose of pay (other than pay of members of the Commission) and employment benefits, rights, and privileges, all personnel of the Commission shall be treated as if they were employees of the United States Senate.

''(e) MEETINGS.—The Commission shall meet at the call of the Chair.

''(f) QUORUM.—A quorum of the Commission shall consist of not less than 15 members, provided that no less than 6 of the members of Congress who are Commission members are present and no less than 9 of the members who are Indians are present.

''(g) EXECUTIVE DIRECTOR; STAFF; FACILITIES.—

''(1) APPOINTMENT; PAY.—The Commission shall appoint an executive director of the Commission. The executive director shall be paid the rate of basic pay for level V of the Executive Schedule.

''(2) STAFF APPOINTMENT.—With the approval of the Commission, the executive director may appoint such personnel as the executive director deems appropriate.

''(3) STAFF PAY.—The staff of the Commission shall be appointed without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and shall be paid without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title (relating to classification and General Schedule pay rates).

''(4) TEMPORARY SERVICES.—With the approval of the Commission, the executive director may procure temporary and intermittent services under section 3109(b) of title 5, United States Code.

''(5) FACILITIES.—The Administrator of General Services shall locate suitable office space for the operation of the Commission. The facilities shall serve as the headquarters of the Commission and shall include all necessary equipment and incidentals required for the proper functioning of the Commission.

''(h) HEARINGS.—(1) For the purpose of carrying out its duties, the Commission may hold such hearings and undertake such other activities as the Commission determines to be necessary to carry out its duties, provided that at least 6 regional hearings are held in different areas of the United States in which large numbers of Indians are present. Such hearings are to be held to solicit the views of Indians regarding the delivery of health care services to them. To constitute a hearing under this subsection, at least 5 members of the Commission, including at least 1 member of Congress, must be present. Hearings held by the study committee established in this section may count toward the number of regional hearings required by this subsection.

''(2)(A) The Director of the Congressional Budget Office or the Chief Actuary of the Centers for Medicare & Medicaid Services, or both, shall provide to the Commission, upon the request of the Commission, such cost estimates as the Commission determines to be necessary to carry out its duties.

''(B) The Commission shall reimburse the Director of the Congressional Budget Office for expenses relating to the employment in the office of that Director of such additional staff as may be necessary for the Director to comply with requests by the Commission under subparagraph (A).

''(3) Upon the request of the Commission, the head of any Federal agency is authorized to detail, without reimbursement, any of the personnel of such agency to the Commission to assist the Commission in carrying out its duties. Any such detail shall not interrupt or otherwise affect the civil service status or privileges of the Federal employee.

''(4) Upon the request of the Commission, the head of a Federal agency shall provide such technical assistance to the Commission as the Commission determines to be necessary to carry out its duties.

''(5) The Commission may use the United States mails in the same manner and under the same conditions as Federal agencies and shall, for purposes of the frank, be considered a commission of Congress as described in section 3215 of title 39, United States Code.

''(6) The Commission may secure directly from any Federal agency information necessary to enable it to carry out its duties, if the information may be disclosed under section 552 of title 4, United States Code. Upon request of the Chairman of the Commission, the head of such agency shall furnish such information to the Commission.

''(7) Upon the request of the Commission, the Administrator of General Services shall provide to the Commission on a reimbursable basis such administrative support services as the Commission may request.

''(8) For purposes of costs relating to printing and binding, including the cost of personnel detailed from the Government Printing Office, the Commission shall be deemed to be a committee of Congress.

''(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $4,000,000 to carry out the provisions of this section, which sum shall not be deducted from or affect any other appropriation for health care for Indian persons.

''(j) NONAPPLICABILITY OF FACA.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Commission.

''SEC. 814. CONFIDENTIALITY OF MEDICAL QUALITY ASSURANCE RECORDS; QUALIFIED IMMUNITY FOR PARTICIPANTS.

''(a) CONFIDENTIALITY OF RECORDS.—Medical quality assurance records created by or for any Indian Health Program or a health program of an Urban Indian Organization as part of a medical quality assurance program are confidential and privileged. Such records may not be disclosed to any person or entity, except as provided in subsection (c).

''(b) PROHIBITION ON DISCLOSURE AND TESTIMONY.—

''(1) IN GENERAL.—No part of any medical quality assurance record described in subsection (a) may be subject to discovery or admitted into evidence in any judicial or administrative proceeding, except as provided in subsection (c).

''(2) TESTIMONY.—A person who reviews or creates medical quality assurance records for any Indian Health Program or Urban Indian Organization who participates in any proceeding that reviews or creates such records may not be permitted or required to testify in any judicial or administrative proceeding with respect to such records or with respect to any finding, recommendation, evaluation, opinion, or action taken by such person or body in connection with such records except as provided in this section.

''(c) AUTHORIZED DISCLOSURE AND TESTIMONY.—

''(1) IN GENERAL.—Subject to paragraph (2), a medical quality assurance record described in subsection (a) may be disclosed, and a person referred to in subsection (b) may give testimony in connection with such a record, only as follows:

''(A) To a Federal executive agency or private organization, if such medical quality assurance record or testimony is needed by such agency or organization to perform licensing or accreditation functions related to any Indian Health Program or to a health program of an Urban Indian Organization to perform monitoring, required by law, of such program or organization.

''(B) To an administrative or judicial proceeding commenced by a present or former Indian Health Program or Urban Indian Organization provider concerning the termination, suspension, or limitation of clinical privileges of such health care provider.

''(C) To a governmental board or agency or to a professional health care society or organization, if such medical quality assurance record or testimony is needed by such board, agency, society, or organization to perform licensing, credentialing, or the monitoring of professional standards with respect to any health care provider who is or was an employee of any Indian Health Program or Urban Indian Organization.

''(D) To a hospital, medical center, or other institution that provides health care services, if such medical quality assurance record or testimony is needed by such institution to assess the professional qualifications of any health care provider who is or was an employee of any Indian Health Program or Urban Indian Organization and who has applied for or been granted authority or employment to provide health care services in or on behalf of such program or organization.

''(E) To an officer, employee, or contractor of the Indian Health Program or Urban Indian Organization that created the records or for which the records were created. If that officer, employee, or contractor has a need for such record or testimony to perform official duties.

''(F) To a criminal or civil law enforcement agency or instrumentality charged under applicable law with the protection of the public health or safety, if a qualified representative of such agency or instrumentality makes a written request that such record or testimony be provided for a purpose authorized by law.

''(G) In an administrative or judicial proceeding commenced by a criminal or civil law enforcement agency or instrumentality referred to in subparagraph (F), but only with respect to the subject of such proceeding.

''(2) IDENTITY OF PARTICIPANTS.—With the exception of the subject of a quality assurance action, the identity of any person receiving health care services from any Indian Health Program or Urban Indian Organization or the identity of any other person associated with such program or organization for purposes of a medical quality assurance program that is disclosed in a medical quality assurance record described in subsection (a) shall be deleted from that record or document before any disclosure of such record is made outside such program or organization.

''(d) DISCLOSURE FOR CERTAIN PURPOSES.—

''(1) IN GENERAL.—Nothing in this section shall be construed as authorizing or requiring the withholding from any person or entity aggregate statistical information regarding the results of any Indian Health Program's or Urban Indian Organization's medical quality assurance programs.

''(2) WITHHOLDING FROM CONGRESS.—Nothing in this section shall be construed as authority to withhold any medical quality assurance record from a committee of either House of Congress, any joint committee of Congress, or the Government Accountability Office if such record pertains to any matter within their respective jurisdictions.

''(e) PROHIBITION ON DISCLOSURE OF RECORD OR TESTIMONY.—A person or entity having possession of or access to a record or testimony described by this section may not disclose the contents of such record or testimony in any manner or for any purpose except as provided in this section.

''(f) EXEMPTION FROM FREEDOM OF INFORMATION ACT.—Medical quality assurance records described in subsection (a) may not be made available to any person under section 552 of title 5.

''(g) LIMITATION ON CIVIL LIABILITY.—A person who participates in or provides information to a person or body that reviews or creates medical quality assurance records described in subsection (a) shall not be civilly liable for such participation or for providing such information if the participation or provision of information was in good faith based on prevailing professional standards at the time the medical quality assurance program activity took place.

''(h) APPLICATION TO INFORMATION IN CERTAIN OTHER RECORDS.—Nothing in this section shall be construed as limiting access to the information in a record created and maintained outside a medical quality assurance program, including a patient's medical records, on the grounds that the information was presented during meetings of a review body that are part of a medical quality assurance program.

''(i) REGULATIONS.—The Secretary, acting through the Service, is authorized to promulgate regulations pursuant to section 802.

''(j) DEFINITIONS.—In this section:

''(1) The term 'health care provider' means any health care professional, including community health aides and practitioners certified under section 121, who are granted clinical practice privileges or employed to provide health care services in an Indian Health Program or health program of an Urban Indian Organization, who is licensed or certified to perform health care services by a governmental board or agency or professional health care society or organization.

''(2) The term 'medical quality assurance program' means any activity carried out before, on, or after the date of enactment of this Act by or for any Indian Health Program or Urban Indian Organization to assess the quality of medical care, including activities conducted by or on behalf of individuals, Indian Health Program or Urban Indian Organization medical or dental treatment review committees, or other review bodies responsible for review of adverse incidents, claims, quality assurance, credentials, infection control, patient safety, patient care assessment (including treatment procedures, blood, drugs, and therapeutics), medical records, health resources management review and identification and prevention of medical or dental incidents and risks.

''(3) The term 'medical quality assurance record' means the proceedings, records, minutes, and reports that emanate from quality assurance program activities described in paragraph (2) and are produced or compiled by or for an Indian Health Program or Urban Indian Organization as part of a medical quality assurance program.

''(k) RELATIONSHIP TO OTHER LAW.—This section shall continue in force and effect, except as otherwise specifically provided in any Federal law enacted after the date of enactment of the Indian Health Care Improvement Act Amendments of 2008.

''SEC. 815. APPROPRIATIONS; AVAILABILITY.

''Any new spending authority (described in subparagraph (A) or (B) of section 401(c)(2) of the Congressional Budget Act of 1974 (Public Law 93–344; 88 Stat. 317)) which is provided under this Act shall be effective for any fiscal year only to such extent or in such amounts as are provided in appropriation Acts.

''SEC. 816. AUTHORIZATION OF APPROPRIATIONS.

''There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2017 to carry out this title.''.

SEC. 102. SOBOBA SANITATION FACILITIES.

The Act of December 17, 1970 (84 Stat. 1465), is amended by adding at the end the following:

''SEC. 9. Nothing in this Act shall preclude the Soboba Band of Mission Indians and the Soboba Indian Reservation from being provided with sanitation facilities and services under the authority of section 7 of the Act of August 5, 1954 (68 Stat. 674), as amended by the Act of July 31, 1959 (73 Stat. 267).''.

SEC. 103. NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION.

(a) IN GENERAL.—The Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) is amended by adding at the end the following:

''TITLE VIII—NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION

''SEC. 801. DEFINITIONS.

''In this title:

''(1) BOARD.—The term 'Board' means the Board of Directors of the Foundation.

''(2) COMMITTEE.—The term 'Committee' means the Committee for the Establishment of Native American Health and Wellness Foundation established under section 802(f).

''(3) FOUNDATION.—The term 'Foundation' means the Native American Health and Wellness Foundation established under section 802.

''(4) SECRETARY.—The term 'Secretary' means the Secretary of Health and Human Services.

''(5) SERVICE.—The term 'Service' means the Indian Health Service of the Department of Health and Human Services.

''SEC. 802. NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION.

''(a) ESTABLISHMENT.—

''(1) IN GENERAL.—As soon as practicable after the date of enactment of this title, the Secretary shall establish, under the laws of the District of Columbia and in accordance with this title, the Native American Health and Wellness Foundation.

''(2) FUNDING DETERMINATIONS.—No funds, gift, property, or other item of value (including any interest accrued on such an item) acquired by the Foundation shall—

''(A) be taken into consideration for purposes of determining Federal appropriations relating to the provision of health care and services to Indians; or

''(B) otherwise limit, diminish, or affect the Federal responsibility for the provision of health care and services to Indians.

''(b) PERPETUAL EXISTENCE.—The Foundation shall have perpetual existence.

''(c) NATURE OF CORPORATION.—The Foundation—

''(1) shall be a charitable and nonprofit federally chartered corporation; and

''(2) shall not be an agency or instrumentality of the United States.

''(d) PLACE OF INCORPORATION AND DOMICILE.—The Foundation shall be incorporated and domiciled in the District of Columbia.

''(e) DUTIES.—The Foundation shall—

''(1) encourage, accept, and administer private gifts of real and personal property, and any income from or interest in such gifts, for the benefit of, or in support of, the mission of the Service;

''(2) undertake and conduct such other activities as will further the health and wellness activities and opportunities of Native Americans; and

''(3) participate with and assist Federal, State, and tribal governments, agencies, entities, and individuals in undertaking and conducting activities that will further the health and wellness activities and opportunities of Native Americans.

''(f) COMMITTEE FOR THE ESTABLISHMENT OF NATIVE AMERICAN HEALTH AND WELLNESS FOUNDATION.—

''(1) IN GENERAL.—The Secretary shall establish the Committee for the Establishment of Native American Health and Wellness Foundation to assist the Secretary in establishing the Foundation.

''(2) DUTIES.—Not later than 180 days after the date of enactment of this section, the Committee shall—

''(A) carry out such activities as are necessary to incorporate the Foundation under the laws of the District of Columbia, including acting as incorporators of the Foundation;

''(B) ensure that the Foundation qualifies for and maintains the status required to carry out this section, until the Board is established;

''(C) establish the constitution and initial bylaws of the Foundation;

''(D) provide for the initial operation of the Foundation, including providing for temporary or interim quarters, equipment, and staff; and

''(E) appoint the initial members of the Board in accordance with the constitution and initial bylaws of the Foundation.

''(g) BOARD OF DIRECTORS.—

''(1) IN GENERAL.—The Board of Directors shall be the governing body of the Foundation.

''(2) POWERS.—The Board may exercise, or provide for the exercise of, the powers of the Foundation.

''(3) SELECTION.—

''(A) IN GENERAL.—Subject to subparagraph (B), the number of members of the Board, the manner of selection of the members (including the filling of vacancies), and the terms of office of the members shall be as provided in the constitution and bylaws of the Foundation.

''(B) REQUIREMENTS.—

''(i) NUMBER OF MEMBERS.—The Board shall have at least 11 members, who shall have staggered terms.

''(ii) INITIAL VOTING MEMBERS.—The initial voting members of the Board—

''(I) shall be appointed by the Committee not later than 180 days after the date on which the Foundation is established; and

''(II) shall have staggered terms.

''(iii) QUALIFICATION.—The members of the Board shall be United States citizens who are knowledgeable or experienced in Native American health care and related matters.

''(C) COMPENSATION.—A member of the Board shall not receive compensation for service as a member, but shall be reimbursed for actual and necessary travel and subsistence expenses incurred in the performance of the duties of the Foundation.

''(h) OFFICERS.—

''(1) IN GENERAL.—The officers of the Foundation shall be—

''(A) a secretary, elected from among the members of the Board; and

''(B) any other officers provided for in the constitution and bylaws of the Foundation.

''(2) CHIEF OPERATING OFFICER.—The secretary of the Foundation may serve, at the direction of the Board, as the chief operating officer of the Foundation, or the Board may appoint a chief operating officer, who shall serve at the direction of the Board.

''(3) ELECTION.—The manner of election, term of office, and duties of the officers of the Foundation shall be as provided in the constitution and bylaws of the Foundation.

''(i) POWERS.—The Foundation—

''(1) shall adopt a constitution and bylaws for the management of the property of the Foundation and the regulation of the affairs of the Foundation;

''(2) may adopt and alter a corporate seal;

''(3) may enter into contracts;

''(4) may acquire (through a gift or otherwise), own, lease, encumber, and transfer real or personal property as necessary or convenient to carry out the purposes of the Foundation;

''(5) may sue and be sued; and

''(6) may perform any other act necessary and proper to carry out the purposes of the Foundation.

''(j) PRINCIPAL OFFICE.—

''(1) IN GENERAL.—The principal office of the Foundation shall be in the District of Columbia.

''(2) ACTIVITIES; OFFICES.—The activities of the Foundation may be conducted, and offices may be maintained, throughout the United States in accordance with the constitution and bylaws of the Foundation.

''(k) SERVICE OF PROCESS.—The Foundation shall comply with the law on service of process of each State in which the Foundation is incorporated and of each State in which the Foundation carries on activities.

''(l) LIABILITY OF OFFICERS, EMPLOYEES, AND AGENTS.—

''(1) IN GENERAL.—The Foundation shall be liable for the acts of the officers, employees, and agents of the Foundation acting within the scope of their authority.

''(2) PERSONAL LIABILITY.—A member of the Board shall be personally liable only for gross negligence in the performance of the duties of the member.

''(m) RESTRICTIONS.—

''(1) LIMITATION ON SPENDING.—Beginning with the fiscal year following the first full fiscal year during which the Foundation is in operation, the administrative costs of the Foundation shall not exceed the percentage described in paragraph (2) of the sum of—

''(A) the amounts transferred to the Foundation under subsection (o) during the preceding fiscal year; and

''(B) donations received from private sources during the preceding fiscal year.

''(2) PERCENTAGES.—The percentages referred to in paragraph (1) are—

''(A) for the first fiscal year described in that paragraph, 20 percent;

''(B) for the following fiscal year, 15 percent; and

''(C) for each fiscal year thereafter, 10 percent.

''(3) APPOINTMENT AND HIRING.—The appointment of officers and employees of the Foundation shall be subject to the availability of funds.

''(4) STATUS.—A member of the Board or officer, employee, or agent of the Foundation shall not by reason of association with the Foundation be considered to be an officer, employee, or agent of the United States.

''(n) AUDITS.—The Foundation shall comply with section 10101 of title 36, United States Code, as if the Foundation were a corporation under part B of subtitle II of that title.

''(o) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out subsection (e)(1) $500,000 for each fiscal year, as adjusted to reflect changes in the Consumer Price Index for all-urban consumers published by the Department of Labor.

''(2) TRANSFER OF DONATED FUNDS.—The Secretary shall transfer to the Foundation funds held by the Department of Health and Human Services under the Act of August 5, 1954 (42 U.S.C. 2001 et seq.), if the transfer or use of the funds is not prohibited by any term under which the funds were donated.

''SEC. 803. ADMINISTRATIVE SERVICES AND SUPPORT.

''(a) PROVISION OF SUPPORT BY SECRETARY.—Subject to subsection (b), during the 5-year period beginning on the date on which the Foundation is established, the Secretary—

''(1) may provide personnel, facilities, and other administrative support services to the Foundation;

''(2) may provide funds for initial operating costs and to reimburse the travel expenses of the members of the Board; and

''(3) shall require and accept reimbursements from the Foundation for—

''(A) services provided under paragraph (1); and

''(B) funds provided under paragraph (2).

''(b) REIMBURSEMENT.—Reimbursements accepted under subsection (a)(3)—

''(1) shall be deposited in the Treasury of the United States to the credit of the applicable appropriations account; and

''(2) shall be chargeable for the cost of providing services described in subsection (a)(1) and travel expenses described in subsection (a)(2).

''(c) CONTINUATION OF CERTAIN SERVICES.—The Secretary may continue to provide facilities and necessary support services to the Foundation after the termination of the 5-year period specified in subsection (a) if the facilities and services—

''(1) are available; and

''(2) are provided on reimbursable cost basis.''.

(b) TECHNICAL AMENDMENTS.—The Indian Self-Determination and Education Assistance Act is amended—

(1) by redesignating title V (25 U.S.C. 458bbb et seq.) as title VII;

(2) by redesignating sections 501, 502, and 503 (25 U.S.C. 458bbb, 458bbb–1, 458bbb–2) as sections 701, 702, and 703, respectively; and

(3) in subsection (a)(2) of section 702 and paragraph (2) of section 703 (as redesignated by paragraph (2)), by striking ''section 501'' and inserting ''section 701''.

TITLE II—IMPROVEMENT OF INDIAN HEALTH CARE PROVIDED UNDER THE SOCIAL SECURITY ACT

SEC. 201. EXPANSION OF PAYMENTS UNDER MEDICARE, MEDICAID, AND SCHIP FOR ALL COVERED SERVICES FURNISHED BY INDIAN HEALTH PROGRAMS.

(a) MEDICAID.—

(1) EXPANSION TO ALL COVERED SERVICES.—Section 1911 of the Social Security Act (42 U.S.C. 1396j) is amended—

(A) by amending the heading to read as follows:

''SEC. 1911. INDIAN HEALTH PROGRAMS.'';

and

(B) by amending subsection (a) to read as follows:

''(a) ELIGIBILITY FOR PAYMENT FOR MEDICAL ASSISTANCE.—The Indian Health Service and an Indian Tribe, Tribal Organization, or an Urban Indian Organization shall be eligible for payment for medical assistance provided under a State plan or under waiver authority with respect to items and services furnished by the Indian Health Service, Indian Tribe, Tribal Organization, or Urban Indian Organization if the furnishing of such services meets all the conditions and requirements which are applicable generally to the furnishing of items and services under this title and under such plan or waiver authority.''.

(2) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—Subsection (b) of such section is amended to read as follows:

''(b) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—A facility of the Indian Health Service or an Indian Tribe, Tribal Organization, or an Urban Indian Organization which is eligible for payment under subsection (a) with respect to the furnishing of items and services, but which does not meet all of the conditions and requirements of this title and under a State plan or waiver authority which are applicable generally to such facility, shall make such improvements as are necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achieving or maintaining compliance with such conditions and requirements, and shall be deemed to meet such conditions and requirements (and to be eligible for payment under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first 12 months after the month in which such plan is submitted.''.

(3) REVISION OF AUTHORITY TO ENTER INTO AGREEMENTS.—Subsection (c) of such section is amended to read as follows:

''(c) AUTHORITY TO ENTER INTO AGREEMENTS.—The Secretary may enter into an agreement with a State for the purpose of reimbursing the State for medical assistance

provided by the Indian Health Service, an Indian Tribe, Tribal Organization, or an Urban Indian Organization (as so defined), directly, through referral, or under contracts or other arrangements between the Indian Health Service, an Indian Tribe, Tribal Organization, or an Urban Indian Organization and another health care provider to Indians who are eligible for medical assistance under the State plan or under waiver authority.''.

(4) CROSS-REFERENCES TO SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING OPTION; DEFINITIONS.—Such section is further amended by striking subsection (d) and adding at the end the following new subsections:

''(d) SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES.—For provisions relating to the authority of the Secretary to place payments to which a facility of the Indian Health Service is eligible for payment under this title into a special fund established under section 401(c)(1) of the Indian Health Care Improvement Act, and the requirement to use amounts paid from such fund for making improvements in accordance with subsection (b), see subparagraphs (A) and (B) of section 401(c)(1) of such Act.

''(e) DIRECT BILLING.—For provisions relating to the authority of a Tribal Health Program or an Urban Indian Organization to elect to directly bill for, and receive payment for, health care items and services provided by such Program or Organization for which payment is made under this title, see section 401(d) of the Indian Health Care Improvement Act.

''(f) DEFINITIONS.—In this section, the terms 'Indian Health Program', 'Indian Tribe','Tribal Health Program', 'Tribal Organization', and 'Urban Indian Organization' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.''.

(b) MEDICARE.—

(1) EXPANSION TO ALL COVERED SERVICES.—Section 1880 of such Act (42 U.S.C. 1395qq) is amended—

(A) by amending the heading to read as follows:

"SEC. 1880. INDIAN HEALTH PROGRAMS.";

and

(B) by amending subsection (a) to read as follows:

''(a) ELIGIBILITY FOR PAYMENTS.—Subject to subsection (e), the Indian Health Service and an Indian Tribe, Tribal Organization, or an Urban Indian Organization shall be eligible for payments under this title with respect to items and services furnished by the Indian Health Service, Indian Tribe, Tribal Organization, or Urban Indian Organization if the furnishing of such services meets all the conditions and requirements which are applicable generally to the furnishing of items and services under this title.''.

(2) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—Subsection (b) of such section is amended to read as follows:

''(b) COMPLIANCE WITH CONDITIONS AND REQUIREMENTS.—Subject to subsection (e), a facility of the Indian Health Service or an Indian Tribe, Tribal Organization, or an Urban Indian Organization which is eligible for payment under subsection (a) with respect to the furnishing of items and services, but which does not meet all of the conditions and requirements of this title which are applicable generally to such facility, shall make such improvements as are necessary to achieve or maintain compliance with such conditions and requirements in accordance with a plan submitted to and accepted by the Secretary for achieving or maintaining compliance with such conditions and requirements, and shall be deemed to meet such conditions and requirements (and to be eligible for payment under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first 12 months after the month in which such plan is submitted.''.

(3) CROSS-REFERENCES TO SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES; DIRECT BILLING OPTION; DEFINITIONS.—

(A) IN GENERAL.—Such section is further amended by striking subsections (c) and (d) and inserting the following new subsections:

''(c) SPECIAL FUND FOR IMPROVEMENT OF IHS FACILITIES.—For provisions relating to the authority of the Secretary to place payments to which a facility of the Indian Health Service is eligible for payment under this title into a special fund established under section 401(c)(1) of the Indian Health Care Improvement Act, and the requirement to use amounts paid from such fund for making improvements in accordance with subsection (b), see subparagraphs (A) and (B) of section 401(c)(1) of such Act.

''(d) DIRECT BILLING.—For provisions relating to the authority of a Tribal Health Program or an Urban Indian Organization to elect to directly bill for, and receive payment for, health care items and services provided by such Program or Organization for which payment is made under this title, see section 401(d) of the Indian Health Care Improvement Act.''.

(B) CONFORMING AMENDMENT.—Paragraph (3) of section 1880(e) of such Act (42 U.S.C. 1395qq(e)) is amended by inserting ''and section 401(c)(1) of the Indian Health Care Improvement Act'' after ''Subsection (c)''.

(4) DEFINITIONS.—Such section is further amended by amending subsection (f) to read as follows:

''(f) DEFINITIONS.—In this section, the terms 'Indian Health Program', 'Indian Tribe', 'Service Unit', 'Tribal Health Program', 'Tribal Organization', and 'Urban Indian Organization' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.''.

(c) APPLICATION TO SCHIP.—Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended—

(1) by redesignating subparagraph (D) as subparagraph (E); and

(2) by inserting after subparagraph (C), the following new subparagraph:

''(D) Section 1911 (relating to Indian Health Programs, other than subsection (d) of such section).''.

SEC. 202. INCREASED OUTREACH TO INDIANS UNDER MEDICAID AND SCHIP AND IMPROVED COOPERATION IN THE PROVISION OF ITEMS AND SERVICES TO INDIANS UNDER SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS.

Section 1139 of the Social Security Act (42 U.S.C. 1320b–9) is amended to read as follows:

"SEC. 1139. IMPROVED ACCESS TO, AND DELIVERY OF, HEALTH CARE FOR INDIANS UNDER TITLES XVIII, XIX, AND XXI.

''(a) AGREEMENTS WITH STATES FOR MEDICAID AND SCHIP OUTREACH ON OR NEAR RESERVATIONS TO INCREASE THE ENROLLMENT OF INDIANS IN THOSE PROGRAMS.—

''(1) IN GENERAL.—In order to improve the access of Indians residing on or near a reservation to obtain benefits under the Medicaid and State children's health insurance programs established under titles XIX and XXI, the Secretary shall encourage the State to take steps to provide for enrollment on or near the reservation. Such steps may include outreach efforts such as the outstationing of eligibility workers, entering into agreements with the Indian Health Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations to provide outreach, education regarding eligibility and benefits, enrollment, and translation services when such services are appropriate.

''(2) CONSTRUCTION.—Nothing in subparagraph (A) shall be construed as affecting arrangements entered into between States and the Indian Health Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations for such Service, Tribes, or Organizations to conduct administrative activities under such titles.

''(b) REQUIREMENT TO FACILITATE COOPERATION.—The Secretary, acting through the Centers for Medicare & Medicaid Services, shall take such steps as are necessary to facilitate cooperation with, and agreements between, States and the Indian Health Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations with respect to the provision of health care items and services to Indians under the programs established under title XVIII, XIX, or XXI.

''(c) DEFINITION OF INDIAN; INDIAN TRIBE; INDIAN HEALTH PROGRAM; TRIBAL ORGANIZATION; URBAN INDIAN ORGANIZATION.—In this section, the terms 'Indian', 'Indian Tribe', 'Indian Health Program', 'Tribal Organization', and 'Urban Indian Organization' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.''.

SEC. 203. ADDITIONAL PROVISIONS TO INCREASE OUTREACH TO, AND ENROLLMENT OF, INDIANS IN SCHIP AND MEDICAID.

(a) NONAPPLICATION OF 10 PERCENT LIMIT ON OUTREACH AND CERTAIN OTHER EXPENDITURES.—Section 2105(c)(2) of the Social Security Act (42 U.S.C. 1397ee(c)(2)) is amended by adding at the end the following new subparagraph:

''(C) NONAPPLICATION TO EXPENDITURES FOR OUTREACH TO INCREASE THE ENROLLMENT OF INDIAN CHILDREN UNDER THIS TITLE AND TITLE XIX.—The limitation under subparagraph (A) on expenditures for items described in subsection (a)(1)(D) shall not apply in the case of expenditures for outreach activities to families of Indian children likely to be eligible for child health assistance under the plan or medical assistance under the State plan under title XIX (or under a waiver of such plan), to inform such families of the availability of, and to assist them in enrolling their children in, such plans, including such activities conducted under grants, contracts, or agreements entered into under section 1139(a).''.

(b) ASSURANCE OF PAYMENTS TO INDIAN HEALTH CARE PROVIDERS FOR CHILD HEALTH ASSISTANCE.—Section 2102(b)(3)(D) of such Act (42 U.S.C. 1397bb(b)(3)(D)) is amended by striking ''(as defined in section 4(c) of the Indian Health Care Improvement Act, 25 U.S.C. 1603(c))'' and inserting '', including how the State will ensure that payments are made to Indian Health Programs and Urban Indian Organizations operating in the State for the provision of such assistance''.

(c) INCLUSION OF OTHER INDIAN FINANCED HEALTH CARE PROGRAMS IN EXEMPTION FROM PROHIBITION ON CERTAIN PAYMENTS.—Section 2105(c)(6)(B) of such Act (42 U.S.C. 1397ee(c)(6)(B)) is amended by striking ''insurance program, other than an insurance program operated or financed by the Indian Health Service'' and inserting ''program, other than a health care program operated or financed by the Indian Health Service or by an Indian Tribe, Tribal Organization, or Urban Indian Organization''.

(d) SATISFACTION OF MEDICAID DOCUMENTATION REQUIREMENTS.—

(1) IN GENERAL.—Section 1903(x)(3)(B) of the Social Security Act (42 U.S.C. 1396b(x)(3)(B)) is amended—

(A) by redesignating clause (v) as clause (vi); and

(B) by inserting after clause (iv), the following new clause:

''(v)(I) Except as provided in subclause (II), a document issued by a federally-recognized

Indian tribe evidencing membership or enrollment in, or affiliation with, such tribe (such as a tribal enrollment card or certificate of degree of Indian blood).

''(II) With respect to those federally-recognized Indian tribes located within States having an international border whose membership includes individuals who are not citizens of the United States, the Secretary shall, after consulting with such tribes, issue regulations authorizing the presentation of such other forms of documentation (including tribal documentation, if appropriate) that the Secretary determines to be satisfactory documentary evidence of citizenship or nationality for purposes of satisfying the requirement of this subsection.''.

(2) TRANSITION RULE.—During the period that begins on July 1, 2006, and ends on the effective date of final regulations issued under subclause (II) of section 1903(x)(3)(B)(v) of the Social Security Act (42 U.S.C. 1396b(x)(3)(B)(v)) (as added by paragraph (1)), an individual who is a member of a federally-recognized Indian tribe described in subclause (II) of that section who presents a document described in subclause (I) of such section that is issued by such Indian tribe, shall be deemed to have presented satisfactory evidence of citizenship or nationality for purposes of satisfying the requirement of subsection (x) of section 1903 of such Act.

(e) DEFINITIONS.—Section 2110(c) of such Act (42 U.S.C. 1397jj(c)) is amended by adding at the end the following new paragraph:

''(9) INDIAN; INDIAN HEALTH PROGRAM; INDIAN TRIBE; ETC.—The terms 'Indian', 'Indian Health Program', 'Indian Tribe', 'Tribal Organization', and 'Urban Indian Organization' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.''.

(f) EFFECTIVE DATE.—This section and the amendments made by this section take effect on October 1, 2009.

SEC. 204. PREMIUMS AND COST SHARING PROTECTIONS UNDER MEDICAID, ELIGIBILITY DETERMINATIONS UNDER MEDICAID AND SCHIP, AND PROTECTION OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE RECOVERY.

(a) PREMIUMS AND COST SHARING PROTECTION UNDER MEDICAID.—

(1) IN GENERAL.—Section 1916 of the Social Security Act (42 U.S.C. 1396o) is amended—

(A) in subsection (a), in the matter preceding paragraph (1), by striking ''and (i)'' and inserting '', (i), and (j)''; and

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

''(j) NO PREMIUMS OR COST SHARING FOR INDIANS FURNISHED ITEMS OR SERVICES DIRECTLY BY INDIAN HEALTH PROGRAMS OR THROUGH REFERRAL UNDER THE CONTRACT HEALTH SERVICE.—

''(1) NO COST SHARING FOR ITEMS OR SERVICES FURNISHED TO INDIANS THROUGH INDIAN HEALTH PROGRAMS.—

''(A) IN GENERAL.—No enrollment fee, premium, or similar charge, and no deduction, copayment, cost sharing, or similar charge shall be imposed against an Indian who is furnished an item or service directly by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization or through referral under the contract health service for which payment may be made under this title.

''(B) NO REDUCTION IN AMOUNT OF PAYMENT TO INDIAN HEALTH PROVIDERS.—Payment due under this title to the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization, or a health care provider through referral under the contract health service for the furnishing of an item or service to an Indian who is eligible for assistance under such title, may not be reduced by the amount of any enrollment fee, premium, or similar charge, or any deduction, copayment, cost sharing, or similar charge that would be due from the Indian but for the operation of subparagraph (A).

''(2) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed as restricting the application of any other limitations on the imposition of premiums or cost sharing that may apply to an individual receiving medical assistance under this title who is an Indian.

''(3) DEFINITIONS.—In this subsection, the terms 'contract health service', 'Indian', 'Indian Tribe', 'Tribal Organization', and 'Urban Indian Organization' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.''.

(2) CONFORMING AMENDMENT.—Section 1916A (a)(1) of such Act (42 U.S.C. 1396o–1(a)(1)) is amended by striking ''section 1916(g)'' and inserting ''subsections (g), (i), or (j) of section 1916''.

(3) EFFECTIVE DATE.—The amendments made by this subsection take effect on October 1, 2009.

(b) TREATMENT OF CERTAIN PROPERTY FOR MEDICAID AND SCHIP ELIGIBILITY.—

(1) MEDICAID.—Section 1902(e) of the Social Security Act (42 U.S.C. 1396a) is amended by adding at the end the following new paragraph:

''(13) Notwithstanding any other requirement of this title or any other provision of Federal or State law, a State shall disregard the following property for purposes of determining the eligibility of an individual who is an Indian (as defined in section 4 of the Indian Health Care Improvement Act) for medical assistance under this title:

''(A) Property, including real property and improvements, that is held in trust, subject to Federal restrictions, or otherwise under the supervision of the Secretary of the Interior, located on a reservation, including any federally recognized Indian Tribe's reservation, pueblo, or colony, including former reservations in Oklahoma, Alaska Native regions established by the Alaska Native Claims Settlement Act, and Indian allotments on or near a reservation as designated and approved by the Bureau of Indian Affairs of the Department of the Interior.

''(B) For any federally recognized Tribe not described in subparagraph (A), property located within the most recent boundaries of a prior Federal reservation.

''(C) Ownership interests in rents, leases, royalties, or usage rights related to natural resources (including extraction of natural resources or harvesting of timber, other plants and plant products, animals, fish, and shellfish) resulting from the exercise of federally protected rights.

''(D) Ownership interests in or usage rights to items not covered by subparagraphs (A) through (C) that have unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional lifestyle according to applicable tribal law or custom.''.

(2) APPLICATION TO SCHIP.—Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)) is amended—

(A) by redesignating subparagraphs (B) through (E), as subparagraphs (C) through (F), respectively; and

(B) by inserting after subparagraph (A), the following new subparagraph:

''(B) Section 1902(e)(13) (relating to disregard of certain property for purposes of making eligibility determinations).''.

(c) CONTINUATION OF CURRENT LAW PROTECTIONS OF CERTAIN INDIAN PROPERTY FROM MEDICAID ESTATE RECOVERY.—Section 1917(b)(3) of the Social Security Act (42 U.S.C. 1396p(b)(3)) is amended—

(1) by inserting ''(A)'' after ''(3)''; and

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

''(B) The standards specified by the Secretary under subparagraph (A) shall require that the procedures established by the State agency under subparagraph (A) exempt income, resources, and property that are exempt from the application of this subsection as of April 1, 2003, under manual instructions issued to carry out this subsection (as in effect on such date) because of the Federal responsibility for Indian Tribes and Alaska Native Villages. Nothing in this subparagraph shall be construed as preventing the Secretary from providing additional estate recovery exemptions under this title for Indians.''.

SEC. 205. NONDISCRIMINATION IN QUALIFICATIONS FOR PAYMENT FOR SERVICES UNDER FEDERAL HEALTH CARE PROGRAMS.

Section 1139 of the Social Security Act (42 U.S.C. 1320b–9), as amended by section 202, is amended by redesignating subsection (c) as subsection (d), and inserting after subsection (b) the following new subsection:

''(c) NONDISCRIMINATION IN QUALIFICATIONS FOR PAYMENT FOR SERVICES UNDER FEDERAL HEALTH CARE PROGRAMS.—

''(1) REQUIREMENT TO SATISFY GENERALLY APPLICABLE PARTICIPATION REQUIREMENTS.—

''(A) IN GENERAL.—A Federal health care program must accept an entity that is operated by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization as a provider eligible to receive payment under the program for health care services furnished to an Indian on the same basis as any other provider qualified to participate as a provider of health care services under the program if the entity meets generally applicable State or other requirements for participation as a provider of health care services under the program.

''(B) SATISFACTION OF STATE OR LOCAL LICENSURE OR RECOGNITION REQUIREMENTS.—Any requirement for participation as a provider of health care services under a Federal health care program that an entity be licensed or recognized under the State or local law where the entity is located to furnish health care services shall be deemed to have been met in the case of an entity operated by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization if the entity meets all the applicable standards for such licensure or recognition, regardless of whether the entity obtains a license or other documentation under such State or local law. In accordance with section 221 of the Indian Health Care Improvement Act, the absence of the licensure of a health care professional employed by such an entity under the State or local law where the entity is located shall not be taken into account for purposes of determining whether the entity meets such standards, if the professional is licensed in another State.

''(2) PROHIBITION ON FEDERAL PAYMENTS TO ENTITIES OR INDIVIDUALS EXCLUDED FROM PARTICIPATION IN FEDERAL HEALTH CARE PROGRAMS OR WHOSE STATE LICENSES ARE UNDER SUSPENSION OR HAVE BEEN REVOKED.—

''(A) EXCLUDED ENTITIES.—No entity operated by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization that has been excluded from participation in any Federal health care program or for which a license is under suspension or has been revoked by the State where the entity is located shall be eligible to receive payment under any such program for health care services furnished to an Indian.

''(B) EXCLUDED INDIVIDUALS.—No individual who has been excluded from participation in any Federal health care program or whose State license is under suspension or has been revoked shall be eligible to receive payment

under any such program for health care services furnished by that individual, directly or through an entity that is otherwise eligible to receive payment for health care services, to an Indian.

''(C) FEDERAL HEALTH CARE PROGRAM DEFINED.—In this subsection, the term, 'Federal health care program' has the meaning given that term in section 1128B(f), except that, for purposes of this subsection, such term shall include the health insurance program under chapter 89 of title 5, United States Code.''.

SEC. 206. CONSULTATION ON MEDICAID, SCHIP, AND OTHER HEALTH CARE PROGRAMS FUNDED UNDER THE SOCIAL SECURITY ACT INVOLVING INDIAN HEALTH PROGRAMS AND URBAN INDIAN ORGANIZATIONS.

(a) IN GENERAL.—Section 1139 of the Social Security Act (42 U.S.C. 1320b–9), as amended by sections 202 and 205, is amended by redesignating subsection (d) as subsection (e), and inserting after subsection (c) the following new subsection:

''(d) CONSULTATION WITH TRIBAL TECHNICAL ADVISORY GROUP (TTAG).—The Secretary shall maintain within the Centers for Medicaid & Medicare Services (CMS) a Tribal Technical Advisory Group, established in accordance with requirements of the charter dated September 30, 2003, and in such group shall include a representative of the Urban Indian Organizations and the Service. The representative of the Urban Indian Organization shall be deemed to be an elected officer of a tribal government for purposes of applying section 204(b) of the Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1534(b)).''.

(b) SOLICITATION OF ADVICE UNDER MEDICAID AND SCHIP.—

(1) MEDICAID STATE PLAN AMENDMENT.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(A) in paragraph (69), by striking ''and'' at the end;

(B) in paragraph (70)(B)(iv), by striking the period at the end and inserting ''; and''; and

(C) by inserting after paragraph (70)(B)(iv), the following new paragraph:

''(71) in the case of any State in which the Indian Health Service operates or funds health care programs, or in which 1 or more Indian Health Programs or Urban Indian Organizations (as such terms are defined in section 4 of the Indian Health Care Improvement Act) provide health care in the State for which medical assistance is available under such title, provide for a process under which the State seeks advice on a regular, ongoing basis from designees of such Indian Health Programs and Urban Indian Organizations on matters relating to the application of this title that are likely to have a direct effect on such Indian Health Programs and Urban Indian Organizations and that—

''(A) shall include solicitation of advice prior to submission of any plan amendments, waiver requests, and proposals for demonstration projects likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations; and

''(B) may include appointment of an advisory committee and of a designee of such Indian Health Programs and Urban Indian Organizations to the medical care advisory committee advising the State on its State plan under this title.''.

(2) APPLICATION TO SCHIP.—Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)), as amended by section 204(b)(2), is amended—

(A) by redesignating subparagraphs (B) through (F) as subparagraphs (C) through (G), respectively; and

(B) by inserting after subparagraph (A), the following new subparagraph:

''(B) Section 1902(a)(71) (relating to the option of certain States to seek advice from designees of Indian Health Programs and Urban Indian Organizations).''.

(c) RULE OF CONSTRUCTION.—Nothing in the amendments made by this section shall be construed as superseding existing advisory committees, working groups, guidance, or other advisory procedures established by the Secretary of Health and Human Services or by any State with respect to the provision of health care to Indians.

(d) EFFECTIVE DATE.—This section and the amendments made by this section take effect on October 1, 2009.

SEC. 207. EXCLUSION WAIVER AUTHORITY FOR AFFECTED INDIAN HEALTH PROGRAMS AND SAFE HARBOR TRANSACTIONS UNDER THE SOCIAL SECURITY ACT.

(a) EXCLUSION WAIVER AUTHORITY.—Section 1128 of the Social Security Act (42 U.S.C. 1320a–7) is amended by adding at the end the following new subsection:

''(k) ADDITIONAL EXCLUSION WAIVER AUTHORITY FOR AFFECTED INDIAN HEALTH PROGRAMS.—In addition to the authority granted the Secretary under subsections (c)(3)(B) and (d)(3)(B) to waive an exclusion under subsection (a)(1), (a)(3), (a)(4), or (b), the Secretary may, in the case of an Indian Health Program, waive such an exclusion upon the request of the administrator of an affected Indian Health Program (as defined in section 4 of the Indian Health Care Improvement Act) who determines that the exclusion would impose a hardship on individuals entitled to benefits under or enrolled in a Federal health care program.''.

(b) CERTAIN TRANSACTIONS INVOLVING INDIAN HEALTH CARE PROGRAMS DEEMED TO BE IN SAFE HARBORS.—Section 1128B(b) of the Social Security Act (42 U.S.C. 1320a–7b(b)) is amended by adding at the end the following new paragraph:

''(4) Subject to such conditions as the Secretary may promulgate from time to time as necessary to prevent fraud and abuse, for purposes of paragraphs (1) and (2) and section 1128A(a), the following transfers shall not be treated as remuneration:

''(A) TRANSFERS BETWEEN INDIAN HEALTH PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.—Transfers of anything of value between or among an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, that are made for the purpose of providing necessary health care items and services to any patient served by such Program, Tribe, or Organization and that consist of—

''(i) services in connection with the collection, transport, analysis, or interpretation of diagnostic specimens or test data;

''(ii) inventory or supplies;

''(iii) staff; or

''(iv) a waiver of all or part of premiums or cost sharing.

''(B) TRANSFERS BETWEEN INDIAN HEALTH PROGRAMS, INDIAN TRIBES, TRIBAL ORGANIZATIONS, OR URBAN INDIAN ORGANIZATIONS AND PATIENTS.—Transfers of anything of value between an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization and any patient served or eligible for service from an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, including any patient served or eligible for service pursuant to section 807 of the Indian Health Care Improvement Act, but only if such transfers—

''(i) consist of expenditures related to providing transportation for the patient for the provision of necessary health care items or services, provided that the provision of such transportation is not advertised, nor an incentive of which the value is disproportionately large in relationship to the value of the health care item or service (with respect to the value of the item or service itself or, for preventative items or services, the future health care costs reasonably expected to be avoided);

''(ii) consist of expenditures related to providing housing to the patient (including a pregnant patient) and immediate family members or an escort necessary to assuring the timely provision of health care items and services to the patient, provided that the provision of such housing is not advertised nor an incentive of which the value is disproportionately large in relationship to the value of the health care item or service (with respect to the value of the item or service itself or, for preventative items or services, the future health care costs reasonably expected to be avoided); or

''(iii) are for the purpose of paying premiums or cost sharing on behalf of such a patient, provided that the making of such payment is not subject to conditions other than conditions agreed to under a contract for the delivery of contract health services.

''(C) CONTRACT HEALTH SERVICES.—A transfer of anything of value negotiated as part of a contract entered into between an Indian Health Program, Indian Tribe, Tribal Organization, Urban Indian Organization, or the Indian Health Service and a contract care provider for the delivery of contract health services authorized by the Indian Health Service, provided that—

''(i) such a transfer is not tied to volume or value of referrals or other business generated by the parties; and

''(ii) any such transfer is limited to the fair market value of the health care items or services provided or, in the case of a transfer of items or services related to preventative care, the value of the future health care costs reasonably expected to be avoided.

''(D) OTHER TRANSFERS.—Any other transfer of anything of value involving an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, or a patient served or eligible for service from an Indian Health Program, Indian Tribe, Tribal Organization, or Urban Indian Organization, that the Secretary, in consultation with the Attorney General, determines is appropriate, taking into account the special circumstances of such Indian Health Programs, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, and of patients served by such Programs, Tribes, and Organizations.''.

SEC. 208. RULES APPLICABLE UNDER MEDICAID AND SCHIP TO MANAGED CARE ENTITIES WITH RESPECT TO INDIAN ENROLLEES AND INDIAN HEALTH CARE PROVIDERS AND INDIAN MANAGED CARE ENTITIES.

(a) IN GENERAL.—Section 1932 of the Social Security Act (42 U.S.C. 1396u–2) is amended by adding at the end the following new subsection:

''(h) SPECIAL RULES WITH RESPECT TO INDIAN ENROLLEES, INDIAN HEALTH CARE PROVIDERS, AND INDIAN MANAGED CARE ENTITIES.—

''(1) ENROLLEE OPTION TO SELECT AN INDIAN HEALTH CARE PROVIDER AS PRIMARY CARE PROVIDER.—In the case of a non-Indian Medicaid managed care entity that—

''(A) has an Indian enrolled with the entity; and

''(B) has an Indian health care provider that is participating as a primary care provider within the network of the entity,

insofar as the Indian is otherwise eligible to receive services from such Indian health care provider and the Indian health care provider has the capacity to provide primary care services to such Indian, the contract with the entity under section 1903(m) or under section 1905(t)(3) shall require, as a condition

of receiving payment under such contract, that the Indian shall be allowed to choose such Indian health care provider as the Indian's primary care provider under the entity.

''(2) ASSURANCE OF PAYMENT TO INDIAN HEALTH CARE PROVIDERS FOR PROVISION OF COVERED SERVICES.—Each contract with a managed care entity under section 1903(m) or under section 1905(t)(3) shall require any such entity that has a significant percentage of Indian enrollees (as determined by the Secretary), as a condition of receiving payment under such contract to satisfy the following requirements:

''(A) DEMONSTRATION OF PARTICIPATING INDIAN HEALTH CARE PROVIDERS OR APPLICATION OF ALTERNATIVE PAYMENT ARRANGEMENTS.—Subject to subparagraph (E), to—

''(i) demonstrate that the number of Indian health care providers that are participating providers with respect to such entity are sufficient to ensure timely access to covered Medicaid managed care services for those enrollees who are eligible to receive services from such providers; or

''(ii) agree to pay Indian health care providers who are not participating providers with the entity for covered Medicaid managed care services provided to those enrollees who are eligible to receive services from such providers at a rate equal to the rate negotiated between such entity and the provider involved or, if such a rate has not been negotiated, at a rate that is not less than the level and amount of payment which the entity would make for the services if the services were furnished by a participating provider which is not an Indian health care provider.

''(B) PROMPT PAYMENT.—To agree to make prompt payment (in accordance with rules applicable to managed care entities) to Indian health care providers that are participating providers with respect to such entity or, in the case of an entity to which subparagraph (A)(ii) or (E) applies, that the entity is required to pay in accordance with that subparagraph.

''(C) SATISFACTION OF CLAIM REQUIREMENT.—To deem any requirement for the submission of a claim or other documentation for services covered under subparagraph (A) by the enrollee to be satisfied through the submission of a claim or other documentation by an Indian health care provider that is consistent with section 403(h) of the Indian Health Care Improvement Act.

''(D) COMPLIANCE WITH GENERALLY APPLICABLE REQUIREMENTS.—

''(i) IN GENERAL.—Subject to clause (ii), as a condition of payment under subparagraph (A), an Indian health care provider shall comply with the generally applicable requirements of this title, the State plan, and such entity with respect to covered Medicaid managed care services provided by the Indian health care provider to the same extent that non-Indian providers participating with the entity must comply with such requirements.

''(ii) LIMITATIONS ON COMPLIANCE WITH MANAGED CARE ENTITY GENERALLY APPLICABLE REQUIREMENTS.—An Indian health care provider—

''(I) shall not be required to comply with a generally applicable requirement of a managed care entity described in clause (i) as a condition of payment under subparagraph (A) if such compliance would conflict with any other statutory or regulatory requirements applicable to the Indian health care provider; and

''(II) shall only need to comply with those generally applicable requirements of a managed care entity described in clause (i) as a condition of payment under subparagraph (A) that are necessary for the entity's compliance with the State plan, such as those related to care management, quality assurance, and utilization management.

''(E) APPLICATION OF SPECIAL PAYMENT REQUIREMENTS FOR FEDERALLY-QUALIFIED HEALTH CENTERS AND ENCOUNTER RATE FOR SERVICES PROVIDED BY CERTAIN INDIAN HEALTH CARE PROVIDERS.—

''(i) FEDERALLY-QUALIFIED HEALTH CENTERS.—

''(I) MANAGED CARE ENTITY PAYMENT REQUIREMENT.—To agree to pay any Indian health care provider that is a Federally-qualified health center but not a participating provider with respect to the entity, for the provision of covered Medicaid managed care services by such provider to an Indian enrollee of the entity at a rate equal to the amount of payment that the entity would pay a Federally-qualified health center that is a participating provider with respect to the entity but is not an Indian health care provider for such services.

''(II) CONTINUED APPLICATION OF STATE REQUIREMENT TO MAKE SUPPLEMENTAL PAYMENT.—Nothing in subclause (I) or subparagraph (A) or (B) shall be construed as waiving the application of section 1902(bb)(5) regarding the State plan requirement to make any supplemental payment due under such section to a Federally-qualified health center for services furnished by such center to an enrollee of a managed care entity (regardless of whether the Federally-qualified health center is or is not a participating provider with the entity).

''(ii) CONTINUED APPLICATION OF ENCOUNTER RATE FOR SERVICES PROVIDED BY CERTAIN INDIAN HEALTH CARE PROVIDERS.—If the amount paid by a managed care entity to an Indian health care provider that is not a Federally-qualified health center and that has elected to receive payment under this title as an Indian Health Service provider under the July 11, 1996, Memorandum of Agreement between the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services) and the Indian Health Service for services provided by such provider to an Indian enrollee with the managed care entity is less than the encounter rate that applies to the provision of such services under such memorandum, the State plan shall provide for payment to the Indian health care provider of the difference between the applicable encounter rate under such memorandum and the amount paid by the managed care entity to the provider for such services.

''(F) CONSTRUCTION.—Nothing in this paragraph shall be construed as waiving the application of section 1902(a)(30)(A) (relating to application of standards to assure that payments are consistent with efficiency, economy, and quality of care).

''(3) OFFERING OF MANAGED CARE THROUGH INDIAN MEDICAID MANAGED CARE ENTITIES.—If—

''(A) a State elects to provide services through Medicaid managed care entities under its Medicaid managed care program; and

''(B) an Indian health care provider that is funded in whole or in part by the Indian Health Service, or a consortium composed of 1 or more Tribes, Tribal Organizations, or Urban Indian Organizations, and which also may include the Indian Health Service, has established an Indian Medicaid managed care entity in the State that meets generally applicable standards required of such an entity under such Medicaid managed care program,

the State shall offer to enter into an agreement with the entity to serve as a Medicaid managed care entity with respect to eligible Indians served by such entity under such program.

''(4) SPECIAL RULES FOR INDIAN MANAGED CARE ENTITIES.—The following are special rules regarding the application of a Medicaid managed care program to Indian Medicaid managed care entities:

''(A) ENROLLMENT.—

''(i) LIMITATION TO INDIANS.—An Indian Medicaid managed care entity may restrict enrollment under such program to Indians and to members of specific Tribes in the same manner as Indian Health Programs may restrict the delivery of services to such Indians and tribal members.

''(ii) NO LESS CHOICE OF PLANS.—Under such program the State may not limit the choice of an Indian among Medicaid managed care entities only to Indian Medicaid managed care entities or to be more restrictive than the choice of managed care entities offered to individuals who are not Indians.

''(iii) DEFAULT ENROLLMENT.—

''(I) IN GENERAL.—If such program of a State requires the enrollment of Indians in a Medicaid managed care entity in order to receive benefits, the State, taking into consideration the criteria specified in subsection (a)(4)(D)(ii)(I), shall provide for the enrollment of Indians described in subclause (II) who are not otherwise enrolled with such an entity in an Indian Medicaid managed care entity described in such clause.

''(II) INDIAN DESCRIBED.—An Indian described in this subclause, with respect to an Indian Medicaid managed care entity, is an Indian who, based upon the service area and capacity of the entity, is eligible to be enrolled with the entity consistent with subparagraph (A).

''(iv) EXCEPTION TO STATE LOCK-IN.—A request by an Indian who is enrolled under such program with a non-Indian Medicaid managed care entity to change enrollment with that entity to enrollment with an Indian Medicaid managed care entity shall be considered cause for granting such request under procedures specified by the Secretary.

''(B) FLEXIBILITY IN APPLICATION OF SOLVENCY.—In applying section 1903(m)(1) to an Indian Medicaid managed care entity—

''(i) any reference to a 'State' in subparagraph (A)(ii) of that section shall be deemed to be a reference to the 'Secretary'; and

''(ii) the entity shall be deemed to be a public entity described in subparagraph (C)(ii) of that section.

''(C) EXCEPTIONS TO ADVANCE DIRECTIVES.—The Secretary may modify or waive the requirements of section 1902(w) (relating to provision of written materials on advance directives) insofar as the Secretary finds that the requirements otherwise imposed are not an appropriate or effective way of communicating the information to Indians.

''(D) FLEXIBILITY IN INFORMATION AND MARKETING.—

''(i) MATERIALS.—The Secretary may modify requirements under subsection (a)(5) to ensure that information described in that subsection is provided to enrollees and potential enrollees of Indian Medicaid managed care entities in a culturally appropriate and understandable manner that clearly communicates to such enrollees and potential enrollees their rights, protections, and benefits.

''(ii) DISTRIBUTION OF MARKETING MATERIALS.—The provisions of subsection (d)(2)(B) requiring the distribution of marketing materials to an entire service area shall be deemed satisfied in the case of an Indian Medicaid managed care entity that distributes appropriate materials only to those Indians who are potentially eligible to enroll with the entity in the service area.

''(5) MALPRACTICE INSURANCE.—Insofar as, under a Medicaid managed care program, a health care provider is required to have medical malpractice insurance coverage as a condition of contracting as a provider with a

Medicaid managed care entity, an Indian health care provider that is—

''(A) a Federally-qualified health center that is covered under the Federal Tort Claims Act (28 U.S.C. 1346(b), 2671 et seq.);

''(B) providing health care services pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) that are covered under the Federal Tort Claims Act (28 U.S.C. 1346(b), 2671 et seq.); or

''(C) the Indian Health Service providing health care services that are covered under the Federal Tort Claims Act (28 U.S.C. 1346(b), 2671 et seq.);

are deemed to satisfy such requirement.

''(6) DEFINITIONS.—For purposes of this subsection:

''(A) INDIAN HEALTH CARE PROVIDER.—The term 'Indian health care provider' means an Indian Health Program or an Urban Indian Organization.

''(B) INDIAN; INDIAN HEALTH PROGRAM; SERVICE; TRIBE; TRIBAL ORGANIZATION; URBAN INDIAN ORGANIZATION.—The terms 'Indian', 'Indian Health Program', 'Service', 'Tribe', 'tribal organization', 'Urban Indian Organization' have the meanings given such terms in section 4 of the Indian Health Care Improvement Act.

''(C) INDIAN MEDICAID MANAGED CARE ENTITY.—The term 'Indian Medicaid managed care entity' means a managed care entity that is controlled (within the meaning of the last sentence of section 1903(m)(1)(C)) by the Indian Health Service, a Tribe, Tribal Organization, or Urban Indian Organization, or a consortium, which may be composed of 1 or more Tribes, Tribal Organizations, or Urban Indian Organizations, and which also may include the Service.

''(D) NON-INDIAN MEDICAID MANAGED CARE ENTITY.—The term 'non-Indian Medicaid managed care entity' means a managed care entity that is not an Indian Medicaid managed care entity.

''(E) COVERED MEDICAID MANAGED CARE SERVICES.—The term 'covered Medicaid managed care services' means, with respect to an individual enrolled with a managed care entity, items and services that are within the scope of items and services for which benefits are available with respect to the individual under the contract between the entity and the State involved.

''(F) MEDICAID MANAGED CARE PROGRAM.—The term 'Medicaid managed care program' means a program under sections 1903(m) and 1932 and includes a managed care program operating under a waiver under section 1915(b) or 1115 or otherwise.''.

(b) APPLICATION TO SCHIP.—Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(1)), as amended by section 206(b)(2), is amended by adding at the end the following new subparagraph:

''(H) Subsections (a)(2)(C) and (h) of section 1932.''.

(c) EFFECTIVE DATE.—This section and the amendments made by this section take effect on October 1, 2009.

SEC. 209. ANNUAL REPORT ON INDIANS SERVED BY SOCIAL SECURITY ACT HEALTH BENEFIT PROGRAMS.

Section 1139 of the Social Security Act (42 U.S.C. 1320b–9), as amended by the sections 202, 205, and 206, is amended by redesignating subsection (e) as subsection (f), and inserting after subsection (d) the following new subsection:

''(e) ANNUAL REPORT ON INDIANS SERVED BY HEALTH BENEFIT PROGRAMS FUNDED UNDER THIS ACT.—Beginning January 1, 2008, and annually thereafter, the Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services and the Director of the Indian Health Service, shall submit a report to Congress regarding the enrollment and health status of Indians receiving items or services under health benefit programs funded under this Act during the preceding year. Each such report shall include the following:

''(1) The total number of Indians enrolled in, or receiving items or services under, such programs, disaggregated with respect to each such program.

''(2) The number of Indians described in paragraph (1) that also received health benefits under programs funded by the Indian Health Service.

''(3) General information regarding the health status of the Indians described in paragraph (1), disaggregated with respect to specific diseases or conditions and presented in a manner that is consistent with protections for privacy of individually identifiable health information under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

''(4) A detailed statement of the status of facilities of the Indian Health Service or an Indian Tribe, Tribal Organization, or an Urban Indian Organization with respect to such facilities' compliance with the applicable conditions and requirements of titles XVIII, XIX, and XXI, and, in the case of title XIX or XXI, under a State plan under such title or under waiver authority, and of the progress being made by such facilities (under plans submitted under section 1880(b), 1911(b) or otherwise) toward the achievement and maintenance of such compliance.

''(5) Such other information as the Secretary determines is appropriate.''.

SEC. 210. DEVELOPMENT OF RECOMMENDATIONS TO IMPROVE INTERSTATE COORDINATION OF MEDICAID AND CHIP COVERAGE OF INDIAN CHILDREN AND OTHER CHILDREN WHO ARE OUTSIDE OF THEIR STATE OF RESIDENCY BECAUSE OF EDUCATIONAL OR OTHER NEEDS.

(a) STUDY.—The Secretary shall conduct a study to identify barriers to interstate coordination of enrollment and coverage under the Medicaid program under title XIX of the Social Security Act and the State Children's Health Insurance Program under title XXI of such Act of children who are eligible for medical assistance or child health assistance under such programs and who, because of educational needs, migration of families, emergency evacuations, or otherwise, frequently change their State of residency or otherwise are temporarily present outside of the State of their residency. Such study shall include an examination of the enrollment and coverage coordination issues faced by Indian children who are eligible for medical assistance or child health assistance under such programs in their State of residence and who temporarily reside in an out-of- State boarding school or peripheral dormitory funded by the Bureau of Indian Affairs.

(b) REPORT.—Not later than 18 months after the date of enactment of this Act, the Secretary, in consultation with directors of State Medicaid programs under title XIX of the Social Security Act and directors of State Children's Health Insurance Programs under title XXI of such Act, shall submit a report to Congress that contains recommendations for such legislative and administrative actions as the Secretary determines appropriate to address the enrollment and coverage coordination barriers identified through the study required under subsection (a).

SEC. 211. ESTABLISHMENT OF NATIONAL CHILD WELFARE RESOURCE CENTER FOR TRIBES.

(a) ESTABLISHMENT.—The Secretary of Health and Human Services shall establish a National Child Welfare Resource Center for Tribes that is—

(1) specifically and exclusively dedicated to meeting the needs of Indian tribes and tribal organizations through the provision of assistance described in subsection (b); and

(2) not part of any existing national child welfare resource center.

(b) ASSISTANCE PROVIDED.—

(1) IN GENERAL.—The National Child Welfare Resource Center for Tribes shall provide information, advice, educational materials, and technical assistance to Indian tribes and tribal organizations with respect to the types of services, administrative functions, data collection, program management, and reporting that are provided for under State plans under parts B and E of title IV of the Social Security Act.

(2) IMPLEMENTATION AUTHORITY.—The Secretary may provide the assistance described in paragraph (1) either directly or through grant or contract with public or private organizations knowledgeable and experienced in the field of Indian tribal affairs and child welfare.

(c) APPROPRIATIONS.—There is appropriated to the Secretary of Health and Human Services, out of any money in the Treasury of the United States not otherwise appropriated, $1,000,000 for each of fiscal years 2009 through 2013 to carry out the purposes of this section.

SEC. 212. ADJUSTMENT TO THE MEDICARE ADVANTAGE STABILIZATION FUND.

Section 1858(e)(2)(A)(i) of the Social Security Act (42 U.S.C. 1395w–27a(e)(2)(A)(i)), as amended by section 110 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–173), is amended by striking ''$1,790,000,000'' and inserting ''$1,657,000,000''.

SA 3900. Mr. SANDERS (for himself, Mr. OBAMA, Ms. CANTWELL, Mr. KERRY, Ms. SNOWE, Ms. COLLINS, Mr. SUNUNU, Mr. MENENDEZ, Mr. LEAHY, Mrs. CLINTON, Mr. KENNEDY, and Mr. DURBIN) proposed an amendment to amendment SA 3899 proposed by Mr. DORGAN (for himself, Ms. MURKOWSKI, Mr. BAUCUS, Mr. KENNEDY, Mr. SMITH, Mr. NELSON of Nebraska, and Mr. SALAZAR) to the bill S. 1200, to amend the Indian Health Care Improvement Act to revise and extend the Act; as follows:

At the end of title II, insert the following:

SEC. 2____. LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM.

(a) IN GENERAL.—There are authorized to be appropriated, and there are appropriated, out of any money in the Treasury not otherwise appropriated—

(1) $400,000,000 (to remain available until expended) for making payments under subsections (a) through (d) of section 2604 of the Low-Income Home Energy Assistance Act of 1981 (42 U.S.C. 8623); and

(2) $400,000,000 (to remain available until expended) for making payments under section 2604(e) of the Low-Income Home Energy Assistance Act of 1981 (42 U.S.C. 8623(e)), notwithstanding the designation requirement of section 2602(e) of such Act (42 U.S.C. 8621(e)).

(b) DESIGNATION.—Any amount provided under subsection (a) is designated as an emergency requirement and necessary to meet emergency needs pursuant to subsections (a) and (b) of section 204 of S. Con. Res. 21 (110th Congress), the concurrent resolution on the budget for fiscal year 2008.

NOTICE OF HEARING

PERMANENT SUBCOMMITTEE ON INVESTIGATIONS

Mr. LEVIN. Mr. President, I would like to announce for the information of the Senate and the public that the Permanent Subcommittee on Investigations of the Committee on Homeland

Security and Governmental Affairs will hold a hearing entitled, ''United Nations Development Program in North Korea: A Case Study.'' In early 2007, reports surfaced of significant management failures in the operations of the United Nations Development Program (UNDP) in North Korea. Several months later, the UNDP took the unprecedented step of suspending its North Korean operations. The Subcommittee's hearing will examine UNDP operations in North Korea, reviewing such issues as inappropriate staffing, inadequate administrative and fiscal controls, inaccessible audits and insufficient whistleblower safeguards. Witnesses for the upcoming hearing will include representatives of the Department of State and the Government Accountability Office. The Subcommittee will also receive a public briefing from representatives of the United Nations. A final witness list will be available Tuesday, January 22, 2008.

The Subcommittee hearing is scheduled for Thursday, January 24, 2008, at 10 a.m., in Room 342 of the Dirksen Senate Office Building. For further information, please contact Elise Bean of the Permanent Subcommittee on Investigations at 224–9505.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON FINANCE

Mr. DORGAN. Mr. President, I ask unanimous consent that the Committee on Finance be authorized to meet during the session of the Senate on Tuesday, January 22, 2008, 10 a.m., in room 215 of the Dirksen Senate Office Building, in order to conduct a hearing entitled ''Strengthening America's Economy: Stimulus That Makes Sense.''

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

COMMITTEE ON THE JUDICIARY

Mr. DORGAN. Mr. President, I ask unanimous consent that the Senate Committee on the Judiciary be authorized to meet during the session of the Senate, in order to conduct a hearing on Executive Nominations on Tuesday, January 22, 2008, at 2 p.m. in room SD–226 of the Dirksen Senate Office Building.

Witness list Kevin J. O'Connor, of Connecticut, to be Associate Attorney General, Department of Justice and Gregory G. Katsas, of Massachusetts, to be Assistant Attorney General, Civil Division, Department of Justice.

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

PRIVILEGES OF THE FLOOR

Mr. BAUCUS. Mr. President, I ask unanimous consent that the following people be allowed privileges of the floor: Susan Hinck, Elise Stein, Mollie Lane, Kayleigh Brown, Michael Bagel, and Emily Schwartz.

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

Mr. DORGAN. Madam President, on behalf of Senator INOUYE, I wish to request unanimous consent that Ms. Cheryl Peterson, a public health nurse fellow from the Indian Health Service, who is serving on his staff, be permitted floor privileges for the duration of S. 1200, the Indian health bill.

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

NOTICE: REGISTRATION OF MASS MAILINGS

The filing date for 2007 fourth quarter Mass Mailings is Friday, January 25, 2008. If your office did no mass mailings during this period, please submit a form that states ''none.''

Mass mailing registrations, or negative reports, should be submitted to the Senate Office of Public Records, 232 Hart Building, Washington, DC 20510–7116.

The Public Records office will be open from 9 a.m. to 6 p.m. on the filing date to accept these filings. For further information, please contact the Public Records office on (202) 224–0322.

REMOVAL OF INJUNCTION OF SECRECY—TREATY DOCUMENTS NOS. 110–11, 110–12, AND 110–13

Mr. CASEY. Mr. President, I ask unanimous consent that the Injunction of Secrecy be removed from the following treaties transmitted to the Senate on January 22, 2008, by the President of the United States: Extradition Treaty with Romania and Protocol to the Treaty on Mutual Legal Assistance in Criminal Matters with Romania, Treaty Document No. 110–11; Extradition Treaty with Bulgaria and an Agreement on Certain Aspects of Mutual Legal Assistance in Criminal Matters with Bulgaria, Treaty Document No. 110–12; and International Convention on Control of Harmful Anti-Fouling Systems on Ships, Treaty Document No. 110–13; I further ask that the treaties be considered as having been read the first time; that they be referred, with accompanying papers, to the Committee on Foreign Relations and ordered to be printed; and that the President's messages be printed in the RECORD.

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

The messages of the President are as follows:

To the Senate of the United States:

With a view to receiving the advice and consent of the Senate to ratification, I transmit herewith the Extradition Treaty between the United States of America and Romania (the ''Extradition Treaty'' or the ''Treaty'') and the Protocol to the Treaty between the United States of America and Romania on Mutual Legal Assistance in Criminal Matters (the ''Protocol''), both signed at Bucharest on September 10, 2007. I also transmit, for the information of the Senate, the reports of the Department of State with respect to the Extradition Treaty and Protocol.

The Extradition Treaty would replace the outdated Extradition Treaty between the United States and Romania, signed in Bucharest on July 23, 1924, and the Supplementary Extradition Treaty, signed in Bucharest on November 10, 1936. The Protocol amends the Treaty Between the United States of America and Romania on Mutual Legal Assistance in Criminal Matters, signed in Washington on May 26, 1999 (the ''1999 Mutual Legal Assistance Treaty''). Both the Extradition Treaty and the Protocol also fulfill the requirements for bilateral instruments (between the United States and each European Union (EU) Member State) that are contained in the Extradition and Mutual Legal Assistance Agreements between the United States and the EU currently before the Senate.

The Extradition Treaty follows generally the form and content of other extradition treaties recently concluded by the United States. It would replace an outmoded list of extraditable offenses with a modern ''dual criminality'' approach, which would enable extradition for such offenses as money laundering and other newer offenses not appearing on the list. The Treaty also contains a modernized ''political offense'' clause, and it provides that neither Party shall refuse extradition based on the citizenship of the person sought. Finally, the new Treaty incorporates a series of procedural improvements to streamline and speed the extradition process. The Protocol primarily serves to amend the 1999 Mutual Legal Assistance Treaty in areas required pursuant to the U.S.–EU Mutual Legal Assistance Agreement, specifically: mutual legal assistance to administrative authorities; expedited transmission of requests; use limitations; identification of bank information; joint investigative teams; and video conferencing.

I recommend that the Senate give early and favorable consideration to the Extradition Treaty and the Protocol, along with the U.S.–EU Extradition and Mutual Legal Assistance Agreements and the other related bilateral instruments between the United States and European Union Member States.

GEORGE W. BUSH.

THE WHITE HOUSE, *January 22, 2008.*

To the Senate of the United States:

With a view to receiving the advice and consent of the Senate to ratification, I transmit herewith the Extradition Treaty between the Government of the United States of America and the Government of the Republic of Bulgaria (the ''Extradition Treaty'' or the ''Treaty'') and the Agreement on Certain Aspects of Mutual Legal Assistance in Criminal Matters between the Government of the United States of America and the Government of the

Republic of Bulgaria (the ''MLA Agreement''), both signed at Sofia on September 19, 2007. I also transmit, for the information of the Senate, the report of the Department of State with respect to the Extradition Treaty and the MLA Agreement.

The new Extradition Treaty would replace the outdated Extradition Treaty between the United States and Bulgaria, signed in Sofia on March 19, 1924, and the Supplementary Extradition Treaty, signed in Washington on June 8, 1934. The MLA Agreement is the first agreement between the two countries on mutual legal assistance in criminal matters. Both the Extradition Treaty and the MLA Agreement fulfill the requirements for bilateral instruments (between the United States and each European Union (EU) Member State) that are contained in the Extradition and Mutual Legal Assistance Agreements between the United States and the EU currently before the Senate.

The Extradition Treaty follows generally the form and content of other extradition treaties recently concluded by the United States. It would replace an outmoded list of extraditable offenses with a modern ''dual criminality'' approach, which would enable extradition for such offenses as money laundering, and other newer offenses not appearing on the list. The Treaty also contains a modernized ''political offense'' clause, and it provides that extradition shall not be refused based on the nationality of a person sought for any of a comprehensive list of serious offenses. Finally, the new Treaty incorporates a series of procedural improvements to streamline and speed the extradition process.

Because the United States and Bulgaria do not have a bilateral mutual legal assistance treaty in force between them, the MLA Agreement is a partial treaty governing only those issues regulated by the U.S.–EU Mutual Legal Assistance Agreement, specifically: identification of bank information, joint investigative teams, video-conferencing, expedited transmission of requests, assistance to administrative authorities, use limitations, confidentiality, and grounds for refusal. This approach is consistent with that taken with the other EU Member States (Denmark, Finland, Malta, Portugal, Slovak Republic, and Slovenia) with which the United States did not have an existing mutual legal assistance treaty.

I recommend that the Senate give early and favorable consideration to the Extradition Treaty and MLA Agreement, along with the U.S.–EU Extradition and Mutual Legal Assistance Agreements and the other related bilateral instruments between the United States and European Union Member States.

GEORGE W. BUSH.

THE WHITE HOUSE, *January 22, 2008*.

To the Senate of the United States:

I transmit herewith, for the advice and consent of the Senate to its ratification, the International Convention on the Control of Harmful Anti-Fouling Systems on Ships, 2001 (the ''Convention'').

The Convention aims to control the harmful effects of anti-fouling systems, which are used on the hulls of ships to prevent the growth of marine organisms. These systems are necessary to increase fuel efficiency and minimize the transport of hull-borne species; however, anti-fouling systems can also have negative effects on the marine environment, including when a vessel remains in place for a period of time (such as in port).

To mitigate these effects, the Convention prohibits Parties from using organotin-based anti-fouling systems on their ships, and it prohibits ships that use such systems from entering Parties' ports, shipyards, or offshore terminals. The Convention authorizes controls on use of other anti-fouling systems that could be added in the future, after a comprehensive review process.

The Convention was adopted at a Diplomatic Conference of the International Maritime Organization in October 2001 and signed by the United States on December 12, 2002. The United States played a leadership role in the negotiation and development of the Convention. With Panama's ratification of the Convention on September 17, 2007, 25 States representing over 25 percent of the world's merchant shipping tonnage have now ratified the Convention. Therefore, the Convention will enter into force on September 17, 2008. Organotin-based anti-fouling systems are specifically regulated through the Organotin Anti-Fouling Paint Control Act of 1988 (OAPCA), 33 U.S.C. 2401–2410. New legislation is required to fully implement the Convention and will take the form of a complete revision and replacement of OAPCA. All interested executive branch agencies support ratification. I recommend that the Senate give early and favorable consideration to the Convention and give its advice and consent to its ratification, with the declaration set out in the analysis of Article 16 in the attached article-by-article analysis.

GEORGE W. BUSH.

THE WHITE HOUSE, *January 22, 2008*.

COMMENDING MARTIN P. PAONE

Mr. CASEY. Mr. President, I have a resolution at the desk, and I ask for its immediate consideration.

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

The legislative clerk read as follows:

A resolution (S. Res. 420) commending Martin P. Paone.

There being no objection, the Senate proceeded to consider the resolution.

Mr. CASEY. Mr. President, I ask unanimous consent that the resolution and preamble be agreed to, en bloc, and that the motion to reconsider be laid upon the table.

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

The resolution (S. Res. 420) was agreed to.

The premble was agreed to.

The resolution, with its preamble, reads as follows:

SENATE RESOLUTION 420

Whereas Marty Paone has faithfully served the Congress in various capacities over the past 32 years, twenty-eight of which were spent in service to the Senate;

Whereas Marty Paone is the first person to rise through the ranks of various positions—including Vehicular Placement Specialist—to finally serve with distinction as Secretary for the Minority, and concluding his Senate service as Secretary for the Majority;

Whereas Marty Paone has at all times discharged the important duties and responsibilities of his office with great efficiency, dedication and diligence;

Whereas his dedication, good humor, and exceptional service have earned him the respect and admiration of Democratic and Republican Senators, as well as their staffs; Now therefore be it

Resolved, That the Senate expresses its appreciation to Marty Paone and commends him for his lengthy, faithful and outstanding service to the Senate.

The Secretary of the Senate shall transmit a copy of this resolution to Martin P. Paone.

REGARDING NEED FOR ADDITIONAL RESEARCH INTO HYDROCEPHALUS

Mr. CASEY. Mr. President, I ask unanimous consent that the HELP Committee be discharged from further consideration of S. Con. Res. 63 and the Senate then proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the concurrent resolution by title.

The legislative clerk read as follows:

A concurrent resolution (S. Con. Res. 63) expressing the sense of the Congress regarding the need for additional research into the chronic neurological condition hydrocephalus, and for other purposes.

There being no objection, the Senate proceeded to consider the concurrent resolution.

Mr. CASEY. Mr. President, I ask unanimous consent that the concurrent resolution be agreed to, the preamble be agreed to, the motion to reconsider be laid upon the table, and that any statements be printed in the RECORD.

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

The concurrent resolution (S. Con. Res. 63) was agreed to.

The preamble was agreed to.

The concurrent resolution, with its preamble, reads as follows:

S. CON. RES. 63

Expressing the sense of the Congress regarding the need for additional research into the chronic neurological condition hydrocephalus, and for other purposes.

Whereas hydrocephalus is a serious neurological condition, characterized by the abnormal buildup of cerebrospinal fluids in the ventricles of the brain;

Whereas there is no known cure for hydrocephalus;

Whereas hydrocephalus affects an estimated 1,000,000 Americans;

Whereas 1 or 2 in every 1,000 babies are born with hydrocephalus;

Whereas over 375,000 older Americans have hydrocephalus, which often goes undetected or is misdiagnosed as dementia, Alzheimer's disease, or Parkinson's disease;

Whereas, with appropriate diagnosis and treatment, people with hydrocephalus are able to live full and productive lives;

Whereas the standard treatment for hydrocephalus was developed in 1952, and carries multiple risks including shunt failure, infection, and overdrainage;

Whereas there are fewer than 10 centers in the United States specializing in the treatment of adults with normal pressure hydrocephalus;

Whereas, each year, the people of the United States spend in excess of $1,000,000,000 to treat hydrocephalus;

Whereas a September 2005 conference sponsored by 7 institutes of the National Institutes of Health—''Hydrocephalus: Myths, New Facts, Clear Directions''—resulted in efforts to initiate new, collaborative research and treatment efforts; and

Whereas the Hydrocephalus Association is one of the Nation's oldest and largest patient and research advocacy and support networks for individuals suffering from hydrocephalus: Now, therefore, be it

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

(1) Congress commends the Director of the National Institutes of Health for working with leading scientists and researchers to organize the first-ever National Institutes of Health conference on hydrocephalus; and

(2) it is the sense of Congress that—

(A) the Director of the National Institutes of Health should continue the current collaboration with respect to hydrocephalus among the National Eye Institute, the National Human Genome Research Institute, the National Institute of Biomedical Imaging and Bioengineering, the National Institute of Child Health and Human Development, the National Institute of Neurological Disorders and Stroke, the National Institute on Aging, and the Office of Rare Diseases;

(B) further research into the epidemiology, pathophysiology, disease burden, and improved treatment of hydrocephalus should be conducted or supported; and

(C) public awareness and professional education regarding hydrocephalus should increase through partnerships between the Federal Government and patient advocacy organizations.

MEASURES POSTPONED INDEFINITELY—H. CON. RES. 155 AND S. 2023

Mr. CASEY. Mr. President, I ask unanimous consent that the following calendar numbers be indefinitely postponed en bloc: Calendar No. 210 and Calendar No. 387.

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

ORDERS FOR WEDNESDAY, JANUARY 23, 2008

Mr. CASEY. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand adjourned until 12 noon, Wednesday, January 23; that on Wednesday, following the prayer and the pledge, the Journal of proceedings be approved to date, the morning hour deemed expired, and the time for the two leaders reserved for their use later in the day, and there then be a period of morning business until 12:30 p.m., with Senators permitted to speak therein for up to 10 minutes each; that on Wednesday, the Senate stand in recess from 12:30 p.m. to 2:15 p.m. in order to accommodate the party conference meeting; that at 2:15 p.m., the Senate resume consideration of S. 1200, the Indian health legislation

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

ADJOURNMENT UNTIL WEDNESDAY, JANUARY 23, 2008

Mr. CASEY. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that the Senate stand adjourned under the previous order.

There being no objection, the Senate, at 7:43 p.m., adjourned until Wednesday, January 23, 2008, at 12 noon.

NOMINATIONS

Executive nominations received by the Senate:

DEPARTMENT OF DEFENSE

NELSON M. FORD, OF VIRGINIA, TO BE UNDER SECRETARY OF THE ARMY, VICE PRESTON M. GEREN.

DEPARTMENT OF COMMERCE

WILLIAM J. BRENNAN, OF MAINE, TO BE ASSISTANT SECRETARY OF COMMERCE FOR OCEANS AND ATMOSPHERE, VICE JAMES R. MAHONEY.

DEPARTMENT OF ENERGY

J. GREGORY COPELAND, OF TEXAS, TO BE GENERAL COUNSEL OF THE DEPARTMENT OF ENERGY, VICE DAVID R. HILL.

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

JEFFREY J. GRIECO, OF VIRGINIA, TO BE AN ASSISTANT ADMINISTRATOR OF THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT, VICE J. EDWARD FOX.

DEPARTMENT OF STATE

KURT DOUGLAS VOLKER, OF PENNSYLVANIA, A CAREER FOREIGN SERVICE OFFICER OF CLASS ONE, TO BE UNITED STATES PERMANENT REPRESENTATIVE ON THE COUNCIL OF THE NORTH ATLANTIC TREATY ORGANIZATION, WITH THE RANK AND STATUS OF AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY.

JOXEL GARCIA, OF CONNECTICUT, TO BE REPRESENTATIVE OF THE UNITED STATES ON THE EXECUTIVE BOARD OF THE WORLD HEALTH ORGANIZATION, VICE JAMES O. MASON.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOXEL GARCIA, OF CONNECTICUT, TO BE MEDICAL DIRECTOR IN THE REGULAR CORPS OF THE PUBLIC HEALTH SERVICE, SUBJECT TO THE QUALIFICATIONS THEREFOR AS PROVIDED BY LAW AND REGULATIONS, AND TO BE AN ASSISTANT SECRETARY OF HEALTH AND HUMAN SERVICES, VICE JOHN O. AGWUNOBI, RESIGNED.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

JAN CELLUCCI, OF MASSACHUSETTS, TO BE A MEMBER OF THE NATIONAL MUSEUM AND LIBRARY SERVICES BOARD FOR A TERM EXPIRING DECEMBER 6, 2012, VICE EDWIN JOSEPH RIGUAD, TERM EXPIRED.

WILLIAM J. HAGENAH, OF ILLINOIS, TO BE A MEMBER OF THE NATIONAL MUSEUM AND LIBRARY SERVICES BOARD FOR A TERM EXPIRING DECEMBER 6, 2012, VICE JUDITH ANN RAPANOS, TERM EXPIRED.

MARK Y. HERRING, OF SOUTH CAROLINA, TO BE A MEMBER OF THE NATIONAL MUSEUM AND LIBRARY SERVICES BOARD FOR A TERM EXPIRING DECEMBER 6, 2012, VICE RENEE SWARTZ, TERM EXPIRED.

JULIA W. BLAND, OF LOUISIANA, TO BE A MEMBER OF THE NATIONAL MUSEUM AND LIBRARY SERVICES BOARD FOR A TERM EXPIRING DECEMBER 6, 2012, VICE MARGARET SCARLETT, TERM EXPIRED.

NATIONAL BOARD FOR EDUCATION SCIENCES

JOANNE WEISS, OF CALIFORNIA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE NATIONAL BOARD FOR EDUCATION SCIENCES FOR A TERM EXPIRING NOVEMBER 28, 2010, VICE JAMES R. DAVIS, TERM EXPIRED.

SALLY EPSTEIN SHAYWITZ, OF CONNECTICUT, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE NATIONAL BOARD FOR EDUCATION SCIENCES FOR A TERM EXPIRING NOVEMBER 28, 2011. (REAPPOINTMENT)

FRANK PHILIP HANDY, OF FLORIDA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE NATIONAL BOARD FOR EDUCATION SCIENCES FOR A TERM EXPIRING NOVEMBER 28, 2011. (REAPPOINTMENT)

JONATHAN BARON, OF MARYLAND, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE NATIONAL BOARD FOR EDUCATION SCIENCES FOR A TERM EXPIRING NOVEMBER 28, 2011. (REAPPOINTMENT)

DEPARTMENT OF JUSTICE

DORLA M. SALLING, OF TEXAS, TO BE A COMMISSIONER OF THE UNITED STATES PAROLE COMMISSION FOR A TERM OF SIX YEARS, VICE DEBORAH ANN SPAGNOLI, RESIGNED.

IN THE COAST GUARD

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO SERVE AS THE DIRECTOR OF THE COAST GUARD RESERVE PURSUANT TO TITLE 14, U.S.C., SECTION 53 IN THE GRADE INDICATED:

To be rear admiral (lower half)

RDML (SELECT) DANIEL R. MAY, 0000

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. JOSEPH F. FIL, JR., 0000

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be general

GEN. DAVID D. MCKIERNAN, 0000